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
	AL11910367	A. BUILDING: _____ B. WING _____	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTHAVEN	5100 CRESTHAVEN BLVD. HAVERHILL, FL 33415

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A 000	Initial Comments An unannounced Relicensure, Complaint (#2025017823, 2025018114, 2025018876, 2025019051, 2026000130, 2026001083 & 2026003002), and Generator Monitoring survey was conducted on to at Cresthaven. Deficiencies related to the Relicensure and the Complaint (#2026000130) were identified at the time of the survey.	A 000		
A 008	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's	A 008		

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A 008	Continued From page 1 condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility	A 008		

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A 008	Continued From page 2 administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , , , , or any other	A 008		

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A 008	Continued From page 3 communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with	A 008		

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A 008	Continued From page 4 either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish , to be administered in the case of or , (f) 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 the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to provide an updated Health Assessment to reflect resident Activities of Daily Living (ADLs) and dietary needs for 1 of 5 sampled residents (Residents #8).	A 008		

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A 008	Continued From page 5 The findings included: An observation on in the Memory Care Unit (common area/dining room), surveyor observed Resident #8 in a wheelchair and having breakfast (regular meal) with staff assistance. During an interview on at approximately 7:30 AM Staff K (Caregiver -Memory Care unit) she was asked if the Memory Care Unit (MCU) had residents with special diets (e.g., puree, mechanical soft, minced, chopped) and she stated no. During an interview on at approximately 8:35 AM, Staff I (Facility Nurse - Memory Care Unit) was asked if the MCU had any residents with special diets, and she stated no. During an interview on at approximately 11:30 AM Staff B (Wellness Director) was informed to provide a complete file for Resident #8. Record review of Resident #8's file had an admission date of , a Health Assessment (AHCA Form 1823) dated . Further review revealed AHCA Form 1823 documented as follows: 1)Medical diagnoses as 's , 2)Physical limitations as bedridden 3) status as nonverbal 4)Condition/requirement: bedridden 5)Special Diet as soft Furthermore, review of Resident #8s file revealed an admission order for Third Party Services (hospice) and documented as follows:	A 008		

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A 008	Continued From page 6 Initial admission order dated Diet as mechanical soft Hospice plan of care coordinated with facility staff (Staff I) During an interview on at approximately 2:00 PM, Staff B was given an opportunity to provide an updated Health Assessment completed by a health care provider that would reflect the resident as not bedridden and identify the dietary needs as mechanical soft. At that time, Staff B stated she was not aware that Resident #8's ADLs and dietary needs were not reflected on the current AHCA Form 1823. During an interview on at approximately 4:50 PM surveyor met with the Administrator, and she was informed of the concerns mentioned above. No additional documentation was provided. Class III	A 008		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to ensure residents received the care and services required to meet the healthcare needs for two 2 of 8 residents interviewed/or reviewed (Resident #3 and 4).	A 028		

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A 028	Continued From page 7 The findings include: A). A review of Resident #3's facility's Resident Agreement dated and electronically signed by the Resident #3, documented Resident and Crestahven believe that each Resident has the right to live with as much independence and dignity as possible. It also documented that Cresthaven has mechanical/or electronic systems in place at this facility, including, but not limited to, smoke detectors, fire alarms, hot water heating systems, emergency call system and control systems (copy obtained). A review of Exhibit A - Cresthaven Schedule of Fees dated and electronically signed by Resident #3, documented the services he was to receive included Assistance with Medication, Assistance with Bathing, Assistance with ,, Assistance with ,, Management (supplies not included), Personal Laundry (copy obtained). A review of the Cresthaven Consent for Services dated and electronically signed by Resident #3 documented resident consented to receive routine nursing care, treatment, and other health care services as directed by the attending physician and required based upon standards of care (copy obtained). Review of the Resident #3's 1823 dated documented his diagnosis as Wasting and Atrophy. It also documented his Activities of Daily Living (ADLS) Assistance in bathing, ,, grooming, toileting. independent with eating. And Supervision with Ambulation and Transfer (copy obtained). Review of the Resident's 1823 dated also	A 028		

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A 028	Continued From page 8 documented the Resident is to receive Home Health services from (Home Health Agency) a Registered Nurse Evaluation and Treatment for , , and , , (copy obtained). In an interview with Resident #3 on at 10:21 AM, he stated he does not receive any assistance with his ADLs and cannot reach staff because he does not have an emergency pull-button. He stated that when he tries to call the front desk on his cell phone, he just gets voicemail that just repeats. This surveyor requested he call the facility's number during the interview on his cell phone, which he did. It rang then went to voicemail and repeated the loop. Observation of the Resident's room by this surveyor during the interview on revealed the location where the emergency pull-cord is located, was covered over by a solid white wall covering plate (photo obtained). A review of Resident #3's roommate's room revealed a pull-cord was in place, which the roommate stated is working. Observation revealed the pull-cord in the bathroom was also intact and operable. Observation of the bathroom also revealed the shower has a barrier , approximately inches high that may present difficulty in Resident #3 accessing the shower due to his health condition. Observation of Resident #3 revealed he has no use on his and is not . His right was observed to be constricted due to atrophy, and the thumb on the is broken. The residents stated during the interview that he broke the thumb trying to propel the (manual) wheelchair. Observation of Resident #3 also revealed scaling on his right that he stated he	A 028		

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A 028	Continued From page 9	A 028		

incurred by the hitting the bedframe when he tries to get in and out of the wheelchair and into/out of his bed. Observation of Resident #3 by this surveyor also revealed he had long toenails, the on his right were and toenails that were cracked and discolored (photo obtained upon the Resident's insistence). His overall appearance suggested he is in need of assistance with bathing and grooming.

In the interview with Resident #3 on at 10:21 AM, he also stated he has at least in his room. He stated he had to call his friend (Resident #28) who came and assisted him off the floor because he could not reach anyone.

In an interview with Resident #28 on at 10:41 AM, he stated he has had to assist the Resident off the floor at least three times that he can remember. He stated staff just says they can't help him off the floor, only a nurse can.

In an interview with the Administrator, Director of Wellness, Staff B and Director of Quality Assurance, Staff C on at 2:10 PM, this surveyor asked if the facility had shower logs and documentation of when staff checked on residents. They stated they do not keep a log of when Staff visits a room, nor do they keep logs of when residents receive showers. As such, no documentation exists to substantiate if Resident #3 did/or did not receive assistance with his showers.

This survey asked if they are aware/or familiar with any the Resident may have had while at the facility. The Administrator and Nurse stated they are not aware of any the resident may have had. This surveyor asked how the Resident call would them in the event of an emergency.

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A 028	Continued From page 10 She stated he would call them or use his call light. But in his case, she can see how that would be a concern. In an interview with the Director of Quality Assurance, Staff C on at 3:27 PM she stated the Resident informed her that he will take , , , so they are reaching out to the provider (Home Health Agency) today to begin the services. In an interview with the Administrator, Facility Consultant, Area ALF supervisors and this on at 3:38 PM the Administrator hesitated, then stated she would have to check to see if there is documentation. No additional information was provided during the survey. B). A review of Resident #4's facility's Resident Agreement documented Resident and Crestahven believe that each Resident has the right to live with as much independence and dignity as possible. A review of Exhibit A - Cresthaven Schedule of Fees documented the services she was to receive included Assistance with Medication, Assistance with Bathing, Assistance with , Assistance with Management (supplies not included), Personal Laundry (copy obtained). A review of Resident #4's Resident Health Assessment, AHCA Form 1823 (1823) documented her diagnosis as ( ), , ( ). It also documented that she required Supervision in Bathing, , Grooming (Copy obtained).	A 028		

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A 028	Continued From page 11 On at approximately 1:06 PM, this surveyor conducted an interview with a family member of Resident 4. During the interview she stated Resident 4's roommate informed her that she witnessed Resident 4 on , and that she needed the assistance of 5 people to get her up. And that the roommate identified that Resident 4 was attended by multiple staff members. Resident 4's family member expressed frustration that she was not notified of the incident. She stated she spoke with the front desk staff while visiting her mother on and was told the nurse would call her to discuss. She also expressed dissatisfaction with smaller trashcans being provided to residents. As a result, she stated Resident 4 is putting garbage in her dresser drawers now instead of her trashcans due to their smaller capacity. On at approximately 2:00 PM, the surveyor conducted an initial review of Resident 4's facility file and documents, which documented her date of Admission as . A review of Resident #4's recent 1823 dated documented she requires supervision with bathing, and self-care (grooming). During an interview with Resident #4 on at approximately 11:10 AM, she was observed by the surveyor to be dressed casually in a red top and pants that appeared oversized. There was food wrappers observed shoved along the left side of her bed between her mattress and bedrail, and crumbs observed along the floor. Resident 4 was observed scratching her and arms and was shedding what appeared to be flakes of her skin along her pants and the floor. Her and had a red-like appearance. The surveyor asked if she was experiencing any discomfort, and Resident #4 denied any or	A 028		

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A 028	Continued From page 12 itchiness. In an interview with Resident #4 on at approximately 10:30 AM with Resident #4's roommate (Resident #36), she reported Resident #4 on in the kitchenette area of their shared room. She stated it appeared Resident 4's went out, and she onto her bottom. She reported that at the time of the , Resident 4 was coming from the dining room, and several staff were present and assisted her in getting to her . In an interview with Resident #4 on at approximately 10:40 AM, this surveyor observed her seated on her bed hunched over and in , stating she doesn't know why her rump hurts so much. The Surveyor asked if she had sustained an injury. Resident #4 stated she had several days ago onto her backside. In a follow-up interview with Resident #4 on at 10:50 AM, Resident 4 was observed wearing the same clothing as on , and her hair appeared unwashed and greasy. Resident 4's pants were observed to have light-colored smudges of food-like substance(s) across the area. This surveyor asked Resident #4 if she was prompted by staff to change her clothes daily. Resident #4 stated someone comes in to help her with about two days per week. When asked by the surveyor if she was provided nightly prompting to change into her pajamas, she did not provide a response. The surveyor also observed crumbs along her bed, which were noted on as well. In an interview with the Director of Wellness, Staff B on at approximately 11:00 AM, the	A 028		

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A 028	Continued From page 13 surveyor was provided with no evidence of Resident #4s , despite staff being present at the time of the . She was asked to provide names of staff present/working at the time of the incident. This surveyor requested the names of the staff who were working at the time of the (s). In an interview with the Director of Wellness on at approximately 1:29 PM the Director of Wellness stated she was still working on obtaining information regarding Resident #4's , and the staff involved, but did not have information at the time of the interview. No information was provided during the survey. On at approximately 3:15 PM, the survey team met with the Administrator and the facility's Consultant to conduct the Exit Conference. They were informed of the findings of the survey; specifically, the concerns identified regarding Resident 4's ADLS and supervision. They acknowledged the findings. Class III	A 028		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C.	A 030		

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A 030	Continued From page 14 (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers;	A 030		

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A 030	Continued From page 15 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe,	A 030		

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A 030	Continued From page 16 impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care	A 030		

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A 030	Continued From page 17 . . , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, . . . , and	A 030		

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prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida.

429.27 Property and personal affairs of residents.-
(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs.
(b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or

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A 030	Continued From page 19 dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to provide assistance in obtaining/securing authorized equipment for one (1) of seven (7) residents reviewed/or interviewed (Resident #3). And ensure residents can contact staff for assistance should it be needed for one (1) of seven (7) residents reviewed/or interviewed (Resident #3). The findings include: A review of Resident #3's facility's Resident Agreement dated and electronically signed by the Resident #3, documented Resident and Cresthaven believe that each Resident has the right to live with as much independence and dignity as possible. It also documented that Cresthaven has mechanical/or electronic systems in place at this facility, including, but not limited to, smoke detectors, fire alarms, hot water heating systems, emergency call system and control systems (copy obtained). Review of Resident 3's 1823 dated documented his diagnosis as Wasting and Atrophy. It also documented his Activities of Daily Living (ADLS) assistance in bathing, _, grooming, toileting. Independent with eating. And Supervision with Ambulation and	A 030		

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A 030	Continued From page 20 Transfer. In an interview with the Resident on at 10:21 AM, he stated he has been at the facility since , . The Resident was observed/interviewed in his manual wheelchair which he stated the Governmental Military entity provided him with. He stated he is being charged for therapies he is not getting, and he broke his thumb pushing the manual wheelchair he has presently. He stated the Administrator told him he was going to fast in his wheelchair and came into his room and snatched the key out of his scooter, took it and told him it was in the storage room. He stated he had requested his meals be delivered to his room due to his health condition and the Administrator refused his request. So, he must go to the dining room to get his meals, which takes him about 20 minutes to get there. The resident also stated he does not get any help with his Activities of Daily Living (ADLs), and when he calls the number at the front desk it just goes to voicemail (this surveyor had him call the front desk on his cell phone during the interview at 10:21 AM and it rang and an automated system came on and placed the recording in a loop and repeated the message. It did not connect to a person. Relative to a motorized scooter, Resident #3 stated in the above interview that the Administrator refused the delivery of his new motorized wheelchair on two occasions, so they (Durable Medical Equipment provider) will not come anymore. He provided this surveyor with the telephone for the delivery person. A call to the telephone number by this surveyor did not yield any information.	A 030		

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A 030	Continued From page 21 In an interview with the Resident on at 10:35 AM, he stated he had an electric scooter which the Administrator took from him. He stated the Veteran's Administration (VA) ordered/attempted to deliver him a new one, but the Administrator refused the delivery twice. He stated the old one was , but ran well. He further stated that since he does not have a motorized scooter, he has broken his thumb (right) trying to push the manual wheelchair. And that he has injured his right trying to get out of/into his bed from the manual wheelchair because it moves when getting in/out of it. Observation of Resident #3 revealed he is a paraplegic who is suffering from wasting and atrophy (as documented on his 1823) , which causes him to have difficulty ambulating and navigating with his manual wheelchair. He was also observed with a broken thumb on his right which is constricted due to his atrophy. This surveyor also observed the Resident propelling his wheelchair with difficulty during the interview/survey. In an interview with the Administrator, Director of Wellness and Director of Quality Assurance, Staff C on beginning at 1:41 PM, this surveyor asked them what happened to the electric scooter Resident #3 stated he owned. The Administrator stated that the Resident came to the community in a manual wheelchair from (previous facility). She stated a couple of months later he was seen ambulating in a motorized wheelchair that she stated he took from another (Military entity) resident that had , (Name not provided). The Administrator stated she removed the scooter from outside of his room when he was out of his room in his manual wheelchair.	A 030		

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A 030	Continued From page 22 During an interview with Resident #3 on at 10:25 AM, he provided this surveyor with a document (Consultation Sheet) dated documenting the approval of a 3-wheeled scooter with L sided controls (copy obtained). Resident #3 stated in the interview at 10:35 AM that the (Governmental entity) ordered and attempted to deliver him a new one, but the Administrator refused the delivery twice. In an interview with the Administrator, Director of Wellness, Staff B and Director of Quality Assurance, Staff C on at 1:51 PM the Administrator stated she stated they (Durable Medical Equipment provider) attempted to deliver the scooter, but because there was no active order, and because he did not pass the assessment, it wasn't delivered. This surveyor reminded them that he was operating a electric scooter (A review of the Resident's progress notes documented he was first observed riding an electric scooter on , until the keys were taken on - copy obtained). They acknowledged, then the Administrator stated he was not operating it safely. In an interview with the Administrator, Director of Quality Assurance, Staff C and the survey team on at 3:26 PM the Director of Quality Assurance stated the facility now requires anyone (Resident) who would like to have a motorized scooter at the facility, must have an insurance policy for the scooter as they do not want the liability. She stated they have implemented this policy in all of their facilities. This surveyor asked if this also applied for motorized wheelchairs, and she stated it was only for motorized scooters. In an interview with the Facility's Consultant on	A 030		

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A 030	Continued From page 23 at 10:32 AM she stated the facility's policy regarding liability insurance is not correct for this facility. This surveyor provided the Florida Statutes regarding what mechanical equipment is prohibited in Governmental spaces, specifically, it regulates use by governmental entities re: sidewalks, roads, etc., not facilities. She stated their attorneys wrote the policy, but in light of the Statute they may have to revisit the policy. She was also informed of/presented with the Scooter Assessment document showing the Resident failed the assessment. Review of the document by the Area ALF Supervisor, Facility Consultant and this surveyor revealed the document was completed/scored by a former employee who was not a Physical , , which the facility's consultant stated it must be completed by. In an interview with the facility's consultant on at 10:53 AM she stated the Administrator informed her that delivery of the scooter was denied because there was no order for it. She stated now that there is an order they would have to change it. She requested/was provided the number to the case manager from the equipment order document and stated she would give them a call. In an interview with the facility's consultant on at 11:16 AM, she stated she called the (Governmental entity) and was informed that Resident 3's electric scooter was going to be delivered, hopefully today. Relative to Resident #3's ability to contact facility Staff, observation of the Resident's room by this surveyor on revealed the location where the emergency pull-cord is located, was covered over by a solid white wall covering plate	A 030		

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A 030	Continued From page 24 (photo obtained). A review of Resident #3's roommate's room revealed a pull-cord was in place, which the roommate stated is working. Observation revealed the pull-cord in the bathroom was also intact and operable. Observation of the bathroom also revealed the shower has a barrier , approximately inches high that may present difficulty in Resident #3 accessing the shower due to his health condition. In an interview with the Administrator, Director of Wellness, Staff B and Director of Quality Assurance, Staff C on at 2:05 PM the Administrator stated the Resident has a emergency pull-cord in his room. This surveyor showed her the picture of the place where the call bell had been capped off, to which she stated the Resident took it off. She then stated there is a cord in the bathroom (that he could use). Observation of Resident #3's room by this surveyor on revealed an emergency pull-cord had been installed (photo obtained). However, the installation occurred only after this surveyor's intervention. No additional information was provided during the survey. Class III	A 030		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and	A 056		

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A 056	Continued From page 25 Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication	A 056		

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A 056	Continued From page 26 observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by:	A 056		

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A 056	Continued From page 27 Based on observation, record review and interview, it was determined that, the facility failed to ensure that unlicensed staff (Medication Technician) and facility nurse assisting residents with Self-Administered Medications, follow the physician orders as shown on the medication label for 3 of 18 sampled residents (Resident #8, #9 and #33). The findings included: A Medication Observation Record (MOR) must include the name of the resident, name of each medication prescribed, the strength and direction of use. 1) An observation on at approximately 8:35 AM during medication pass Staff I (Facility Nurse - Memory Care Unit) was observed assisting Resident #8 and Resident #9 with assistance of self-administration of medication as follows: Resident #8 Staff I was observed to crush medication: , 81mg tablet, Megestrol 20mg tablet, 5mg tablet, 100mg tablet and D3 2000IU tablet Resident #9 Staff I was observed to assist with Self-Administered Medications by verbally advising the resident to take the medication. Further observation revealed Staff I, failed to inform the resident of the direction of use of the medication label: . 81mg chewable tablet. During an interview on at approximately 11:30 AM Staff B (Wellness Director) was informed to provide the Medication	A 056		

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A 056	Continued From page 28 Observation Record (MOR) for Resident #8 and 9, and to provide a physician's order for Resident #8's pill crush. Record review of Resident #8's MOR dated revealed that the MOR did not document crush pill(s). Record review of Resident #9's MOR dated revealed medication: , 81mg chew and swallow 1 tablet by daily, 9:00 AM. During an interview on at approximately 3:30 PM, Staff B was informed of the findings and concerns in the Memory Care Unit during the medication pass conducted by Staff I. Staff B stated that she was not aware that Resident #8 was receiving her medication crushed. 2) An observation on at approximately 8:50 AM, in Section C, during a medication pass, Staff T (Medication Technician) was observed assisting Resident #33 with the self-administration of medications by verbally advising the resident to take the medication. Further observation revealed Staff I, failed to inform the resident of the direction of use of the medication label: , 100mg tablet chew and Cerovite tablet chew Record review of Resident #33's MOR dated revealed medications: , 100mg, chew and swallow three tablets, three times a day 9:00 AM, 1:00 PM and 5:00 PM. Cerovite chew and swallow one tablet by daily, 9:00 AM.	A 056		

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A 056	Continued From page 29 During an interview on at approximately 9:00 AM Staff T was asked why she was not following medication parameters (direction of use) Staff T confirmed she was not aware of the direction of use at the time of medication pass. During an interview on at approximately 4:50 PM surveyor met with the Administrator and she was informed of the concerns regarding unlicensed personnel (Medication Technician) and facility nurse (Staff I) not following medication direction of use at the time of medication pass. Class III	A 056		
A 152	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	A 152		

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A 152	Continued From page 30 the top surface of the mattress at a comfortable ˬ 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 be . This Statute or Rule is not met as evidenced by: Based on interview, record review and observation, it was determined that, the facility failed to provide a safe living environment free of safety hazards for all residents that reside at the facility. The findings included: During an interview on at approximately 11:00 AM, the Administrator was asked to provide documentation for the annual local fire inspection and the facility's approved annual elevator certificate of inspection. Review of the facility's annual local City Fire Inspection dated documented the following violations:	A 152		

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A 152	Continued From page 31 1) Fire Protection, and Life Safety Equipment Elevator Inspection & Testing Inspector Comments: Action Required: Provide and post an updated elevator inspection certificate inside the elevator. 2) Installation of Piping, Valves, and Appurtenances Listed Guards Required to Protect Sprinkler Heads Inspector Comments: Action Required: Install listed guards around fire sprinkler heads to protect them from damage. 3) Building Services Waste & Laundry Chutes Properly Installed & Maintained Inspector Comments: Action Required: All chute intake doors into a waste chute shall be provided with a self-closing, positive latching, and gasketed fire door assembly. 4) Building Services Multiplug Adapters shall not be used as a Substitute for Permanent Wiring or Receptacles Inspector Comments: Action Required: Replace multiplug adapters with surge protectors. 5) Sprinkler Systems Replace hydraulic plate Inspector Comments: Action Required: Must replace the hydraulic design information sign that is missing or illegible. 6) General Safety Requirements Post No Smoking Signs Inspector Comments: Action Required: Post No Smoking signs in conspicuous, designated locations where smoking is prohibited.	A 152		

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A 152	Continued From page 32 Observations on through revealed that the facility elevators had expired inspection certificates dated . During an interview on at approximately 1:40 PM, the Administrator was given an opportunity to provide documentation for an up-to-date elevator inspection and/or annual certificate of operation. At this time, the Administrator stated that the facility elevators had recently undergone repairs. However, she confirmed that the facility lacks an approved annual certificate of operation from the Bureau of Elevator Safety. During an interview on at approximately 4:50 PM, the Administrator was informed of safety concerns regarding local City Fire Inspection and the facility's elevators lacking an up-to-date annual inspection. She acknowledged the findings. No additional information was provided. Class III	A 152		

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ZZ875	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	ZZ875		

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ZZ875	Continued From page 1	ZZ875		

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information,

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ZZ875	Continued From page 2 and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.	ZZ875		

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ZZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , must complete the training required in this section before , . Proof of completion of equivalent training completed before , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that 3 out of 4 sampled staff (Administrator, Staff D, and Staff N) completed the mandatory 1-hour Department of Elder Affairs (DOEA) training for and Other Related within 30 days of employment. The findings included: A review of the Administrator's file revealed a hire date of . Further review of the file revealed there was no documentation of a completed DOEA 1-hour training for 's and Other Related .	ZZ875		

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ZZ875	Continued From page 4 A review of Staff D (Med Tech) 's file revealed a hire date of . Further review of the file revealed there was no documentation of a completed DOEA 1-hour training for 's and Other Related . A review of Staff N (CNA- Med Tech)'s file revealed a hire date of . Further review of the file revealed there was no documentation of a completed DOEA 1-hour training for 's and Other Related . During an interview with the Administrator on at 4:36 PM she was notified that she, Staff D and Staff N were missing the 1-hour DOEA training. Class III	ZZ875		