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
	AL11969621	A. BUILDING: _____ B. WING _____	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIUM AT LIBERTY PARK	1321 NE 24TH AVENUE CAPE CORAL, FL 33909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A re-licensure, limited nursing services, emergency power plan monitoring and health facility reporting system survey was conducted at Atrium at Liberty Park on through . Deficiencies were identified at the time of the visit.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is	A 010		

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A 010	Continued From page 1 agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must	A 010		

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A 010	Continued From page 2 notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,	A 010		

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A 010	Continued From page 3 2. The condition is documented in the resident's record; and, 3. 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. (c) A [redacted] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.	A 010		

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A 010	Continued From page 4 (g) Continued residency 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 record review, and interview, the facility failed to ensure a -to- Health Assessment Form (1823) was completed every 3 years or after a significant change for 5 (Resident #4, #11, #12, #14, and #15) of 10 records reviewed . The facility failed to ensure and maintain documentation of a hospice interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility for 2 (Resident #14 and #15) of 4 residents reviewed for hospice services. The findings included: Record review revealed Resident #11's admit date was ; Resident #12's admit date was ; Resident #4's admit date was . Review of the medical records revealed Resident #11's Health Assessment Form (1823) was completed on . Resident #12's 1823 was completed on . Resident #4's 1823 was completed on . On at 4:18 p.m., during an interview dayshift supervisor, Licensed Practical Nurse (LPN) Staff D, said the most current up to date 1823's would be in the medical records. Staff D said she checks for expired health assessments when she "thins" the charts, and a new health assessment is necessary with a significant change and at a minimum every 3 years. Staff D confirmed Residents #11, #12, and #4 have health assessments older than 3 years. Staff D	A 010		

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A 010	Continued From page 5 stated, " they must have been missed." On at 5:00 p.m., during an interview the Wellness Director (WD) said she recently began auditing the 1823's. She said she did not get to the medical records for #11, #12 and #4. The WD acknowledged they needed new Health Assessment Forms. On at 5:10 p.m., during an interview the Executive Director (ED) acknowledged the Health Assessments Forms were outdated for Residents #11, #12, and #4. On at 2:13 p.m., the ED transmitted an email indicating Resident #15's hospice start date was . On at 2:56 p.m., during a telephone interview with the hospice representative she said Resident #15's hospice election date was . Review of the medical record for Resident #15 revealed the facility did not obtain an updated Health Assessment Form or interdisciplinary care plan delineating what services the facility and hospice would be providing to Resident #15. Review of the medical record for Resident #14 revealed a hospice election form signed on . Further review for Resident #14 revealed the facility did not obtain a new Health Assessment Form at the start of hospice services. Resident #14's medical record also lacked an interdisciplinary care plan delineating what services the facility and hospice would be providing to Resident #14. On at 3:15 p.m., during an interview the WD acknowledged the facility did not obtain new	A 010		

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A 010	Continued From page 6 Health Assessments Forms or interdisciplinary care plans for Residents #14 and #15 when they started with hospice services. Class III	A 010		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper	A 052		

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A 052	Continued From page 7 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or	A 052		

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A 052	Continued From page 8 discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from	A 052		

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A 052	Continued From page 9 facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interviews the facility failed to ensure that staff who assist with self-administration of medications do so appropriately to perform hygiene and orally advise of medication dosage being given for 3 (Residents #6, #16, and #17) of 3 residents observed.	A 052		

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A 052	Continued From page 10 The findings included: On at 11:14 a.m., MT Staff A was observed preparing Resident #6's oral medication. Staff A did not perform hygiene prior to preparing the medications. Staff A then entered the resident's room, gave the medication cup to the resident, and failed to orally advise him of the name of the medications and dosage given. On at 11:28 a.m., Staff A was observed preparing Resident #17's oral medications. Staff A did not perform hygiene and failed to orally advise the resident of the medication name and dosage given. On at 11:30 a.m., Staff A was observed preparing Resident #18's oral medications. Staff A did not perform hygiene prior to preparing the medications and was observed preparing her , 10 mg (milligram)/5 mL (milliliter) suspension liquid medication prior to opening the medication observation record to the compare to the resident's chart. Staff A orally advise of the dosage of the medication given. During an interview on at 11:48 a.m., the Executive Director and Wellness Director acknowledged Staff A did not follow proper protocol when assisting with self-administration of medications. Class III	A 052		
AN278 SS=D	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022	AN278		

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AN278	Continued From page 11 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure monthly nursing assessments for residents receiving limited nursing services (LNS) were completed and signed by the Registered Nurse (RN) for 2 (Residents #2, #3) of 3 residents reviewed for LNS services. The findings included: Policy titled: Limited Nursing Services. Effective Date; . Procedure: 4. - The nursing assessment will be completed at least monthly and signed by an RN. Resident #2's order for LNS was dated . Review of the medical records revealed the LNS assessment was started by the Licensed Practical Nurse (LPN) Wellness Director (WD) on but was not completed, locked/signed by	AN278		

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AN278	Continued From page 12 the RN. Resident #3's order for LNS was dated . Review of the medical records revealed the LNS assessment was started on by the WD but not completed, locked/signed by the RN. On at 10:05 a.m., during an interview the Wellness Director (WD) said the RN has not made it to the facility to complete any of the LNS assessments for . On at 1:35 p.m., during a telephone interview RN Staff E said she is the Regional Director of Clinical Services for the facility management company. She said the RN she replaced for LNS assessments left in , . Staff E said she was not at the facility for any of the LNS assessments. Staff E said the facility was supposed to hire an RN for assessments, she was just filling in, it was not meant to be long term position. Class III	AN278		