

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966532	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/09/2026
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LUGAR DE AMOR ALF

**403 NW 136 PLACE
MIAMI, FL 33182**

(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 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 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

(X8) 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 and record review, the facility failed to ensure that staff followed procedures for assistance with self-administration of medication for one out of five sampled residents (Resident #1). Findings include: An observation on at 7:44 AM revealed that Staff B (Caregiver) completed a medication pass for Resident #1. Staff B had on an initial pair of gloves; with the gloves she opened and unlocked the medication cabinet, and retrieved Resident #1's medication and the medication observation record binder. Staff B	A 052			

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A 052	Continued From page 4 removed the resident's _____, ER 650 MG with her gloved _____ from their _____ packs and then placed the pills directly in a medicine cup for Resident #1 to consume. A review of Staff B's employee record revealed that she had completed an annual two-hour update training in assistance with self-administration of medication on _____. A review of Resident #1's health assessment revealed that she required assistance with self-administration of medication. Class III	A 052			
A 055 SS=E	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented	A 055			

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A 055	Continued From page 5 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 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	A 055			

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A 055	Continued From page 6 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 be 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: Based on observation and record review, the facility failed to ensure that it centrally stored prescription and over-the-counter medication for four out of five sampled residents (Resident #2, Resident #3, Resident #4 and Resident #5). Findings include: An observation on _____ at 6:08 AM revealed that there was an unsecured container of [] brand food and beverage thickener under Resident #5's bathroom sink.	A 055			

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A 055	Continued From page 7 An observation on _____ at 6:11 AM revealed that there was a bottle of _____, suppositories located in the closet of Resident #2 and Resident #3's room. An observation on _____ at 6:15 AM revealed that there was a bottle of cream located on Resident #4's nightstand. An observation on _____ at 6:21 AM revealed that there was a tube of silver cream prescribed to Resident #2 located on the living room windowsill. A review of Resident #2's health assessment dated _____ revealed that she required assistance with self-administration of medication. A review of Resident #3's health assessment dated _____ revealed that she required assistance with self-administration of medication. A review of Resident #4's health assessment dated _____ revealed that she required assistance with self-administration of medication. Class III	A 055			
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable _____. The examination performed by the health care provider must have	A 078			

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A 078	Continued From page 8 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 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	A 078			

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A 078	Continued From page 9 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 that staff performed assigned duties consistent with their training and qualifications for two out of five sampled staff (Staff C and Staff D). Findings include: During an interview on at 7:14 AM, Staff C (Caregiver) was asked what a () was, to which she stated that she did not understand. When asked what the facility's elopement procedures were, Staff C stated that she would "call the resident quickly but we always have the door closed with a latch so they [the residents] do not go out". During an interview on at 1:51 PM, Staff D (Caregiver) was asked what the facility's policies and procedures were on identifying and reporting , to which she stated, "I haven't	A 078			

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A 078	Continued From page 10 seen that, but if I have, I will call the police and the owners". During an interview on _____ at 10:42 AM with the Administrator, when informed of her staff's knowledge of the facility's policies and procedures, she stated that Staff C was new and still learning. A review of Staff C's employee record revealed that she had a completed " _____ Training" certification dated _____ and a completed "Understanding Elopement Policy and Procedures" training certification dated _____. A review of Staff D's employee record revealed that she had a completed training in resident rights and recognizing and reporting _____ and neglect training dated _____. Class III	A 078			
A 079 SS=D	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	A 079			

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A 079	Continued From page 11 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 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	A 079			

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A 079	Continued From page 12 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 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	A 079			

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A 079	Continued From page 13 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 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	A 079			

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NAME OF PROVIDER OR SUPPLIER LUGAR DE AMOR ALF		STREET ADDRESS, CITY, STATE, ZIP CODE 403 NW 136 PLACE MIAMI, FL 33182			
(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 079	Continued From page 14 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 keep an up-to-date staffing schedule to reflect its 24-hour staffing pattern for two out of five sampled staff (Staff C and Staff E). Findings include: An observation on _____ at 6:03 AM revealed that Staff B (Caregiver) and Staff C (Caregiver) were present at the facility. During an interview on _____ at 6:52 AM, the Administrator was asked to confirm which staff members were on duty, to which she confirmed Staff B and Staff C were. When asked where Staff C was on the schedule, the Administrator wrote in Staff C next to Staff E (Caregiver). When informed that the schedule reflected that Staff E remained scheduled to be on duty, the Administrator stated that Staff E is on vacation for five days. A review of the staffing schedule revealed that Staff C was not initially scheduled to work on _____; instead, Staff E should have worked 7AM to 7PM. Further review of the updated schedule revealed that both Staff C and Staff E	A 079			

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A 079	Continued From page 15 were scheduled to work 7AM to 7PM. Class III	A 079			
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	A 081			

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A 081	Continued From page 16 completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (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	A 081			

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A 081	Continued From page 17 offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne . . . , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 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	A 081			

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A 081	Continued From page 18 response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that two out of five sampled staff (Staff B and Staff C) had signed documentation in their record upon completion of required preservice orientation training. Findings include: An observation on _____ at 7:50 AM revealed that Staff C (Caregiver) and the Administrator were located in the residents' bathroom signing a certificate of completion in-service training document for "Comprehensive Emergency Management Plan, Implementing Emergency Management Plan" and "Understanding facility's Emergency Environmental Control Plan". During an interview on _____ at 7:50 AM, the Administrator stated that "the application was ready and she was just signing the in-service". Further observation on _____ at _____	A 081			

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A 081	Continued From page 19 approximately 7:50 AM revealed that Staff C signed an additional certificate of completion in-service training document for " Training", "Staff with Access to Facility & Resident Records & Understanding HIPAA's Privacy Rule". A review of Staff C's employee record revealed that she had not signed a certificate of completion in-service training for "Fire Safety Requirements", "Fire Evacuation Procedures and Fire Drills", "Facility Emergency Preparedness & Evacuation", " Control and Facility", "Sanitation Procedures, Personal Care and Hygiene" and "Safe Food Handling Practices". A review of Staff B's (Caregiver) employee record revealed that she had not signed a certificate of completion in-service training for "Reporting Major Incidents and Facility Emergency Procedures", "Resident Rights and Reporting , Neglect and , ", "Resident Behavior, Needs, and Assistance with ADL's", "Comprehensive Emergency Management Plan, Implementing Emergency Management Plan", "Understanding facility's Emergency Environmental Control Plan", " Training", "Staff with Access to Facility & Resident Records & Understanding HIPAA's Privacy Rule", "Fire Safety Requirements", "Fire Evacuation Procedures and Fire Drills", "Facility Emergency Preparedness & Evacuation", " Control and Facility", "Sanitation Procedures, Personal Care and Hygiene", "Safe Food Handling Practices" and "Understanding Elopement Policy and Procedures". Class III	A 081			

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A 152	Continued From page 20	A 152			
A 152 SS=E	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. (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	A 152			

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A 152	Continued From page 21 be This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that it maintained a safe living environment that was free of hazards for five out of five sampled residents (Residents #1, #2, #3, #4 and #5). Findings include: An observation on _____ at 6:06 AM revealed that there was what appeared to be a roach located next to the entryway table. (Photographic evidence obtained). An observation on _____ at 6:23 AM revealed that there was what appeared to be a roach located in the laundry room. Further observation revealed that there were also unsecured cleaning supplies, which included two bottles of bleach, a bag of _____ laundry booster, powdered stain remover, termite killing foam, a bag and bin of powdered detergent. An observation on _____ at 6:27 AM revealed that there was a bed frame that was utilized as a shoe rack located in the _____ porch area and a commode chair propped against the pool gate. An observation on _____ at 10:45 AM revealed that there were two mattresses propped against the facility's backyard wall. During an interview on _____ at 10:42 AM with the Administrator, when informed of the insects found in the facility, she asked where they were found and then stated "Ok".	A 152			

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A 152	Continued From page 22 Class III	A 152		
A 160 SS=D	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 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	A 160		

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A 160	Continued From page 23 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 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.	A 160			

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A 160	Continued From page 24 (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; (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 ensure that it maintained an admission and discharge log that contained the addresses to which residents were discharged. The facility also failed to ensure that it had a current fire safety inspection report posted. Findings include: 1). During an interview on at 6:55 AM with the Administrator, she was informed that the fire inspection report was from , to which she stated that "maybe I did not put it "	A 160			

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A 160	Continued From page 25 and that she would find it. A review of the posted fire safety inspection report revealed that it was dated 2). A review of the admission and discharge log revealed that the facility noted "Other ALF [Assisted living facility]", "Funeral Home" and "A hospital" under the discharge locations; the facility did not have the addresses to which residents were discharged. Class III	A 160			
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 in Rule 59A-36.006, F.A.C.	A 162			

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A 162	Continued From page 26 (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 the resident as required in Section 429.27, F.S.	A 162			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 162	Continued From page 27 (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 retained for 2 years following the departure of a	A 162			

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A 162	Continued From page 28 resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that it maintained a contract signed by the resident or the resident's legal representative for one out of five sampled residents (Resident #1). Findings include: During an interview on _____ at 8:27 AM, the Administrator was asked for the Power of Attorney (POA) documentation for Resident #1's daughter who had signed the resident contract. She confirmed that she did not have the documentation. A review of Resident #1's resident contract revealed that it was signed by the resident's daughter. Further review revealed that there was not a Power of Attorney in file that would have allowed the resident's daughter to sign the contract on behalf of Resident #1. Class III	A 162			
A 182 SS=F	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation	A 182			

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A 182	Continued From page 29 (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that four out of five sampled staff (The Administrator, Staff B, Staff C and Staff D) were trained in their responsibilities for the implementation of the emergency management plan. Findings include: 1). During an interview on _____ at 6:30 AM with Staff B (Caregiver), she was asked to test the generator. An observation on _____ at 6:41 AM revealed that after Staff B was unable to start the generator, the Administrator attempted to start it; the generator turned on and began to make a sputtering sound. During an interview on _____ at approximately 6:41 AM with the Administrator, she stated that maybe it was the gas that caused the generator to make that noise. An observation on _____ at approximately 6:41 AM revealed that the Administrator attempted to start the generator again, but it	A 182			

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A 182	Continued From page 30 continued to make the same sound. During an interview on _____ at 6:46 AM, the Administrator stated that since it was outside, the generator needed to heat up and she would keep it running to warm up. An observation on _____ at 6:56 AM revealed that Staff B went outside and turned off the generator, which had continued to make the same sputtering sound. During an interview on _____ at 7:06 AM, the Administrator stated that the generator was working. When asked who fixed it, she stated that her husband just "looked at it" and it didn't start because it was _____ outside. 2). During an interview on _____ at 7:14 AM, Staff C (Caregiver) was asked if she received training in the facility's emergency plan, to which she stated, "more or less because they come every now and then and I started very recently". When asked if she knew how to start the generator, Staff C stated no, she had not turned it on yet because she had not learned. She further stated that she had been at the facility for a very short time, and she would have to ask them to show it to her. When asked what she would if a fire broke out inside the facility, she stated that she would call the police and then stated that she did not remember. When asked what she would do if the power went out in the facility, she pointed to the generator; when asked what it would power within the facility, she stated she did not know. 3). During an interview on _____ at 1:51 PM with Staff D (Caregiver) she was asked how	A 182			

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A 182	Continued From page 31 much fuel the generator would need to run if the facility lost power, to which she stated that they "had a few gallons". 4). An observation on _____ at 10:27AM revealed that after Staff B was asked where the monoxide alarms were located, she pointed to the fire alarm in the residents' wing hallway. Further observation revealed that the monoxide alarm was located on the ceiling, in the hallway between the garage and living room. During an interview on _____ at approximately 10:27 AM, Staff B was asked what the emergency sheltering locations were if the residents had to evacuate, to which she answered [] and []. A review of the emergency sheltering location agreement revealed that the second facility that Staff B stated, was not listed on the document. Class III	A 182		
A 000	Initial Comments A re-licensure biennial survey with a generator monitoring was conducted at Lugar De Amor ALF on _____. Deficiencies were identified at the time of the survey.	A 000		
A 009 SS=D	59A-36.006(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the	A 009		

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A 009	Continued From page 32 following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. The facility rules and regulations that residents must follow as described in Rule 59A-36.007, F.A.C.; 11. The facility policy concerning pursuant to Section 429.255, F.S., and Rule 59A-36.009, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive,	A 009			

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A 009	Continued From page 33 and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in Rule 59A-36.021, F.A.C.; 13. If the facility advertises that it provides special care for individuals with _____'s _____ and related _____, a written description of those special services as required in Section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures. (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of Rule 59A-36.018, F.A.C.; 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided; 3. A copy of the resident's bill of rights as required by Rule 59A-36.007, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 (2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care	A 009			

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A 009	Continued From page 34 Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that it had a complete and signed admission package for one out of five sampled residents (Resident #3). Findings include: During an interview on _____ at 9:20 AM, the Administrator was asked why Resident #3's "Admission Procedures, Appropriateness of Placement and Continued Residency Criteria" acknowledgement was not signed. The Administrator stated that the resident's daughter lived in Texas and had not come to sign the form. A review of Resident #3's "Admission Procedures, Appropriateness of Placement and Continued Residency Criteria" dated _____, did not show that the acknowledgement statement was signed by the resident, their legal guardian or their power of attorney. Class III	A 009			
A 032 SS=E	59A-36.007(7) FAC Resident Care - Elopement Standards	A 032			

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A 032	Continued From page 35 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response	A 032			

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A 032	Continued From page 36 Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that it conducted and documented resident elopement drills at least twice a year. Findings include: During an interview on _____ at 10:31 AM with the Administrator, she was informed that there was documentation for one elopement drill conducted on _____ and none for any additional drills. She stated that she would look for the remaining elopement drills. Upon completion of her search, the Administrator confirmed that she did not have any additional elopement drills.	A 032			

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A 032	Continued From page 37 A review of the elopement drill documentation revealed that the last two elopement drills were completed on _____ and _____; there was no documentation that any additional elopement drills had been conducted since then. Class III	A 032			
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of _____. (a) The facility must implement a _____ hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or _____ hygiene may include the use of _____-based rubs, handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an _____ exposure to transmissible agents in _____, nonintact skin, and mucous _____ during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, _____ protection, or a _____ shield. (c) The facility must clean and _____ reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations.	A 036			

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A 036	Continued From page 38 This Statute or Rule is not met as evidenced by: Based on observation and record review, the facility failed to ensure that its staff implemented proper hygiene and control precautions for one out of five sampled staff (Staff B). Findings include: Observations on _____ from 6:57 AM to 7:11 AM revealed that Staff B (Caregiver) prepared breakfast with gloves on and without implementing _____ hygiene. 6:57 AM: Staff B grabbed the refrigerator door handle, removed a milk carton and placed it on the counter with her initial pair of gloves. She proceeded to open a cabinet door and grabbed a plate. 6:59 AM: Staff B removed a slice of bread from its bag with the same gloves and placed it directly inside an air fryer. 7:00 AM: Staff B pushed her hair _____ from her _____, grabbed a container of cereal and then touched the bottom of her _____ with the same gloves. 7:01 AM: Staff B grabbed a spoon, proceeded to remove her hair from her _____ again and then coughed into her _____. She then poured a cup of coffee, drank it and then left the kitchen to retrieve a box of gloves. 7:02 AM: Staff B returned with the same pair of gloves on. She touched her _____ once again and then removed her initial pair of gloves. 7:11 AM: Staff B continued to prepare breakfast	A 036			

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A 036	Continued From page 39 with a new pair of gloves. She removed her hair from her . She then removed another slice of bread from its bag and placed it in the air fryer with the same gloves. A review of the control policies and procedures revealed that "Employee's must be washed for at least 20 seconds using soap and water ... 6. After blowing one's sneezing and coughing" and " ... proper care should be taken not to contaminate the environment with soiled gloves". A review of Staff B's employee record revealed that she had a completed " Control and Facility Sanitation Procedures" training certification dated . Class III	A 036			