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
	AL11968935	A. BUILDING: _____ B. WING _____	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCES AT EAST RIDGE RETIREMENT VIL	19225 SW 87TH AVE MIAMI, FL 33157

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A 052 SS=G	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (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	A 052		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 052	Continued From page 1 the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH	A 052		

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A 052	Continued From page 2 SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a 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	A 052		

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A 052	Continued From page 3 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, interview, and record review the facility failed to ensure that medications intended for the residents were given. Staff failed to verify medications by reviewing Medication Observation Records (MOR) before providing assistance with self administration. Staff also failed to verbally informed the residents of medications' names and dosages for two out of 48 sampled residents (Resident #3 and Resident #26). Findings include: Observation on at 6:31 AM showed Staff I (Licensed Practical Nurse) entered	A 052		

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A 052	Continued From page 4 Resident #3's room and unlocked Resident #3's cabinet. Staff I gave Resident #3's medication with water. Staff I didn't review the medication observation record prior to giving the medication, and did not state the medication and dosage to Resident #3's. Staff I didn't update the MOR after medications were given, Staff I left Resident #3's room and went to another room. A review of Resident #3's health assessment revealed that Resident #3 had selected the option for assisting with self-administration of medication. A review of Resident #3's informed consent to provide assistance with medication by trained unlicensed personnel signed on states "in the presence of the resident, reading a prescription label, opening the container, and removing the prescribed amount of the medication from the container." Observation on at 6:35 AM observed Staff I entered Resident #26's room and opened locked cabinet with keys. Staff I placed Resident #26 medication in apple sauce and gave the spoon to Resident #26. Staff I didn't state what medication and dosage to Resident #26's. Staff I didn't update the MOR, Staff I left Resident #3's room and went downstairs to the memory care unit. During an interview on at 6:35 AM it was revealed when Staff I was asked why the medication and dosage wasn't informed to Resident #26. Staff I stated the resident knew the medication because Resident #26 got it every morning. A review of data from the National Institutes of	A 052		

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A 052	Continued From page 5 Health showed that "'The five rights of medication administration' are essential principles that ensure safe and effective medication delivery: Right Patient, Right Drug, Right Dose, Right Route, and Right Time." Class II	A 052		
A 078 SS=G	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. 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	A 078		

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A 078	Continued From page 6 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 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 interview and record review, the facility failed to ensure eight out 13 sampled staff members were qualified to perform their assigned duties consistent with their level of education,	A 078		

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A 078	Continued From page 7	A 078		

training, preparation, and experience. The Administrator, Staff C, Staff B, Staff E, Staff F, Staff G, and Staff J did not perform , , on Resident #1.

Findings include:

During an interview on at 6:31AM Staff M (Certified Nursing Assistant) stated Resident #1 , , a few weeks ago and used to have a walker and wheelchair. When asked who found Resident #1, Staff M stated it was Staff B (Medication Technician) who found Resident #1. When asked when the last time Staff M saw Resident #1 Staff M stated it was last Monday before Resident #1 , , . Staff M was told staff found Resident #1 the next morning. Staff M confirmed to be trained. When a resident is found unresponsive, Staff M verbalized to call the nurse first and check the , . Staff M stated when a resident is unresponsive, Staff M would make a call by cellphone and portable radio prior walkie talkie then perform . Staff M vocalized to start 30 , until emergency services arrived. If a resident doesn't have a ( ), Staff M will perform and ask the nurse to clarify if a resident has a because the residents' files are located on the second floor. Staff M added to only being able to identify residents by a nurse. Staff M stated management verbalized Staff M to perform on residents and later determined if a resident had a after the nurse located the resident file on the second floor. Staff M stated the staff doesn't have a list of residents and vocalized lack of list to management.

During an interview on at 10:33 AM

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A 078	Continued From page 8	A 078		

revealed Staff B (Medication Technician) stated when a resident is unresponsive Staff B will check the breathing also if the , is lower than 60 or 20. Staff B will check the airway and call 911. Staff B stated in an emergency if she noticed a resident unresponsive Staff B will follow the process that 911 provided to use trained 30 , and two breathes. Staff B added that Staff B never had to provide emergency protocols. Staff B stated Staff B entered Resident #1's room in the morning around 10 AM to 11 AM. Staff B stated Resident #1 was not breathing, no , and body was , Staff B added that Resident #1 was pale. Staff B notified staff by cellphone and radio. Staff B verbalized not doing anything until the nurse arrived because Staff B stated the Nurse Manager, Administrator, Security Director, and Staff G (Assistant Administrator) came in Resident #1's room.

A review of Staff B's employee file revealed Staff B completed Basic Life Support (and) Program issued on and expiration dated .

A review of Resident #1's health assessment revealed Resident #1 had a medical history and diagnosis of and further review revealed Resident #1 didn't have a .

During an interview on at 6:59 AM revealed when Staff K (Certified Nursing Assistant) was asked how to operate an Automated External Defibrillator ( ) a portable device used to treat sudden . Staff K opened the , stated when they have , emergency, the will tell Staff K what to do. Staff K held the and said the hadn't been used yet. Staff K couldn't

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A 078	Continued From page 9 identify if the pads expired. Staff K stated Staff K was certified and in a , emergency Staff K will ask the residents if they're okay. Staff K stated Staff K will touch the resident and if the resident hadn't answered. Staff will perform , and will look for the heartbeat. Staff K stated Staff K will do 15 , and 3 breaths. A review of Staff K's employee file revealed Staff K completed Basic Life Support (and) Program issued on and expiration dated . During an interview on at 7:10 AM revealed Staff H (Certified Nursing Assistant) walked to the location in residents' common area on the third floor. When asked how the is used Staff H pulled out the and pressed all buttons including the speaker until Staff H heard it turn on. When asked to show the expiration date on the pads, Staff H pointed at the expiration date and turned it off. Staff H stated only one staff member works on the third floor. Staff H voiced when a resident has a , , emergency, she calls the supervisor and calls 911. If the resident is unable to breathe Staff H will check if the , is low. Staff H stated Staff H would do if the , were 52, 41, or 75. Staff H would do 30 , and 2 breaths. Staff H would try to get a resident on the floor to perform . When asked if residents had a , Staff H stated the supervisor will tell staff H which resident has a . Staff H added if a resident had a on the fridge Staff H can't perform . When asked how many residents had a , Staff H voiced about 4 or 5 residents were . A review of Staff H's employee file revealed Staff	A 078		

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A 078	Continued From page 10 H completed Basic Life Support (and) Program issued on and expiration dated . . During an interview on at 10:53 PM revealed the Security Director received a text message that Resident #1 was unresponsive while in a meeting. The Security Director went to Resident #1's room and found the resident in the bed with no , . The Security Director had help from the Nurse Manager that moved Resident #1 to the floor to do . The Security Director called 911 and requested an Automated External Defibrillator, a portable device used to treat sudden by restoring a normal rhythm ( ) and did . The Security Director stated Staff J (Medication Technician) and Nurse Manager, Staff E (Licensed Practical Nurse), and Staff F (Certified Nursing Assistant) were in the room. The Security Director stated once was on Resident #1 and 911 was on the phone. The Security Director did until recue arrived. The Security Director stated the Nurse Manager did one set of and added that Resident #1 was wide open and Resident 1's body turned . The Security Director added that the said no and Resident #1 started to turn blue. When rescue arrived, the Security Director stated the charged paramedic pronounced Resident #1 . The Security Director called Resident #1's family to inform the of Resident #1 and stayed until the police cleared the scene. The Security Director doesn't remember who found Resident #1, the Security Director verbalized the staff did nothing when the Security Director got in Resident #1's room. The Security Director directed what each staff member should do. One staff member to get the and one to call the police. The Security	A 078		

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A 078	Continued From page 11	A 078		

Director stated being a Basic Life Support Instructor and trained Staff J and Staff F in and also were in the room of Resident #1 when occurred.

A review of the Security Director employee file revealed the Security Director completed Basic Life Support Instructor Program issued on and expiration dated .

During an interview on at 11:42 AM revealed the Nurse Manager stated Staff B (Medication Technician) was making rounds to give medications and found Resident #1 unresponsive. Staff B then called on the radio walkie talkie that Resident #1 was unresponsive. The Nurse Manager stated the Nurse Manager was next door to Resident #1's room when the , , notification was called on the radio walkie talkie. The Nurse Manager found Resident #1 unresponsive. Nurse Manager called security to come by radio walkie talkie "code blue" the , , notification. Security team alerted the Security Director, the Nurse Manager stated the Security Director got the and the Security Director started on Resident #1. The Nurse Manager stated the Nurse Manager was certified, when asked why the Nurse Manager didn't perform when Resident #1 was found unresponsive. The Nurse Manager stated it was Staff E (Licensed Practical Nurse) that didn't touch Resident #1 as well as Staff B and Staff F (Certified Nursing Assistant). The Nurse Manager stated Staff B called the Nurse Manager at 10:45 AM about Resident #1.

A review of the Nurse Manager employee file revealed the Nurse Manager completed Basic Life Support (and) Program issued on

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A 078	Continued From page 12 and expiration dated . During an interview on at 12:15 PM it was revealed the Administrator stated when Resident #1 was unresponsive. The Administrator later went to room and observed the Nurse Manager, Staff E (Licensed Practical Nurse), Staff F (Certified Nursing Assistant), and Staff J (Medication Technician). When asked what the staff were doing when in Resident #1's room, the Administrator paused then stated it took the Administrator one minute or two minutes to get to Resident #1's room because the Administrator was in a meeting. The Administrator arrived in Resident #1's room around 11:53 AM to 11:55 AM. When asked what else the staff were doing, the Administrator stated the staff were looking for the machine and called 911. The Administrator verbalized she went to the nurses' station to see if Resident #1 was full code. When the Administrator came downstairs Staff the Security Director had performed with the Nurse Manager and the rest of the staff were outside of Resident 1's room. When asked, do you know why the Nurse Manager and Staff E (Licensed Practical Nurse) didn't perform immediately. The Administrator stated not knowing why the Nurse Manager and Staff E didn't perform . The Administrator added that Staff E "was upset because she didn't see anybody die." When asked why Staff F and Staff J didn't perform the Administrator verbalized Staff F and Staff J were relying on the nurses. In reply to a question, what is the procedure in the event of an unresponsive resident. The Administrator replied staff are certified, but they need to make sure the code status. When the Administrator went to find the code status of Resident #1 her staff didn't. The Administrator	A 078		

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A 078	Continued From page 13	A 078		

stated the staff were all relying on each other. The Administrator stated it was the first time dealing with a medical emergency. When asked what conclusions you drew, the Administrator verbalized Staff E was upset and wasn't ready to perform on Resident #1. The Administrator verbalized the Administrator sent Staff E to be retrained on and . When asked what Staff B did when Resident #1 was found unresponsive, the Administrator stated Staff B came later and left the room. The Administrator paused and stated Staff B wasn't in Resident #1's room, Staff B was assisting other residents. When the question was restated, the Administrator stated Staff B found Resident #1 unresponsive and left the room to go assist other residents. The Administrator paused and checked the phone. When asked why Staff B didn't take any action to perform and why Staff B wasn't retrained. The Administrator stated to only send Staff E because Staff E was the floor nurse and added all staff should've been retrained.

A review of Staff E's employee file revealed Staff E completed Basic Life Support (and) Program issued on and expired .

A review of Staff J's employee file revealed Staff J completed Basic Life Support (and) Program issued on and expired .

During an interview on at 10:03 AM revealed Staff F (Certified Nursing Assistant) was alerted that Resident #1 was unresponsive through a portable radio walkie talkie, Staff F and Staff E (Licensed Practical Nurse) went downstairs because of Resident #1's room number. Staff F stated when Staff E arrived

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A 078	Continued From page 14 downstairs to Resident #1's she observed Staff B (Medication Technician), Staff C (Nurse Manager) and Staff G (Assistant Administrator) were present in Resident #1's room and didn't perform . Staff F stated when the Security Director came in Resident #1's room the Security Director started and called emergency services the Security Director initiated and told the Administrator, Staff B, Nurse Manager and Staff G what to do. The Security Director placed Resident #1 on the floor because Resident #1 was in bed. Staff F stated the Security Director stopped and spoke to 911 and switched to the Nurse Manager until rescue arrived. A review of the Policy and Procedure Emergency Situations revealed "when a resident has a Medical Emergency the first thing to do is dial 911 and report the situation to them. If needed, perform or assist with first aid. Class II	A 078		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is	A 165		

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A 165	Continued From page 15 required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident.	A 165		

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A 165	Continued From page 16 (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 165		

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A 165	Continued From page 17 failed to file an adverse incident report for one out of 48 sampled residents (Resident # 1), who had a at the facility. Findings included: During an interview on at 12:15 PM the Administrator stated Staff B (Medication Technician) found Resident #1 unresponsive and left the room to go assist other residents. A review of Resident #1's health assessment revealed Resident #1 had a medical history and diagnosis of . Further review revealed Resident #1 didn't have a and was full code Resident #1 wished during a medical emergency. A review of the Adverse Incident Reporting Systems (AIRS) database showed no report for the of Resident #1. During an interview on at 12:14 PM revealed when the Administrator was asked why the report on AIRS for Resident #1's wasn't filed. The Administrator stated Resident #1 had a natural according to the family and police report because the doctor communicated with the police. Class III	A 165		

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A 000	Initial Comments A complaint investigation (#2026001550) was conducted at The Residences At East Ridge Retirement Village on - . Deficiencies were identified at the time of the survey. Class 1 deficiency was found at tag A0030 A Class 1 deficiency is a deficiency that the Agency determines presents a situation in which immediate corrective action is necessary because the facility's non-compliance has caused, or is likely to cause, serious injury, harm, , or to a resident receiving care in a facility. The Class 1 non-compliance began on . The facility Administrator was notified of the Class 1 non-compliance on . The census at the start of the survey was 74 residents. The facility failed to provide timely emergency care when a resident was found unresponsive and staff were unaware of whether the resident had a documented Oder. Staff confirmed that no one immediately performed , , , which placed all residents designated as full at risk for delayed or absent life-saving interventions. A review of personnel records revealed that not all staff present had received training prior to the incident. The following is a description of the deficiencies found at the time of the visit:	A 000		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 000	Continued From page 1 A0007, A0010, A0030, A0033, A0052, A0054, A0076, A0077, A0078, A0079, A0152, A0160, A0163, A0165.	A 000		
A 007 SS=D	59A-36.006(1) FAC Admissions - Criteria (1) ADMISSION CRITERIA. (a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license: 1. Be at least , . 2. Be free from signs and symptoms of any communicable that is likely tomay be transmitted to other residents or staff. AnHowever, an individual who has ( ) may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule. In addition, an individual that exhibits signs or symptoms of or has been diagnosed with a , illness that can be spread through droplet transmission, may be admitted, at the administrator's discretion, if appropriate droplet precautions are implemented by facility staff. Appropriate droplet precautions include recommendations from nationally accepted standards, recommendations from the local county health department, and the facility's prevention and control policies and procedures at the time of the individual's admission. The individual must otherwise be eligible for admission according to this rule. 3. Be able to perform the activities of daily living, with supervision or assistance if necessary. 4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. 5. Be capable of taking medication, by either	A 007		

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A 007	Continued From page 2 self-administration, assistance with self-administration, or administration of medication. a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact. b. The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident. 6. Not have any special dietary needs that cannot be met by the facility. 7. Not be a danger to self or others as determined by a health care practitioner, or a mental health practitioner licensed under Chapter 490 or 491, F.S. 8. Not require 24-hour licensed professional mental health treatment. 9. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 10. Not have any ⌄ or 4 , . A resident requiring care of a ⌄ , may be admitted provided that: a. The resident either: (I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or (II) Resides in a limited nursing services licensed	A 007		

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A 007	Continued From page 3 facility and care is provided by the facility pursuant to a plan of care issued by a health care practitioner; b. The condition is documented in the resident's record and admission and discharge logs; and, c. If the resident's condition fails to improve within 30 days as documented by a health care practitioner, the resident must be discharged from the facility. 11. Residents admitted to standard, limited nursing services, or limited mental health licensed facilities may not require any of the following nursing services: a. airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine; b. Assistance with , c. Monitoring of gases, d. Management of post-surgical drainage tubes and vacuum devices; e. The administration of products in the facility; or f. Treatment of surgical or , unless the surgical or and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record. 12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services: a. , and , performed in the facility; b. , performed in the facility. 13. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.;	A 007		

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A 007	Continued From page 4 14. Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. 15. Be appropriate for admission to the facility as determined by the facility administrator. The administrator must base the determination on: a. An assessment of the strengths, needs, and preferences of the individual; b. The medical examination report required by Section 429.26, F.S.; c. The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and, d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule Chapter 69A-40, F.A.C. (b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable or assistance with routine care of site placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves. (c) Nursing staff may not provide training to unlicensed persons, as defined in Section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for	A 007		

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A 007	Continued From page 5 admission and continued residency in a facility with a standard license. (d) Not withstanding any other provisions of this rule, an individual enrolled in and receiving licensed hospice services may be admitted to an assisted living facility pursuant to Section 429.26(1)(d), F.S. (e) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to admit residents that met minimum criteria to a facility holding standard license and a limited nursing service specialty license. One of 49 sampled residents, Resident #12, admitted as an 'independent' resident, was bedbound. Findings included: In an interview on at 6:27AM, Staff G (caregiver) stated, "independent residents live on the same floor (first floor)." Staff G further stated that the rooms which had no name on the nameplate by the door were vacant. An observation on at 7:35 AM showed a private caregiver entering # , which had no resident name listed on the door. The caregiver provided access to the apartment. Further observation showed Resident #12 in bed behind full bed rails in the upright position observed behind full raised bedrails. In an interview on at 7:36 AM showed in # , the private caregiver stated, "I'm	A 007		

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A 007	Continued From page 6 only here to spend time with this person and read him the bible." An observation on at 7:49 AM revealed Resident # 12 in bed with both side rails up (full rails), with a device hanging from the lower left rails containing a yellowish liquid. The resident stated that he was not able to walk. In an interview on at 8:00AM Resident #12 was asked how long he had been at the facility, and he stated, "I have been here for about 3 weeks or so and I am privately renting this room". Resident # 12 further stated, "I am not here to receive any services from the facility." Review of a census obtained from the Administrator revealed 51 residents in occupancy. Review a list of rooms revealed units housing residents deemed 'independent' were numbered 1205, 1206, 1207, 1208, 1209, 1210, 1211, 1212, 1213, 1214, 1215, 1231, 1232, 1233, 1234 were assigned as independent living. Resident # 12 was assigned to # . In an interview on at 7:49 AM, The Administrator stated "We have 75 beds Assisted Living (AL) and 31 in the Memory Care Unit, ." Furthermore, The Administrator also stated, "the licensure included independent living residents to be within the Assisted Living Facility Unit." Class II	A 007		
A 030 SS=L	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007	A 030		

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A 030	Continued From page 7 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be 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;	A 030		

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

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THE RESIDENCES AT EAST RIDGE RETIREMENT VIL	19225 SW 87TH AVE MIAMI, FL 33157

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 030	Continued From page 9 free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (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	A 030		

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A 030	Continued From page 10 at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual 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,	A 030		

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A 030	Continued From page 11	A 030		

discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder 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

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A 030	Continued From page 12 his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the provision of adequate health care for one out of 48 sampled residents (Resident #1). The resident was found unresponsive and five staff when entered his room failed to perform , , ( ). Resident #1 did not have a ( ) in place. The resident . Additionally, the failure placed 38 other residents who did not have a in place at risk of not receiving timely emergency life-saving intervention if they became unresponsive (Residents #2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 20, 31, 32, 33, 34, 53, 36, 37, 38, 39). Findings Included: A review of Resident 1's record revealed that	A 030		

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A 030	Continued From page 13 there was no documentation of the events that occurred on the day of the resident's ( ) and no documentation indicating that the resident had a ( ) in his file. Further review of Resident 1's record revealed that a health assessment dated showed diagnoses including of of infraction, Type 2 , reduced mobility, , , and . Resident #1 used a walker. The resident needed assistance with all activities of daily living except eating he was independent. Observation on at 9:02 AM showed the Nurse Manager placing a document into Resident 1's record. The document was dated at 8:32 AM and was labeled "Late Entry" with an effective date of at 8:00. The note section showed, "Upon during med pass this morning, MedTech (Medication Technician) informed the nurse that resident [Resident #1] complained of not feeling well. The nurse immediately went to assess the resident. Resident refuses to go to the hospital. Nurse contacted me [Nurse Manager] to ask if was given. Nurse from home health reported to me that resident received 6 units of . At 9 am resident received the nurse visit and rechecked the and . Resident refused the hospital for second time asked." At 10:40 AM MedTech found resident unresponsive in his apartment. 911 was called and started with until rescue arrival, resident was pronounced by office, daughter and MD (Medical Doctor) notified." During an interview on at 1:14 PM the	A 030		

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A 030	Continued From page 14 Home Health Agency Administrator (HHAA) stated that the Home Health Nurse entered the facility at 6:58 AM and left at 7:28 AM on to provide administration to Resident #1. HHAA further stated that he did not see anything in the resident records that the resident had any complaints about any signs and symptoms. Interviewed on at 6:27 AM Staff M (Caregiver) stated that Staff B (Medication Technician) was the person who found Resident #1 unresponsive on the day of his . Interviewed on at 10:33 AM Staff B confirmed that she was trained and stated she had not previously had to provide emergency care. Staff B further stated that on between 10 AM and 11 AM, she entered Resident 1's room and found the resident lying on his , with his hanging off the side of the bed, pale in color, without a , , and to the touch. Staff B stated that she did not initiate any emergency procedures and instead called the nurse. A review of Staff B's personnel records showed a hire date of and, prior to , there was no documentation in her file confirming that she had received training in first aid or . Interviewed on at 10:03 AM Staff F (Caregiver) stated that she and Staff E (Licensed Practical Nurse) did not hear the initial call over the radio regarding Resident #1 incident. Staff F also stated she then heard the Director of Security over the radio stated, "What room is the blue code?" Staff F stated that she and Staff E headed downstairs to Resident #1 room. Upon entry Staff F stated that there were three staff;	A 030		

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A 030	Continued From page 15 Staff B, Staff G (Administrator Assistant), who had been standing around not performing any life saving measures. Staff F then stated that she, Staff E, and the Director of Security arrived at the same time, and the Director of Security had placed the resident on the floor and started performing . Staff F stated that the incident happened around 10:45 AM-10:50 AM. Interviewed on at 10:53 AM Director of Security stated that he was in a meeting and received a text that there was a "code blue" and immediately came over to the resident's room. He further stated that no one had started , and that the resident was on his in bed. He stated, "I took the lead" and said that he told someone else in the room "you go get the (Automated External Defibrillator)", while he was on the phone with 911 and performing on the resident. Staff returned with the shortly before rescue arrived, which was at 11:06 AM. Director of Security stated that incident happened at 10:00 AM. He also stated that the resident had started to get , the resident was wide open, and he appeared bluish in color. Interviewed on at 11:11 AM Staff J (Medication Technician) stated that she was coming down the stairs when she heard security over the radio say what room is the "code blue." She stated she immediately went to the room. Upon arrival, the Director of Security asked the Nursing Manager, who was already in the room, "Do you have the ?" The Nursing Manager responded "No." The Director of Security then asked Staff J and the Administrator Assistant to obtain the machine. Staff J further stated that there were only two people in the room at the time she arrived, Staff B and the Nursing Manager. When asked what they were doing,	A 030		

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A 030	Continued From page 16 Staff J stated, "Nothing." During an interview on at 12:11 PM the Administrator stated that she arrived at Resident #1's room a few minutes later since she had been in a meeting with the Directors of the Facility. The Administrator stated that the incident happened at 10:53 AM - 10:55 AM. She further stated that the Nurse Manager and Staff J were looking for the machine and called 911. The Administrator also stated that she went to the nursing station which is located on the second floor, "to make sure the resident was full code and he was." When she arrived downstairs, she observed the Director of Security performing on the resident and said that "the rest of them" were standing outside of the resident's living quarters. According to the Cleveland Clinic " treatment has to start right away, wherever you are. , , can happen after just five minutes without , . Survival drops sharply after 8- 10 minutes without . Starting in the first few minutes is the most important factor for survival." A review of the emergency medical services ( ) records showed that they were dispatched at 10:59 AM and arrived at the resident at 11:06 AM. Upon arrival, first responders found the resident unresponsive, " (to touch), apneic, pulseless and pupils we're fixed and dilated, 3 Lead ( ) showed ." A review of the facility's undated Emergency Situations Policy & Procedure uncovered, "When a resident has a Medical Emergency the first thing to do is dial 911 and report the situation to them. If needed, perform or assist with first	A 030		

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A 030	Continued From page 17 aid. A review of the resident's records revealed that 38 did not have a and therefore wished to be revived if they because unresponsive. A review of Resident #2's health assessment dated showed a medical diagnosis of acute exacerbation. The resident required supervision with ambulation, , grooming, and transferring, and required assistance with bathing and self-administration of medications. A review of Resident #3's health assessment dated showed diagnoses of and . The resident required assistance with bathing and and required assistance with self-administration of medications. A review of Resident #4's health assessment dated showed a medical diagnosis of , . The resident required assistance with ambulation, bathing, , eating, grooming, toileting, and transferring, and required assistance with self-administration of medications. A review of Resident #5's health assessment dated showed diagnoses of , , , , , , aneurysm, , , , , , , and collapse, and hypertensive . The resident required assistance with ambulation, bathing, , grooming, toileting, and transferring and required assistance with self-administration of medications.	A 030		

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A 030	Continued From page 18 A review of Resident #6's health assessment dated showed diagnoses of , and . The resident required supervision with bathing, , eating, and grooming and required assistance with self-administration of medications. A review of Resident #7's health assessment dated showed diagnoses of following , , history of , aneurysm, and . The resident required assistance with ambulation, bathing, , grooming, toileting, and transferring and required assistance with self-administration of medications. A review of Resident #8's health assessment dated showed diagnoses of acute and , failure, of native , without pectoris, , and . The resident required assistance with ambulation, bathing, , grooming, toileting, and transferring and required assistance with self-administration of medications. A review of Resident #9's health assessment dated showed a medical diagnosis of . The resident required supervision with ambulation, bathing, , eating, grooming, toileting, and transferring and required assistance with self-administration of medications. A review of Resident #10's health assessment dated showed diagnoses of and . The resident required supervision with bathing and required	A 030		

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A 030	Continued From page 19 assistance with eating. A review of Resident #11's health assessment dated showed diagnoses of , essential , , and . The resident required assistance with self-administration of medications. A review of Resident #12's health assessment dated showed diagnoses of and . The resident required supervision with bathing and required assistance with self-administration of medications. A review of Resident #13's health assessment dated showed a medical diagnosis of . A review of Resident #14's health assessment dated showed a medical diagnosis of high . The resident was independent with ambulation, bathing, eating, grooming, toileting, and transferring. A review of Resident #15's health assessment dated showed diagnoses of , and . The resident required assistance with ambulation, bathing, eating, grooming, toileting, and transferring and required assistance with self-administration of medications. A review of Resident #16's health assessment dated showed diagnoses of , and . The resident required assistance with ambulation, bathing,	A 030		

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grooming, toileting, and transferring; required supervision with eating; and required assistance with self-administration of medications.

A review of Resident #17's health assessment dated showed diagnoses of small obstruction and . The resident required assistance with ambulation, bathing, , eating, grooming, toileting, and transferring and required assistance with self-administration of medications.

A review of Resident #18's health assessment dated showed diagnoses of , and . The resident required assistance with ambulation, bathing, , grooming, toileting, and transferring and required assistance with self-administration of medications.

A review of Resident #19's health assessment dated showed diagnoses of , and , . The resident required supervision with bathing and and required assistance with self-administration of medications.

A review of Resident #20's health assessment dated showed a medical diagnosis of , . The resident required assistance with ambulation, bathing, grooming, toileting, and transferring; required supervision with ; and required assistance with self-administration of medications.

A review of Resident #21's health assessment dated showed diagnoses of and mild . The resident required assistance with ambulation, bathing, toileting, and transferring; required supervision with

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A 030	Continued From page 21 and grooming; utilized a walker and wheelchair for mobility; and required assistance with self-administration of medications. A review of Resident #22's health assessment dated showed diagnoses of , and major , . The resident required supervision with bathing, grooming, and toileting and required assistance with self-administration of medications. A review of Resident 23's health assessment dated showed diagnoses of , , and . The resident required supervision with ambulation and required assistance with self-administration of medications. A review of Resident 24's health assessment dated showed diagnoses of , , aneurysm, , and , . The resident required assistance with self-administration of medications. A review of Resident 25's health assessment dated showed diagnoses of , , , and , . The resident required assistance with bathing, , and grooming; utilized a walker for mobility; and required assistance with self-administration of medications. A review of Resident 26's health assessment dated showed diagnoses of type 2 , , and major , . The resident required supervision with ambulation, bathing, , grooming, and transferring; utilized a walker; and required assistance with self-administration of	A 030		

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A 030	Continued From page 22 medications. A review of Resident 27's health assessment dated showed diagnoses of and . The resident required assistance with ambulation, bathing, eating, grooming, toileting, and transferring; utilized a walker; and required assistance with self-administration of medications. A review of Resident 28's health assessment dated showed diagnoses of , , and . The resident required assistance with ambulation, bathing, toileting, and transferring; required supervision with eating, and grooming; and required assistance with self-administration of medications. A review of Resident 29's health assessment dated showed diagnoses of and . The resident required total care with bathing, and grooming; required assistance with ambulation, toileting, and transferring; utilized a wheelchair for mobility; and required assistance with self-administration of medications. A review of Resident 30's health assessment dated showed diagnoses of and . The resident required assistance with self-administration of medications. A review of Resident 31's health assessment dated showed a medical diagnosis of and a full code status. The resident required assistance with bathing, eating, and grooming; required supervision with	A 030		

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A 030	Continued From page 23 ambulation, toileting, and transferring; utilized a walker; and required assistance with self-administration of medications. A review of Resident #32's health assessment dated showed diagnoses of , occlusion and of the carotid , and . The resident required assistance with bathing; required supervision with ambulation, grooming, and toileting; utilized a walker; and required assistance with self-administration of medications. A review of Resident #33's health assessment dated showed diagnoses of and . The resident required assistance with bathing and ; required supervision with ambulation, grooming, toileting, and transferring; and required assistance with self-administration of medications. A review of Resident 34's health assessment dated showed diagnoses of acute and of the left , and major , . The resident required assistance with ambulation, bathing, , grooming, toileting, and transferring; required supervision with eating; and required assistance with self-administration of medications. A review of Resident 35's health assessment dated showed diagnoses of , , and , . The resident required assistance with bathing and ; required supervision with grooming; and required assistance with self-administration of medications.	A 030		

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A 030	Continued From page 24 A review of Resident 36's health assessment dated showed diagnoses of , , , and , . The resident required supervision with bathing, , grooming, toileting, and transferring and required assistance with self-administration of medications. A review of Resident 37's health assessment dated showed diagnoses of and . The resident required assistance with bathing, , grooming, and toileting; required supervision with ambulation, eating, and transferring; utilized a walker; and required assistance with self-administration of medications. A review of Resident 38's health assessment dated showed diagnoses of , , , and . The resident required supervision with bathing and ; utilized a walker; and required assistance with self-administration of medications. A review of Resident 39's health assessment dated showed diagnoses of , , , and . The resident required assistance with bathing, , grooming, and toileting; required supervision with ambulation and transferring; utilized a walker or cane; and required assistance with self-administration of medications. A review of the Nurse Manager's personnel record showed a hire date of and a current Basic Life Support (/ [Automated External Defibrillator) dated training .	A 030		

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A 030	Continued From page 25 A review of Staff E's personnel record showed a hire date of and a current Basic Life Support (/) training dated . A review of Staff J's personnel records showed a hire date of and a current Basic Life Support (/) training dated . A review of the Administrator personnel showed records a hired date and a Basic Life Support (/) training dated . A review of the Director of Security's personnel record showed a hire date of /2010 and revealed a Basic Life Instructor Certification dated . Class I	A 030		
A 033 SS=D	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is	A 033		

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A 033	Continued From page 26 applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that a resident obtained a physician-prescribed physical and care plan for one of 48 sampled residents (Resident #45). Finding included: Observation made on at 6:56 AM showed one sofa chair positioned against and blocking the resident's bed, with full bed rails up. An interview was conducted on at 6:58 AM, with the Private Duty Aide (PDA) finding that the services provided included assistance with Activities of Daily Living (ADL), bathing, walking, and self-care (grooming). Regular schedule of service from 8 PM to 8 AM, a shift of 12 hours, with the Private Duty Aide (PDA) taking the second shift of the day from 8 AM to 8 PM. She stated the sofa chair was placed against the resident's bed because the resident attempts to get out of the bed. Observation made on at 7:04 AM showed the Nurse Manager talking with the Private Duty Aide (PDA) requesting to remove the sofa chair positioned against and blocking the resident's bed. Saying "this chair can't be placed	A 033		

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A 033	Continued From page 27 there, remove it." A review of Resident #45's health assessment dated revealed that there were no physician orders or care plans for . A review of the facility's policies and procedures for physical revealed the following . Vest, straps, belts, ties, wheelchair bars and brakes, chairs that tip backward, tucking sheets in too tightly, and bedside rails positioned on the bed to prevent or restrict residents from getting on or off the bed are considered and prohibited. (photographic evidence). Class III	A 033		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known	A 054		

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A 054	Continued From page 28 the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to document the date and time of medication administration, and these were not listed in the residents' files, all Medication Observation Records (MOR) for one of 48 sampled residents (Resident #1) Finding included: An observation was made on at 11:35 AM. The Nurse Manager approached the conference room and shared copies of the Medication Observation Records (MOR) for review, as they were not attached to the residents' files. Interview conducted on at 11:37 AM, with the Nurse Manager stating that the medication records were saved in a separate storage area rather than in the resident's files. During the interview regarding Resident #1, to find out why the Medication Observation Records (MOR) were not attached to the resident's file, she stated, "I don't know how and where it should	A 054		

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A 054	Continued From page 29 be stored in the resident's files." Review of Resident #1's Medication Observation Records (MOR) for the period to revealed that the facility failed to maintain a daily medication observation record; the 2 units of [ ] were not documented as given for , the same date the resident was found (photographic evidence). Class III	A 054		
A 076 SS=H	59A-36.009 FAC ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An assisted living facility may not require execution of a as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS- , "Health Care Advance Directives - The Patient's Right to Decide," , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and,	A 076		

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A 076	Continued From page 30 2. DH Form 1896, Florida Form, , 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04005. (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences or , , staff trained in , , ( ) or a health care provider present in the facility, may withhold , , (, , , and). (b) In the event a resident is receiving hospice services and experiences or , , facility staff must immediately contact	A 076		

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A 076	Continued From page 31 hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure valid ( ) were readily accessible and properly implemented. Staff were unable to consistently identify residents with , placing residents at risk of receiving contrary to their documented wishes. Findings Included: A review of the facility policy and procedures showed, "The facility's resident care staff shall ensure that the resident's is filed in the first section of the resident's medical record, in order for it to be easily accessible and readily available in the event of an emergency to ensure that the resident's last wished be honored." During an interview on at 12:11 PM the Administrator stated that on , the day Resident #1 was found unresponsive in his room ( ), she and the staff were unaware if the resident had a . She stated she had to go to the nursing station, located on the second floor, "to make sure the resident was full code and he was." Interviewed on at 6:27 AM Staff M (Caregiver) stated that she did not know which residents had a because not all residents had the information posted in their apartments. She stated that she would have to go to the second and third floor nursing station to review the resident's chart. She further stated that if she	A 076		

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A 076	Continued From page 32 found a resident unresponsive, she would perform , , ( ) and determine later whether the resident had requested not to be . Interviewed on at 6:47 AM Staff J (Medication Technician) stated that residents' information was kept in a book located on the second and third floors and, at times, was posted on the resident's refrigerator. Interviewed on at 6:58 AM Staff K (Caregiver) stated that she was assigned to 22 residents who required assistance with activities of daily living (ADLs). Staff K further stated that the was in the resident's room and, at times, was posted on the resident's refrigerator or near the medication area. She stated that she did not know how many residents on her floor had a . Interviewed on at 7:10 AM Staff H (Caregiver) stated that the resident's was posted on the refrigerator and that the supervisor had instructed staff that, "if the is not on the refrigerator, do not perform ." She stated that she believed approximately four or five residents had a . Staff H was asked to identify residents who had a and headed to , where Resident #42 resided. Observation revealed there was no documentation posted on the refrigerator. Staff H stated, "She does not have ." When asked why she identified the resident as having a , Staff H stated, "I'm not sure, I thought she had one." A review of Resident 42's record revealed that the resident had a valid in her file.	A 076		

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A 076	Continued From page 33 According to the National Library of Medicine, "A do-not- order, or order, is a medical order written by a health care provider. It instructs providers not to do (, ,) if a patient's breathing stops or if the patient's stops beating." A review of the facility's records revealed that 33 residents had a , including 23 residents in the Assisted Living unit and 10 residents in the Memory Care unit. A review of the residents' records revealed that 38 residents were designated as full code. A review of the Administrator personnel records showed a hire date and a current Advances Directives training dated . A review of Staff H's personnel records showed a hire date and a current Polices & Procedures training dated . A review of Staff J's personnel records showed a hire date of a current Polices & Procedures training dated . A review of Staff K's personnel records showed a hire date of and a current Polices & Procedures training dated . A review of Staff M's personnel records showed a hire date of and a current Polices & Procedures training	A 076		

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A 076	Continued From page 34 dated . Class II	A 076		
A 077 SS=D	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of	A 077		

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A 077	Continued From page 35	A 077		

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

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A 077	Continued From page 36 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393.	A 077		

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A 077	Continued From page 37	A 077		

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to ensure that it was under the supervision of an administrator who could manage operations, including the oversight of all staff and the provision of care to residents.

Findings:

In an interview on at 12:15PM, The Administrator was informed that members of the overnight staff stated that they were not trained in the facility's emergency procedures, the Administrator stated, "I was not aware of that. I will speak to the staff regarding this issue because "they are trained".

In an interview on at 12:10PM, The Administrator was asked if any of her staff had been retrained for , , , ( ) due to the recent incident, the Administrator stated, "I only told Staff E to do the retraining not the entire team."

In an interview on at 12:11PM, the Administrator was asked if she filed an adverse incident report to the Agency, the Administrator stated, "Notes are not inside of the file I don't know if they told you but there are no issues right now. We were catching them up all we needed. The notes of the incident report were not filed. He had a natural , when he was found."

A review of the facility's previous deficiencies revealed that under the Administrator's supervision, the facility continued to have the following uncorrected Class II deficiency: A0025 -

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	AL11968935	A. BUILDING: _____ B. WING _____	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCES AT EAST RIDGE RETIREMENT VIL	19225 SW 87TH AVE MIAMI, FL 33157

(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 077	Continued From page 38 Resident Care - Supervision. Class II	A 077		
A 079 SS=H	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents — Staff Hours/Week 0-5 — 168 — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left	A 079		

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A 079	Continued From page 39 solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making	A 079		

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A 079	Continued From page 40	A 079		

decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.
9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter

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A 079	Continued From page 41 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide adequate staffing to meet both the scheduled and unscheduled care needs of the residents, compromising their safety and well-being for all 74 residents.\ Findings Included:	A 079		

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A 079	Continued From page 42 Observation on at 6:11 AM revealed that upon entry into the memory care unit, no staff members were observed in the common areas. A loud yell was heard coming from . Further observation revealed that three staff members were inside the room providing care to a resident. When asked how many staff were working inside of the memory care unit at that time, staff stated, "All three of us are in here providing care to the resident." Observation on at 6:10 am revealed no staff members present in the memory care unit. At 6:13 am, an exit door alarm sounded. Residents had direct access to the exit door. Staff did not respond to or silence the alarm until 6:25 AM reflecting a delay of 12 minutes. During an interview on at 6:24 AM Staff I (Licensed Practical Nurse) stated she was the overnight supervisor and worked from 11:00 PM to 7:30 AM. Staff I reported there were 48 or 49 residents in the assisted living unit and 22 residents inside of memory care. Staff I reported that staffing consisted of one Certified Nursing Assistant (CNA) assigned to each assisted living floor and two CNA's assigned to memory care. She stated that resident census included 20 residents on the second floor and 18 residents on the third floor in assisted living. During an interview on at 6:58 AM Staff K (Caregiver) stated that she was assigned to 22 residents who required assistance with activities of daily living (ADLs). Interviewed on at 9:48 AM Staff L (Licensed Practical Nurse) stated that she was assigned to all three floors and that her shift was from 7:00 AM to 3:00 PM. She stated that she sometimes worked a double shift, leaving at	A 079		

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A 079	Continued From page 43 11:00 PM. She also stated that she only worked on the weekends but was present covering a shift for a nurse who had quit after two weeks. Staff I further stated, "To be honest, it is overwhelming. We are short staff with CNAs (Certified Nursing Assistant) in the memory care unit. There are too many residents, and we need more one-to-one CNAs. There are too many , and the residents walk around and become . Two CNAs are assigned to care for 25 residents and administer medication. I wish we had more staff." A review of the facility staffing scheduled dated for the 11:00 PM to 7:30 AM shift showed Staff I assigned as Nurse, Staff M 's (Caregiver) assignment showed floor 1, Staff K's (Caregiver) assignment showed floor 2, and Staff H's (Caregiver) assignment showed floor 3. A review of the facility pendant calls logged policy under section 1 'Immediate Response' showed "when an emergency is activated, the nearest available staff member must respond promptly to assess the situation." A review of the facility pendant calls logged dated - showed 115 A review of the facility pendant call log dated through showed 115 residents. Of those 38, 38 requests were not responded for 10 minutes or longer. Further review revealed that on , staff responded to a resident request after a delay of two hours A review of the facility resident census showed 51 residents in the assisted living unit and 23 residents in the memory care unit, totaling 74 residents. This census was inconsistent with the resident numbers reported by Staff I during	A 079		

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A 079	Continued From page 44 interview. Class II	A 079		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use.	A 152		

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A 152	Continued From page 45 (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on the observation and interview, the facility failed to provide a safe living environment and keep it free of hazards for resident # 48 from our sample. Findings: An observation on at 8:58 am, showed unlocked cleaning supplies and food items under the sink in resident #48's room . (Photographic evidence obtained). In an interview on at 9:00 am, Staff H asked about the unlocked cleaning supplies and food items under the sink. She stated "The resident was eating her breakfast", and told the resident "Don't do that and look at me". Class III.	A 152		
A 160 SS=E	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or	A 160		

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A 160	Continued From page 46 other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's	A 160		

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A 160	Continued From page 47 contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices;	A 160		

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A 160	Continued From page 48 (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate admission and discharge log for three of 48 sampled residents (Resident #1, Resident #43, Resident #44) Finding included: A review of the facility's admission and discharge log revealed that Resident #1, who onsite on , was not listed as discharged. Further review revealed that for Resident #43, who was transferred to the hospital on before moving to a higher level of care, the discharge location was not listed. Additional review showed that for Resident #44, admitted on , the discharge location was not listed. In an interview on at 1:45 PM, regarding why the log did not contain the required address, facility name, or funeral home to which any resident had been discharged, the Administrator stated, "I didn't know it was required." Class III	A 160		