AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Good Samaritan Retirement Hm
507 S.E. 1st Avenue
Williston, FL 32696

Dear Administrator:

Re: CCR #2012008073

This letter reports the findings of a state licensure survey that was conducted on . 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Anna Lopez at 386-462-6201.

Sincerely,

Anna Lopez, HFAS Am

Kriste J. Mennella
Field Office Manager

KJM/al
Enclosure State Form 3020

XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

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
	AL11910275	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN RETIREMENT HM	507 S.E. 1ST AVENUE WILLISTON, FL 32696

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced compliance survey for CCR# 2012008073 was conducted on 2012. Good Samaritan Retirement Home Assisted Living Facility was found not to be in compliance with Chapter 429, Part I, Florida Statutes and 58A-5 Florida Administrative Code.	A 000		
A 025 SS=G	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in	A 025		

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A 025	Continued From page 1	A 025		

the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to provide care and services appropriate to the needs of residents accepted for admission to the facility. Facility failed to provide personal supervision, as appropriate for 2 of 6 (#1 and #4) sampled residents, including the following:

FINDINGS:

1. Review of resident #1's Hospice folder revealed a hospital history & physical for resident #1 which indicated that he was sent to the Emergency (ER) on after falling down twice and having pain in the right side of his chest. Chest x-ray revealed right 9th and 10th and a right apical
Diagnoses for resident #1 include and mild

Physician's Order dated for resident #1 for a named Hospice referral.

Facility record review for resident #1 revealed that he was admitted to the facility in
Resident Health Assessment (1823) dated revealed that resident #1 required precautions. Physician Progress Note dated noted that resident #1 was experiencing and a was ordered. Results of dated revealed that resident #1 had fairly severe generalized atrophy of both hemispheres. Physical evaluation dated for resident #1 due to diagnosis of difficulty with gait revealed plan for gait training, muscle re-education, therapeutic exercise, and transfer

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A 025	Continued From page 2 training. Review of Resident Observation Log note dated : revealed that resident #1 was found lying on the floor in the . Resident stated that he lost his balance due to . Resident complained of back pain and requested to go to the hospital. Physician and family were notified. Note dated : revealed resident #1 was referred for hospice services. Note dated : revealed that resident #1 would be put on continuous care on : at 8:00 am due to declining condition. Hospice Note dated : revealed that resident #1 was admitted to hospice after hospitalization from a with ribs and a . Condition deteriorated quickly after his . Resident #1 expired on at facility with Critical Care nurse at bedside. Interview on at 1:00 pm with Medication Technician (Med Tech) B revealed that she was aware that resident #1 was on precautions, but was unable to verbalize what specific interventions were in place to manage . Stated facility does not list interventions in writing. When questioned how staff would know what interventions a resident needed to prevent she responded that staff just talk. 2. Record review for resident #4 revealed that he was admitted to the facility on . Resident Health Assessment 1823 dated : noted with special precautions of risk due to unsteady gait. Uses a rolling walker. Physical or sensory limitations noted as unsteady gait, dependent, poor activity tolerance, and . status noted as forgetful and at times.	A 025		

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A 025	Continued From page 3 No assessment noted in the medical record related to use of electric scooter. Review of Resident Observation Log admission note dated ... for resident #4 revealed that he was on ... precautions. No interventions specific to ... precautions were noted in the resident's record. Review of Resident Observation Log dated ... revealed that resident #4 had turned over his scooter while outside. The resident was transported to hospital for evaluation. Review of hospital records revealed that resident #4 sustained a right 5th ... phalanx open ... and lacerations to right elbow and right little finger. Review of hospital medical records for resident #4 revealed that he was transported to the emergency ... emergency medical services ... on ... due to a ... at the facility. Resident complaining of neck and back pain. Computed Tomography (CT) dated ... of the ... and ... spine and x-rays of the pelvis, sacrum, and ... revealed no acute ... or abnormality. Chest x-ray results dated ... revealed as small ... at the left lung base. Hospital Discharge Instructions Addendum Note dated ... revealed that resident #4 is under hospice care, is comfortable, has pain all over, and receives comfort care. Reported to hospice nurse that resident has a subtle ... at this point he needs to be observed and kept comfortable. Repeat chest x-ray in the morning. Physician notified by facility on ... of small ... upon evaluation on ... at the hospital. Mobile chest x-ray done on ... at the facility revealed indication as follow up to ... and x-ray was compared to x-ray done on ... Impression noted as	A 025		

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A 025	Continued From page 4	A 025		

with increased markings.

Physician fax notification dated by hospice nurse noting that resident #4 is increasingly drowsy and having repeated Requesting to decrease the Flexeril and discontinue the Physician order received agreeing to request.

Review of Resident Observation Log dated 7:35 pm revealed that resident #4 was found on the floor on his right side with small laceration on his right arm. Resident stated that he was trying to move the tray and he lost his balance. Resident #4 was noted to be and responsive at the time of incident. He complained of mild pain on his right hand. Hospice nurse and family were notified by administrator.
Note dated , 8:40 pm for resident #4 revealed that resident #4 was but verbally unresponsive with profuse sweating. Referred to hospice nurse and said she would send somebody to check the resident.
Note dated , 10:00 pm for resident #4 revealed that he was seen by the hospice nurse. noted as Referred by hospice nurse for continuous care at 8:00 am.
Note dated 12:30 pm revealed that hospice entered the facility to do continuous care. Hospice nurse discontinued oral medications and only patch and comfort medication initiated.

Physician's order dated for resident #4 for significant decline in condition, possible end of life to discontinue all routine medications previously ordered. Resident will receive only comfort medications as needed. Resident #4 noted as and right side flaccid.

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A 025	Continued From page 5 Resident #4 expired in the facility on [redacted] with cause noted on Florida [redacted] Certificate as [redacted] failure. Interview on [redacted] at 1:00 pm with Med Tech B revealed that she was also aware that resident #4 was on [redacted] precautions, but was unable to verbalize what specific interventions were in place to manage [redacted]. Stated facility does not list interventions in writing. When questioned how staff would know what interventions a resident needed to prevent [redacted] she responded that staff just talk. Class II	A 025		
A 030 SS=G	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) 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 Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for 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 address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area	A 030		

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accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall 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 shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones,

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there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical restraints . . . I be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical restraint.

!.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 abuse . . . I neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other

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similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve 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 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) Access to adequate and appropriate health care 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 shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good

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cause in a court of competent jurisdiction.
(i) 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.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, facility failed to provided a safe and decent living environment, free from neglect for 2 of 6 (#1 and #4) sampled residents.

FINDINGS:

1. Facility record review for resident #1 revealed that he was admitted to the facility in Resident Health Assessment (1823) dated revealed that resident #1 required precautions. Physician Progress Note dated noted that resident #1 was experiencing and a was ordered. Results of dated revealed that resident #1 had fairly severe generalized atrophy of both hemispheres. Physical evaluation dated for resident #1 due to diagnosis of difficulty with gait revealed plan for gait training, muscle re-education, therapeutic exercise, and transfer training.
Review of Resident Observation Log note dated

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A 030	Continued From page 10	A 030		

: revealed that resident #1 was found lying on the floor in the Resident stated that he lost his balance due to Resident complained of back pain and requested to go to the hospital. Physician and family were notified.
Note dated : revealed resident #1 was referred for hospice services.
Note dated : revealed that resident #1 would be put on continuous care on at 8:00 am due to declining condition.

Hospice Note dated : revealed that resident #1 was admitted to hospice after hospitalization from a with ribs and a Condition deteriorated quickly after his Resident #1 expired on at facility with Critical Care nurse at bedside.

Interview on at 1:00 pm with Medication Technician (Med Tech) B revealed that she was aware that resident #1 was on precautions, but was unable to verbalize what specific interventions were in place to manage Stated facility does not list interventions in writing. When questioned how staff would know what interventions a resident needed to prevent she responded that staff just talk.

2. Record review for resident #4 revealed that he was admitted to the facility on Resident Health Assessment 1823 dated noted with special precautions of risk due to unsteady gait. Uses a rolling walker. Physical or sensory limitations noted as unsteady gait, dependent, poor activity tolerance, and status noted as forgetful and at times. No assessment noted in the medical record

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related to use of electric scooter.
Review of Resident Observation Log admission note dated for resident #4 revealed that he was on precautions. No interventions specific to precautions were noted in the resident's record.

Review of Resident Observation Log dated revealed that resident #4 had turned over his scooter while outside. The resident was transported to hospital for evaluation. Review of hospital records revealed that resident #4 sustained a right 5th phalanx open and lacerations to right elbow and right little finger.

Review of hospital medical records for resident #4 revealed that he was transported to the emergency emergency medical services on due to a at the facility. Resident complaining of neck and back pain. Computed Tomography (CT) dated of the and spine and x-rays of the pelvis, sacrum, and revealed no acute or abnormality. Chest x-ray results dated revealed as small at the left lung base.

Physician fax notification dated by hospice nurse noting that resident #4 is increasingly drowsy and having repeated Requesting to decrease the Flexeril and discontinue the Physician order received agreeing to request.

Review of Resident Observation Log dated 7:35 pm revealed that resident #4 was found on the floor on his right side with small laceration on his right arm. Resident stated that he was trying to move the tray and he lost his

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A 030	Continued From page 12	A 030		

balance. Resident #4 was noted to be and responsive at the time of incident. He complained of mild pain on his right hand. Hospice nurse and family were notified by administrator.
Note dated , 8:40 pm for resident #4 revealed that resident #4 was but verbally unresponsive with profuse sweating. Referred to hospice nurse and said she would send somebody to check the resident.
Note dated , 10:00 pm for resident #4 revealed that he was seen by the hospice nurse. noted as Referred by hospice nurse for continuous care at 8:00 am.
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Physician's order dated for resident #4 for significant decline in condition, possible end of life to discontinue all routine medications previously ordered. Resident will receive only comfort medications as needed. Resident #4 noted as and right side flaccid. Resident #4 expired in the facility on with cause noted on Florida Certificate as failure.

Interview on at 1:00 pm with Med Tech B revealed that she was also aware that resident #4 was on precautions, but was unable to verbalize what specific interventions were in place to manage Stated facility does not list interventions in writing. When questioned how staff would know what interventions a resident needed to prevent she responded that staff just talk.

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	AL11910275	A. BUILDING _____ B. WING _____	

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GOOD SAMARITAN RETIREMENT HM	507 S.E. 1ST AVENUE WILLISTON, FL 32696

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A 030	Continued From page 13	A 030		
	Class II			
A 077 SS=G	58A-5.019(1) FAC Staffing Standards - Administrators	A 077		

Staffing Standards.
(1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter.
(a) The administrators shall:
1. Be at least
2. If employed on or after 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after 1995, must have a high school diploma or G.E.D.;
3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and
4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must:
1. Be at least and
2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.

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A 077	Continued From page 14 (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview, observation and record review, the facility failed to be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents. FINDINGS: 1. Entrance conference conducted on [redacted] at 9:00 am with Medication Technician (Med Tech) A. She stated that no one is in charge, but she would help as much as she can. She stated that there is a new administrator, but she lives several hours away and does not come in regularly. She did not know the last name of the new administrator. Facility Nurse was also not present in the facility. Requested that administrator or nurse be advised of the surveyor's presence in the facility. Med Tech A responded that she does not have telephone	A 077		

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A 077	Continued From page 15	A 077		

numbers for administrator or nurse. When asked who she would call in case of an emergency, she responded Med Tech B. Her title is Med Tech, but she is in charge since she is related to the new owner, who is related to the previous owners. First attempt to call Med Tech B resulted in a voice mail left and telephone was turned off on second attempt.

2. Interview on [redacted] at 3:00 pm with Facility Nurse revealed that Med Tech B and her two daughters are living in resident [redacted] the facility.

Interview on [redacted] 3:40 pm with resident #6 revealed that Med Tech B and her daughters live in the room [redacted] hers.

Tour of facility was conducted on [redacted] 3:45 pm and it confirm staff residing in the facility. Med Tech B and one daughter are residing in resident room [redacted] Another daughter of Med Tech B is residing in resident apartment F-5.

Interview on [redacted] 3:45 pm with Med Tech B, she stated that she lives in resident room [redacted] with one of her daughters and another daughter lives in F-5.

Observation on [redacted] 3:45 pm with the administrator confirmed that Med Tech B and one daughter were residing in resident room [redacted] and second daughter was residing in resident room [redacted] Personal items were noted in the bedroom [redacted] was noted in the bathroom [redacted] Personal items and a dog belonging to Med Tech B's daughter were noted in F-5.

3. Reference A 0030: Based on interview and record review, facility failed to provided a safe

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A 077	Continued From page 16 and decent living environment, free from neglect for 2 of 6 (#1 and #4) sampled residents. Class II	A 077		
A 160 SS=D	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be 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 place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is the date of Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) An up-to-date record of major incidents	A 160		

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A 160	Continued From page 17	A 160		

occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.
(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) 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.
(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection

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A 160	Continued From page 18	A 160		

reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate.
(m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.
(n) 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.
(o) 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.
(p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.
(q) The facility ' s resident elopement response policies and procedures.
(r) The facility ' s documented resident elopement response drills.

This Statute or Rule is not met as evidenced by:
Based on interview, the facility failed to maintain an up-to-date admission and discharge log listing the names of all residents and each resident's:
1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure and
2. Date of discharge, the reason for discharge, and the identification of the facility to which the

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A 160	Continued From page 19 resident is discharged or home address, or if the person is the date of Readmission of a resident to the facility after discharge requires a new entry. FINDINGS: Facility Discharge Log was requested upon entrance to the facility on at 9;00 am and was not available. Interview on at 10:00 am with Medication Technician (Med Tech) A revealed that she knows that facility is supposed to have an admission and discharge log and a policy manual, but files and binders have been removed from the office by the new Administrator. She further stated that 5 residents have during the last 4 months. Class: III	A 160		