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
	AL11964817	A. BUILDING: _____ B. WING _____	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (LELY PALMS)	6125 RATTLESNAKE HAMMOCK ROAD NAPLES, FL 34113

(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 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c),	A 161		

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A 161	Continued From page 1 F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ⌄ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility failed to ensure the employee file for 2 (Staff D and E) of 4 staff reviewed contained a copy of the employment application and documentation verifying freedom signs and symptoms of communicable completed by the Health Care Provider within 6 months of hire or 30 days post hire. The findings included: 1. Review of the employee file for Caregiver Staff D revealed a hire date of . The employee file did not contain an employee application. Staff D's medical history form signed by the resident on revealed the physician did not complete, sign, and date the freedom from communicable statement at the bottom. 2. Review of the employee file for Caregiver Staff E revealed a hire date of . The employee file did not contain an employee application.	A 161		

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A 161	Continued From page 2 Staff E's medical history form signed by the resident on revealed the physician did not complete, sign, and date the freedom from communicable statement at the bottom. On at 2:49 p.m., during an interview, the Executive Director (ED) said she thought Staff D and E had completed job applications, but she could not produce them. She said she did not realize the communicable statements were not signed by the physician verifying Staff D and E were free from communicable . Class III .	A 161		
A 000	Initial Comments A Change of Ownership, limited nursing services, emergency power plan monitoring, and health facility reporting system survey was conducted at Arden Courts (Lely Palms) on through . Deficiencies were identified at the time of the survey.	A 000		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their	A 055		

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A 055	Continued From page 3 rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling	A 055		

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A 055	Continued From page 4 pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by:	A 055		

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A 055	Continued From page 5 Based on observation, and interview, the facility failed to ensure staff who assist with self-administration/administration of medications ensure medications were locked and secured in a locked cabinet, locked cart or other locked storage receptacle during a medication pass for 1 (Resident #17) of 12 people reviewed for medications. Failure to secure medications allow persons to have access to the medications which could cause injury to a resident from unknowingly ingesting a harmful substance. The findings included: On at 11:09 a.m., observation of Licensed Practical Nurse (LPN) Staff C prepared Resident #17 medications. Staff C opened the med cart parked in the hallway. Staff C removed , 50 mg and placed the pill into a bag and crushed the medication. Staff C poured the crushed med into a cup and added 2 spoonfuls of chocolate pudding, and took cup to Resident #17 who was located in another area of the facility. Staff C left the package of medication , sitting on the top of the med cart in the Harvest Glen unit and was gone out of sight of the medication and the cart for 12 minutes, while the medication sat on the top of the cart unsupervised and open for any resident or staff to walk by and remove. On at 11:21 a.m., LPN Staff C returned to the med cart, took the med card from the top of the cart and Signed Electronic Medication Administration Record (EMAR), and replaced med card into the cart. On at 1:04 p.m., during an interview, LPN Staff C said he has been at the facility for almost 2 years, he started in of 2004. Staff C said he assists the residents with their	A 055		

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A 055	Continued From page 6	A 055		

medications, and in his process he pulls up the resident profile on the computer, opens the cart and removes the pills and checks the profile, if vitals needs to be checks he does that first, then he places the pills into the cup and takes the meds and gives them to the resident, he signs the EMARs and locks the cart. Staff C said, "Sometimes I forget to lock the cart, I knows I am to lock the cart always but I forget." Staff C states as for leaving meds on the top of the cart he does that sometime but it depends on the situation, he states if it is an oral solution, he may put the med in the of the cart and put something in front of it, but he is usually gone for only 1 minute. Staff C confirmed leaving Resident #17's , medication on the top of the cart for over 5 minutes and went to another area of the memory care unit on the other side of the unit. Staff C said, "Yes I did do that, I did leave the medication on top of the med cart."

On at 1:50 p.m., during an interview, the Administrator said according to the policy the staff, when assisting or giving with meds, are not to leave the cart unlocked when out of view of them and they are not to leave medication unattended on the cart when not in their view.

On at 2:43 p.m., during an interview, the Resident Services Coordinator (RCS) said she is responsible for the nursing staff. The RSC said the nursing staff are not to leave medication unattended on the top of the med cart or leave the med cart unlocked out of their view. The RSC said. "They should know better than that."

Class III

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

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A 081	Continued From page 8 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this	A 081		

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A 081	Continued From page 9 requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies	A 081		

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A 081	Continued From page 10 and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure staff complete training based on the facility policies and procedures for elopement response training and Resident Rights/Recognizing and reporting , neglect, and . Further the facility failed to ensure newly hired staff received the Pre-service orientation training that included resident's rights, the facility's license type and services offered for 2 (Staff D, E) of 5 employee records reviewed. The findings included: 1. Review of Staff D's employee record revealed a hire date of . Staff D's employee record contained a signed copy of the Pre-service Orientation Acknowledgement dated . The acknowledgement did not contain training on residents' rights. Staff D's employee record contained a signed copy of the elopement policy and procedure dated . There was no documentation for elopement training based on the facility's elopement policy and procedures. Staff D's employee record contained a signed	A 081		

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A 081	Continued From page 11 copy of the Resident Policy Acknowledgement dated . The employee record did not contain documentation that the staff received 1 hour of training regarding the facility's policies and procedures for . Staff D's employee record contained a signed copy of resident rights dated . It did not contain documentation the staff received one hour of training on facility policy for Resident Rights in the assisted living. 2. Review of Staff E's employee record revealed a hire date of . Staff E's employee record contained a signed copy of the Pre-service Orientation Acknowledgement dated . The acknowledgement did not contain training on residents' rights and the facility's license type and services offered by the facility. Staff E's employee record contained a signed copy of the elopement policy and procedure dated . There was no documentation for elopement training based on the facility's elopement policy and procedures. Staff E's employee record contained a signed copy of the Resident Policy Acknowledgement dated . The employee record did not contain documentation that the staff received 1 hour of training regarding the facility's policies and procedures for . Staff E's employee record contained a signed copy of resident rights dated . It did not contain documentation the staff received one hour of training on facility policy for Resident Rights in the assisted living.	A 081		

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A 081	Continued From page 12 On at 2:49 p.m., the Executive Director (ED) said she did not have documented training for 1 hour for Staff D and E for elopement training based on the facility's policy. She said she did not have documentation for 1 hour training on , neglect, and , and resident's rights in the assisted living facility. Class III .	A 081		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility failed to ensure one hour of training on the facilities policies for ( ) for 2 staff (Staff D and E) of 4 staff reviewed for the required training. The findings included:	A 090		

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A 090	Continued From page 13 1. Review of the employee file for Caregiver Staff D revealed a hire date of . On , Staff D signed the bottom of the facility Advance Directives Policy. There was no documentation in the employee file that Staff D received 1 hour of training in the facilities policies and procedures regarding . 2. Review of Caregiver Staff E's employee file revealed a hire date of . On Staff E signed the bottom of the facility Advance Directives Policy. There was no documentation in the employee file that Staff E received 1 hour of training in the facilities policies and procedures regarding . On at 2:49 p.m., the Executive Director (ED) provided the advance directives policies that were signed by Staff D and E. The ED said there was no documented evidence that Staff D and E had 1 hour of training in the facility policy and procedure for . Class III .	A 090		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's	A 091		

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	AL11964817	A. BUILDING: _____ B. WING _____	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (LELY PALMS)	6125 RATTLESNAKE HAMMOCK ROAD NAPLES, FL 34113

(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 091	Continued From page 14 personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility failed to ensure training documentation included certificates or copies of certificates with the title and subject matter of the training program, the agenda, the number of hours, trainees name, dates of participation, location of the training program, credentials of the trainer, and professional license if applicable for elopements, residents rights, ( ), and for 2 (Staff E and Staff D) of 4 staff reviewed for training. The findings included: 1. Review of Caregiver Staff D's employee record	A 091		

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A 091	Continued From page 15 revealed a hire date of . Staff D's employee record contained a signed copy of the Elopement Policy and Procedure dated . There was no elopement training certificate or copy of certificate in the employee record. Staff D's employee record did not contain a certificate or copy of certificate for Training in the employee record. Staff D's employee record contained a signed copy of Resident Rights dated . There was no resident's rights training certificate or copy of certificate in the employee record. Staff D's employee record contained a signed copy of the Advance directives Policy dated . There was no training certificate or copy of certificate in the employee record. 2. Review of Staff Caregiver E's employee file revealed a hire date of . Staff E's employee record contained a signed copy of the Elopement Policy and Procedure dated . There was no elopement training certificate or copy of certificate in the employee record. Staff E's employee record contained a signed copy of the Resident Policy Acknowledgement dated . There was no training certificate or copy of certificate in the employee record. Staff E's employee record contained a signed copy of Resident Rights dated . There	A 091		

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A 091	Continued From page 16 was no resident rights training certificate or copy of certificate in the employee record. Staff E's employee record contained a signed copy of the Advance directives Policy dated . There was no training certificate or copy of certificate in the employee record. On at 2:49 p.m., the ED said she did not have training certificates for Staff D and E verifying they received training for elopements, , resident rights, and . Class III .	A 091		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described	A 162		

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A 162	Continued From page 17 in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ⌄ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of	A 162		

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A 162	Continued From page 18 the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be	A 162		

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A 162	Continued From page 19 retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility filed to maintain documentation of the hospice interdisciplinary care plan which delineates how the facility and hospice will meet the schedule and unscheduled needs of the residents receiving hospice services for 2 (Residents #11, and #17) of 3 residents reviewed for hospice services. The findings included. Record review for Resident #11 revealed an admit date of . Further review revealed Resident #11 was admitted to Avow Hospice Services on . On at 12:00 p.m., request was made for documentation of the interdisciplinary care plan for Resident #11 for review. Resident Services Coordinator (RSC) said they have access to Hospice for notes and care plans and will provide the care plan for Resident #11. On 12:30 a second request was made to the RSC for the interdisciplinary care plan for Resident #11. On at 1:09 p.m., during an interview the	A 162		

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A 162	Continued From page 20 RSC said she contacted Hospice for the care plan for Resident #11, and they were at lunch and just got to her and said they would send it in 20 minutes. On at 2:18 p.m., during an interview, the Administrator said there is no interdisciplinary care plan onsite at the facility for Resident #11. The Administrator said she spoke with her Regional Director and the Regional told her she does not have them to produce. The Administrator confirmed there is no interdisciplinary hospice care plan onsite for Resident #11. On at 2:40 p.m., request was made to the Administrator for documentation of the interdisciplinary care plan for Resident #17. The Administrator said there is no hospice interdisciplinary care plan documentation for Resident #17 onsite in the facility. Class III .	A 162		
AN276 SS=D	59A-36.022(1) FAC LNS - Nursing Services (1) NURSING SERVICES. In addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S., a facility with a limited nursing services license may provide nursing care to residents who do not require 24-hour nursing supervision and to residents who do require 24-hour nursing care and are enrolled in hospice. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility	AN276		

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AN276	Continued From page 21 failed to provide nursing services for routine care and maintenance that were included under their Limited Nursing Services (LNS) license at no additional charge for 2 (Residents #9 and #7) of 2 residents reviewed for LNS. The facility arranged for the home health agency to perform care for Resident #9. The facility arranged for the home health agency to perform care and maintenance for Resident #7. The findings included: Record review of the facility "Florida Limited Nursing Services Policy & Procedure for Arden Courts ALF, Revised , "It is the policy of this facility to provide Limited Nursing Service per orders from the resident's health care practitioner. . . LNS - Nursing Services: In addition to a standard Assisted Living License, Arden Courts has a license to provide Limited Nursing Services license. This allows for the provision of the following services with a physician order. . . Applying and changing routine that do not require packing or irrigation, or the performance of an intermittent , for , , and closed surgical care and maintenance." The facility policy for Third Party Providers Page 72 of 86 Information Manual Revision Date: revealed: "Residents and responsible parties may independently arrange, contract, and pay for services provided by a third party of the resident's choice, including a licensed home health agency." 1. Record review of Resident #9's service agreement dated revealed on page 12	AN276		

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AN276	Continued From page 22 Exhibit B, Florida Limited Nursing Services In addition to the Standard Assisted Living License [facility name] has a license to provide Limited Nursing Services. This allows for the provision of the following services with a physician order. 3. Applying and changing routine , that do not require packing or irrigation, but are for , and closed surgical , 10. care and maintenance. Exhibit B further stated: There is no separate or additional fee for Limited Nursing Services; The ancillary price list effective revealed there was a $15.00 charge for simple treatment per occurrence. Record review of Resident #9's service plan dated did not reveal care treatment or who would perform the care. Record review of the provider choice form signed and dated by the Power of Attorney on did not reveal a home health agency choice. Record review found on , the provider ordered a consultation for home health for evaluation for Resident #9's left . Record review found the facility progress notes documented Resident #9 received care from the home health agency on , ,26, and . The facility progress notes documented Resident #9 got a on at 1:19 p.m. Staff C notified the Power of Attorney, the provider and the home health agency. On at 1:23 the home health agency performed first aid for the resident's . Record review found the home health agency communication forms revealed services by the	AN276		

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AN276	Continued From page 23 home health nurse on and for left lower extremity care. On and the home health nurse provided care to both lower extremities. On , the home health nurse provided care to the right and right On at 12:30 p.m., observed Resident #9 in the dining room eating with the POA. The left lower revealed a bandage at the . The POA said he changed the bandage yesterday because it was coming off. He said he does not know what the home health charges are yet because he just got the bill yesterday. On at 3:34 p.m., during telephone interview, Resident #9's spouse said when Resident #9 got the first , the facility called him and told him they performed first aid, but home health agency would be arranged for routine changes to the . He said he did not arrange for home health agency visits, and the facility said they did not offer a choice between the facility or home health care. He said then the resident got another and home health was arranged again. He said he keeps a supply of bandages himself and replaces the bandages when needed because the home health bandage adhesive does not stick very well. He said the is an ordinary and no . 2. Record review of Resident #7's service agreement dated revealed: On page 2 A. Services 16. Limited nursing services are available if ordered by a physician. There is no additional fee for this service. On page 12: Exhibit B, Florida Limited Nursing	AN276		

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AN276	Continued From page 24 Services In addition to the Standard Assisted Living License [facility name] has a license to provide Limited Nursing Services. This allows for the provision of the following services with a physician order. 3. Applying and changing routine ␣ that do not require packing or irrigation, but are for , and closed surgical . 10. care and maintenance. Exhibit B further stated: There is no separate or additional fee for Limited Nursing Services; Record review of the LNS Log revealed Resident #7 had an ␣ that started on and ended on . The facility LNS Monthly assessment dated revealed the scope was the home health agency. Record review found the provider ordered home health for skilled nursing on for care. Record review found on the home health agency documented care treatment, and the was draining clear and yellow . On the home health agency documented right lower extremity appear to be healing, scabbed over very small...light yellow liquid emptied from ␣ bag. On the home health agency documented 2 on right lower extremity... ␣ changed and bag emptied... On the home health agency documented scabbed right lower extremity...cleansed with normal ...foam border ␣; draining clear and yellow . On /267 the home health agency documented are healed very small dry	AN276		

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AN276	Continued From page 25 patches - no new issues - is out. On at 9:47 a.m., during an interview, the Resident Services Coordinator (RSC) said LNS is new to her, and she did not receive training for LNS. She said she has not read the policy. She said she is a Licensed Practical Nurse with 30 years of experience. She said she was trained in care and can change and can perform care and maintenance and insert tubing. She said the facility arranges for home health agency visits for care and changes. at 1:19 p.m., during an interview, the Executive Director said they wished to renew the LNS license. On at 8:50 a.m., during an interview, the RSC said they do the emergency first aid for and then arrange for home health agency to visit the resident at the facility for routine bandage changes. On at 11:41 a.m., during an interview, LPN Staff C said the facility nurses do the immediate first aid care for new . After that, they arrange for the home health agency to visit the resident for care. They fax the orders to the home health agency. Staff C said Resident #9 has a normal . On at 12:53 p.m., during an interview, LPN Staff C said he can do all 10 of the nursing services listed in the service agreement under LNS (Exhibit B). He said he is especially proficient at . He said he was instructed that the facility nurses do not perform changes and that home health agency visits are arranged for routine care	AN276		

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AN276	Continued From page 26 and , changes. Class III .	AN276		