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
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

(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 Assisted Living Facility A biennial state licensure survey was conducted on [redacted]. The Hillside Gardens II assisted living facility had deficiencies found at the time of the visit.	A 000		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), 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 a communicable which is 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 licensed health care provider, the individual ' s needs can be met in an assisted living facility; and	A 008		

Agency for Health Care Administration

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A 008	Continued From page 1	A 008		

8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered

Agency for Health Care Administration

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A 008	Continued From page 2 or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving: a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823. (d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) 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 429.426, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a do-not- order for residents who do not wish to be administered in the case of or (g) A resident placed on a temporary emergency	A 008		

Agency for Health Care Administration

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A 008	Continued From page 3	A 008		

basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall 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 a 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 interview and record review the facility failed to obtain a revised Health Assessment completed by a health care provider for one (#5) of 5 census residents who experienced a change in health status and was admitted into hospice care.

Findings include:

A record review was conducted with the facility administrator on at approximately 10:45 a.m. Redicent #5 had been admitted to the care of hospice services on . A revised health assessment on AHCA form 1823, 2010 was not completed at that time. The most recent health assessment available for resident #5 was dated which indicated the resident required "assistance" with activities of daily living. The resident observed on required total care, was bedridden and no longer met the criteria for continued residency in an assisted living facility that did not provide nursing care and services..

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A 008	Continued From page 4 Additionally, a review of any progress notes in the medical record for resident #5 did not have any documentation related to the resident's decline in status which warrented admission to hospice on . The last progress or staff notes found in the resident's record were dated in 2010. The administrator stated "I didn't think I needed to get a new health assessment except for every 3 years." CLASS III	A 008		
A 010	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a stage 2 pressure	A 010		

Agency for Health Care Administration

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A 010	Continued From page 5	A 010		

may be retained provided that:
1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care;
2. The condition is documented in the resident ' s record; and
3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as

Agency for Health Care Administration

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A 010	Continued From page 6 determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure one (#5) of 5 census residents met the criteria for continued residency based on the facility's inability to provide nursing care and services relative to the resident's status and inability to get out of bed for a minimum of 10 days with or without assistance. Findings include: The facility was entered at 9:30 a.m. on with one live-in (non-nurse) part-time resident care giver on duty (staff person B) and one off-duty live-in non-nurse) full-time resident care giver on the premises. An initial tour of the facility at 9:35 a.m. revealed a Hoyer was stored in a resident . Staff person B stated "That's for (resident #5) but he doesn't get out of bed anymore. He's been in bed for a while now and we don't get him up in the chair anymore." Resident #5 was observed in a adjacent and within view of the dining . The resident was in a hospital style bed with 1/2 side rails in the up position. The resident was observed have the head of the bed elevated at an approximate 45 degree angle. The resident appeared to be sleeping and was not disturbed. A chair was also observed in the	A 010		

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A 010	Continued From page 7 resident's [redacted]. The facility administrator arrived at approximately 9:55 a.m. She stated that resident #5 had been in the facility for "about 6 years." A subsequent record review revealed the resident was initially admitted on [redacted]. The administrator stated that resident #5 was under the care of hospice (confirmed by record review to have been admitted into hospice care on [redacted]), had been bed-bound for "at least 10 days" and that as of [redacted] "the hospice medical director discontinued almost of his medications." She further stated that the hospice nurse comes in "every day now" and hospice home health comes in 3 days per week. Hospice was not providing 24 hour, 7 day a week nursing care and services. The facility does not have an Extended Congregate Care License or a Limited Nursing Service License nor does the facility employ license or registered nurses on its staff. A review of the hospice plan of care did not provide for end of life care and services that the facility could provide. The resident's hospice nurse was contacted by the administrator and arrived in the facility at approximately 11:15 p.m. The hospice nurse confirmed the discontinuation of most of the resident's medications. It was noted that the resident was unable to self-administer medications for a period of time prior to the survey. A container was observed in with the resident's medications. The container held [redacted] medication administration syringes to be used with liquid medications. Administering medications is beyond the scope of practice allowed for this facility that does not have licensed staff.. The hospice nurse stated that the resident "didn't	A 010		

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HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 010	Continued From page 8 seem to meet admission criteria" to the in-patient hospice house but that his status was [illegible] and at end of life "but who knows for how long." The hospice nurse obtained and initiated orders to provide Registered Nurses or Licensed Practical Nurses to be in the facility 24/7. The resident's Power of Attorney/family member was contacted by the administrator and advised of the change in care. The facility administrator stated that she understood the regulations and that the resident needed 24 hour nursing care. "But he has been here for so long that we didn't want to have to have him go someplace else." CLASS III	A 010		
A 054	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name,	A 054		

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A 054	Continued From page 9	A 054		

strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered.
(c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on interview and record review the facility failed to ensure one (B) of 2 staff persons maintained accurate and immediate documentation of the observation of residents self-administering medications.

Findings include:

A Medication Observation Record review was conducted with the administrator on at approximately 1:30 p.m. Staff person B had been on duty on that on and according to the staffing schedule and as observed by the surveyor on entrance to the facility to be the person in charge of providing care and services. The following medication documentation omission concerns were identified:

- For resident #1 the 8:00 p.m. medications (Hydrozyzine and Ropinerole) on Monday were not documented by staff person B as observed taken by the resident and again not documented by staff person B for the 8:00 a.m. medications (and Bella Alk/Pb) on Tuesday,

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A 054	Continued From page 10 - For resident #4 the 8:00 p.m. medication ( ) on Monday was not documented buy staff person B as observed taken by the resident and again not documented by staff person B for the 8:00 a.m. medications (and) on Tuesday, . The administrator confirmed the medications should be immediately documented on the Medication Observation Record (MOR) after the observation is made. "I don't know why she didn't mark the MOR. She is supposed to." The surveyor was unable to verify that staff person A had completed the initial 4 hour training related to Assisting with the Self-Administration of Medication as cited under A0084. CLASS III	A 054		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication;	A 055		

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A 055	Continued From page 11	A 055		

2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request;
3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, [illegible], or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 055	Continued From page 12	A 055		

appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review the facility failed to ensure expired medications for one (#1) of 5 census residents and 2 over the counter medication/supplements for a resident discharged over a year ago had been properly disposed.

Agency for Health Care Administration

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HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 055	Continued From page 13	A 055		

Findings include:

A Medication Observation Record (MOR) review was conducted with the administrator on [redacted] at approximately 1:30 p.m. A review of the medications stored in the secured medications closet revealed the following concerns:

1) Resident #1 had an order on MOR to receive "Bela ALK/PB" 16.2 mg one tablet twice a day. The MOR indicated she was assisted with taking this medication as ordered, however, in the resident's medication basket the only medication related to this order was a large bottle of " ALK/PB" tablets labeled to take 1 three times a day. Additionally, the label indicated this prescription was filled by the pharmacy on and had a marked expiration date of . There were no other medications related to this MOR order found in the resident basket. The administrator was unable to explain the situation to the surveyor and stated "I'll have to look into it."

2) Two large bottles were observed in the centrally stored medication closet: One was and the other an over the counter bottle of E. The name on both bottles was not that of any of the current census residents. The administrator stated "She left here a long time ago." A review of the admission/discharge log revealed this resident had been discharged on / . The administrator stated she did not know why the bottles were still stored and denied providing either product to residents without doctor's orders. "I get rid of them,."

CLASS III

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

(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 055	Continued From page 14	A 055		
A 056	58A-5.0185(7) FAC Medication - Labeling and Orders	A 056		

(7) MEDICATION LABELING AND ORDERS.
(a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and 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. Identification of each medicinal drug product in the container.
(b) Except with respect to the use of pill organizers as described in subsection (2), no person 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 shall 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 shall be specified; for example, " as needed for pain, 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, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing

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A 056	Continued From page 15	A 056		

assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(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 copy of a signed order is acceptable.
(f) The facility shall 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 64F-12.006, 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 shall also 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 shall 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

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A 056	Continued From page 16 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 shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure one (#3) of 5 census residents was receiving the correct dosage of one prescription medication and had a physicians order for another prescribed medication. Findings include: A Medication Observation Record (MOR) review was conducted with the administrator on at approximately 1:30 p.m. A review of the medications stored in the secured medications closet revealed the following concerns related to medications for resident #3: 1) A pack provided by the pharmacy was labeled " 20 mg 1/2 tablet" to be taken b.i.d. (twice a day). The MOR stated the resident was to receive 20 mg 1 tablet q.d (once a day). This dosage was confirmed by a copy of the physician's original order dated . There were no change orders found in the chart to indicate the physician ordered 1/2 tablet twice a day. The resident's hospice nurse confirmed the medication was to be give as 20 mg once per day. The administrator stated "I don't know why the pharmacy changed the order. I'll have to check on this." 2) A pack provided by the pharmacy was	A 056		

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A 056	Continued From page 17 found to be for 20 mg capsules. This medication was not on the MOR. There were no physician orders for this medication found in the resident's record. The label indicated this product had been dispensed by the pharmacy on . The hospice nurse did not have an explanation for the medication. 6 of 30 of the capsules in the pack had been removed. The administrator stated "I don't know anything about this. I'll have to call the pharmacy to see if they got an order from the doctor." Class III	A 056		
A 057	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, , nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription. (a) A stock supply of OTC products for multiple resident use is not permitted in any facility. (b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident ' s name and the manufacturer ' s label with directions for use, or the licensed health care provider ' s directions for use. No other labeling requirements are necessary nor should be required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A facility cannot require a licensed health care provider ' s order for all OTC products when a	A 057		

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A 057	Continued From page 18 resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider ' s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure 2 over the counter medications found in the medications storage basket for one(#4) of 5 census residents was labelled with the resident's name. Findings include: A Medication Observation Record (MOR) review was conducted with the administrator on at approximately 1:30 p.m. A review of the medications stored in the secured medications closet revealed the medication storage basket for resident # 4 had a bottle of Wal-Zyr (Centirizine) and a bottle of 81 mg. Neither of these over-the-counter sold and available medications had the resident's name on them. The administrator stated "I'll get these lablelled for (resident #4) and I'll check all the other medications.: CLASS III	A 057		
A 078	58A-5.019(2) FAC Staffing Standards - Staff	A 078		

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A 078	Continued From page 19 (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable [illegible] including [illegible]. Freedom from [illegible] must be documented on an annual basis. A person with a positive [illegible] test must submit a health care provider ' s statement that the person does not constitute a risk of communicating [illegible]. Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable [illegible], he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing	A 078		

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A 078	Continued From page 20 agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure one (A) of 2 staff persons had a current negative test for and statement of being free from the signs and symptoms of communicable written by a health care provider. Findings include: A staff record review was initiated at 12:30 p.m. on with the facility administrator. Staff person A was hired on . Her most recent test and statement of freedom from communicable diease was done on and expired on . The administrator stated "I'll make sure it gets done. I didn't realize it had expired." Class III	A 078		
A 080	58A-5.0191(1) FAC Training - Core & Competency Test Staff Training Requirements and Competency Test. (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND	A 080		

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A 080	Continued From page 21 COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to Section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to , 1997, and managers who attended the core training program prior to , , 1998, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with Part II of Chapter 468, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and 2. Retake and pass the competency test. (e) The fees for the competency test shall not	A 080		

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A 080	Continued From page 22	A 080		

exceed $200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.

This Statute or Rule is not met as evidenced by:
Based on interview and record review the facility failed to ensure documentation of the administrator having completed 12 hours of continuing education in the past 24 months in topics related to assisted living was available for review at the time of the survey.

Findings include:

A staff record review was initiated at 12:30 p.m. on with the facility administrator. The administrator was unable to provide proof/documentation of having completed 12 hours of continuing education in the last 2 years. She stated "I have the hours but all the paperwork is back at my house. I don't have it here. I have enough hours just can't show it to you now." The administrator was asked to fax the documentation to the surveyor no later than . No faxed documentation was received on .

On at 2:45 p.m. the administrator returned the surveyor's phone call which had been placed at 1:00 p.m. She stated "I'm on my way to the ALF. I won't be able to fax that paperwork today. You'll have to do whatever, but I just can't send it. I din't think you needed all that paperwork."

CLASS III

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
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A 080	Continued From page 23	A 080		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides	A 081		

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A 081	Continued From page 24	A 081		

trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.
1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review the facility failed to ensure that one (B) of 2 staff persons had received a minimum of one hour of in-service training related to control, universal precautions and facility sanitation procedures prior to providing personal care to residents.

Findings include:

A staff record review was initiated at 12:30 p.m. on with the facility administrator. Staff

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A 081	Continued From page 25 person B was hired by the facility on . On she was observed providing personal care to residents from the time of facility entrance at 9:30 a.m. until the end of her shift at approximately 3:00 p.m. Personal care observed included assisting residents to the toilet, providing incontinence care, assisting residents with dressing and turning a bedbound resident. The administrator was unable to provide documentation that Staff person B had received a minimum of one hour in-service training related to control, universal precautions and facility sanitation procedures prior to providing personal care to residents. "I have all the paperwork is back at my house. I don't have it here." The administrator was asked to fax the documentation to the surveyor no later than . No faxed documentation was received on . On at 2:45 p.m. the administrator returned the surveyor's phone call which had been placed at 1:00 p.m. She stated "I'm on my way to the ALF. I won't be able to fax that paperwork today. You'll have to do whatever, but I just can't send it. I din't think you needed all that paperwork." CLASS III	A 081		
A 083	58A-5.0191(4) FAC Training - First Aid and . (4) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility	A 083		

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A 083	Continued From page 26 at all times. (a) Documentation of attendance at First Aid or course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and . This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that one (B) of 2 staff persons who was the primary staff person on duty in the facility for 48 hours each week had current valid First Aid and certificates or cards. Findings include: A staff record review was initiated at 12:30 p.m. on with the facility administrator. Staff person B was hired by the facility on . This staff person works approximately 48 hours as a part-time live in staff member every Monday and Tuesday providing care to the residents when the administrator and staff person A were not in the facility. The administrator was asked to provide documentation that the staff person had a current valid First Aid and card. "I have all the paperwork is back at my house. I don't have it here." The administrator was asked	A 083		

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A 083	Continued From page 27 to fax the documentation to the surveyor no later than [redacted]. No faxed documentation was received on [redacted]. On [redacted] at 2:45 p.m. the administrator returned the surveyor's phone call which had been placed at 1:00 p.m. She stated "I'm on my way to the ALF. I won't be able to fax that paperwork today. You'll have to do whatever, but I just can't send it. I didn't think you needed all that paperwork." [redacted] Class III	A 083		
A 084	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and	A 084		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

(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 084	Continued From page 28	A 084		

procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including:
a. Assist with oral dosage forms, , dosage forms, and , , and nasal dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an " as needed " prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication; and
g. Recognize the general signs of adverse reactions to medications and report such reactions.
(c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 084	Continued From page 29	A 084		

and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review the facility failed to ensure that one (B) of 2 staff persons who was the primary staff person on duty in the facility for 48 hours each week had documentation verifying completion of the initial 4 hour assisting with self-administered medications training prior to assisting residents with their medications.

Findings include:

A staff record review was initiated at 12:30 p.m. on with the facility administrator. Staff person B was hired by the facility on . This staff person works approximately 48 hours as a part-time live in staff member every Monday and Tuesday providing care to the residents when the administrator and staff person A were not in the facility. The administrator was unable to provide documentation that Staff person B had completed the initial 4 hour training on assisting residents with self-administration of medications.

"I have all the paperwork is back at my house. I don't have it here." The administrator was asked to fax the documentation to the surveyor no later than . No faxed documentation was received on .

A Medication Observation Record review was conducted on at approximately 1:30 p.m. Staff person B had been on duty on that on

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
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 084	Continued From page 30 and according to the staffing schedule and as observed by the surveyor on entrance to the facility. The following medication documentation omission concerns were identified: - For resident #1 the 8:00 p.m. medications (Hydrozyzine and Ropinerole) on Monday were not documented by staff person B as observed taken by the resident and again not documented by staff person B for the 8:00 a.m. medications (and Bella Alk/Pb) on Tuesday, - For resident #4 the 8:00 p.m. medication ( ) on Monday was not documented buy staff person B as observed taken by the resident and again not documented by staff person B for the 8:00 a.m. medications (and) on Tuesday, On at 2:45 p.m. the administrator returned the surveyor's phone call which had been placed at 1:00 p.m. She stated "I'm on my way to the ALF. I won't be able to fax that paperwork today. You'll have to do whatever, but I just can't send it. I didn't think you needed all that paperwork." CLASS III	A 084		
A 085	58A-5.0191(6) FAC Training - Nutrition & Food Service (6) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in	A 085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 085	Continued From page 31 topics pertinent to nutrition and food service in an assisted living facility. A certified food manager, licensed dietician, registered dietary technician or health department sanitarians are qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure the administrator identified as the designated food service manager overseeing the day to day supervision of food preparation and service by her staff had completed a minimum of 2 hours of continuing education in topics related to nutrition and food service for an assisted living facility. Findings include: A staff record review was initiated at 12:30 p.m. on with the facility administrator. The administrator identified herself as the designated food service manager for the facility. She was asked to provide documentation of having completed 2 hours of continuing education in topics related to nutrition and food service for an assisted living facility within the last 12 months. She acknowledged that she had not taken any continuing education for food service. "I didn't know I needed it." CLASS III	A 085		
A 090	58A-5.0191(11) FAC Training - Do Not Orders	A 090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 090	Continued From page 32 (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure one (A) staff person who had been employed by the facility for more than 30 days had received a minimum of one hour of training related to the facility's policies and procedures regarding ( ). Findings include: A staff record review was initiated at 12:30 p.m. on with the facility administrator. Staff person A was hired by the facility on . The administrator provided a copy of the facility's policy and procedures related to 's. She was asked to provide documentation that she had provided staff training on the policies and procedures she stated "I didn't know I was supposed to do that. I need to get it done."	A 090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 090	Continued From page 33 CLASS III	A 090		
A 093	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a	A 093		

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	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 093	Continued From page 34 registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months. (e) Therapeutic diets shall be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility. 2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a	A 093		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

(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 093	Continued From page 35	A 093		

signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

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
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 093	Continued From page 36 This Statute or Rule is not met as evidenced by: Based on interview and record review the facility did not ensure the resident menus had been reviewed within the last 12 months by a registered dietician. Findings include: At 12:15 p.m. on the facility's signed food service menus were reviewed. The administrator stated "It's overdue. I need to get new ones done." The menus were verified to have been last been revised by a qualified registered dietician for the period of to . CLASS III WIDESPREAD	A 093		
A 161	58A-5.024(2) FAC Records - Staff (2) STAFF RECORDS. (a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable including . In addition, records shall contain the following, as applicable: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification; 3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 161	Continued From page 37 58A-5.019, F.A.C.; 4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and 5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C. (c) The facility shall maintain the facility ' s written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure an employment application with references was available for review for one (A) of 2 staff persons. Findings include: A staff record review was initiated at 12:30 p.m. on with the facility administrator. The administrator was asked to provided the employment application with references for staff person B who was hired on .	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 161	Continued From page 38 "I have all the paperwork is back at my house. I don't have it here." The administrator was asked to fax the documentation to the surveyor no later than . No faxed documentation was received on . On at 2:45 p.m. the administrator returned the surveyor's phone call which had been placed at 1:00 p.m. She stated "I'm on my way to the ALF. I won't be able to fax that paperwork today. You'll have to do whatever, but I just can't send it. I didn't think you needed all that paperwork." CLASS III	A 161		
A 164	58A-5.024(4) FAC Records - Inspection Availability (4) RECORD INSPECTION. (a) All records required by this rule chapter shall be available for inspection at all times by staff of the agency, the department, the district long-term care ombudsman council, and the advocacy center for persons with . (b) The resident ' s records shall be available to the resident, and the resident ' s legal representative, designee, surrogate, guardian, or attorney in fact, case manager, or the resident ' s estate, and such additional parties as authorized in writing. (c) Pursuant to Section 429.35, F.S., agency reports which pertain to any agency survey, inspection, monitoring visit, or complaint investigation shall be available to the residents and the public. 1. Requestors shall be required to provide identification prior to review of records.	A 164		

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
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 164	Continued From page 39	A 164		

2. In facilities that are co located with a licensed nursing home, the inspection of record for all common areas shall be the nursing home inspection report.
(d) The facility shall ensure the availability of records for inspection.

This Statute or Rule is not met as evidenced by:
Based on interview and record review the facility failed to ensure employee records related to training and employment applications were available in the facility for inspection and review.

Findings include:

A staff record review was initiated at 12:30 p.m. on with the facility administrator. The administrator was unable to provide the following:

-For staff person B: Employment application with references and training documentation related to /First Aid, control training and 4 hour initial assisting with self-administered medication training.

- For the administrator: 12 hours of continuing education related to assisted living facilities and 2 hours of continuing education as the designated facility food service supervisor.

"I have all the paperwork is back at my house. I don't have it here." The administrator further stated "I was working on all of these files at home in preparation for my survey but you got here first." The administrator was asked to fax the documentation to the surveyor no later than . No faxed documentation was received on .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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A 164	Continued From page 40 On at 2:45 p.m. the administrator returned the surveyor's phone call which had been placed at 1:00 p.m. She stated "I'm on my way to the ALF. I won't be able to fax that paperwork today. You'll have to do whatever, but I just can't send it. I didn't think you needed all that paperwork." CLASS III PATTERN	A 164		
AZ815	408.809, 435.02(2), 435.06 Background Screening; Prohibited Offenses 408.809, F.S. (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest if the agency has reason to believe that such person has been convicted of any offense prohibited by s. 435.04. For each controlling interest who has been convicted of any such offense, the licensee shall submit to the agency a description and explanation of the conviction at the time of license application. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose	AZ815		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

(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
AZ815	Continued From page 41	AZ815		

responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, contracting with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients. Evidence of contractor screening may be retained by the contractor ' s employer or the licensee.

(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person ' s fingerprints to the Federal Bureau of Investigation for a national criminal history record check. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g), the person must file a complete set of fingerprints with the agency and the agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints may be retained by the Department of Law Enforcement under s. 943.05(2)(g). The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. Proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or

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	AL11922348	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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AZ815	Continued From page 42	AZ815		

professional licensure requirements of the agency, the Department of Health, the Agency for Persons with , the Department of Children and Family Services, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651 satisfies the requirements of this section if the person subject to screening has not been unemployed for more than 90 days and such proof is accompanied, under penalty of perjury, by an affidavit of compliance with the provisions of chapter 435 and this section using forms provided by the agency.

(3) All fingerprints must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee ' s behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was

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AZ815	Continued From page 43	AZ815		

a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(g) Section 817.234, relating to false and fraudulent insurance claims.
(h) Section 817.505, relating to patient brokering.
(i) Section 817.568, relating to criminal use of personal identification information.
(j) Section 817.60, relating to obtaining a credit card through fraudulent means.
(k) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
(l) Section 831.01, relating to forgery.
(m) Section 831.02, relating to uttering forged instruments.
(n) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
(o) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
(p) Section 831.30, relating to fraud in obtaining medicinal drugs.
(q) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.
A person who serves as a controlling interest of, is employed by, or contracts with a licensee on , 2010, who has been screened and qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by

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AZ815	Continued From page 44	AZ815		

31, 2015. The agency may adopt rules to establish a schedule to stagger the implementation of the required rescreening over the 5-year period, beginning , 2010, through , 2015. If, upon rescreening, such person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 30 days after receipt of the rescreening results by the person.

(5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.

(6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who:
1. Does not have an active professional license or certification from the Department of Health; or
2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification.
(b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may

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AZ815	Continued From page 45	AZ815		

grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.

(7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining fingerprints pursuant to s. 943.05(2).

(8) There is no unemployment compensation or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency.

435.06, F.S.

(1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity.

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AZ815	Continued From page 46	AZ815		

(2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.

(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.

(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including fingerprints if required, must be disqualified for employment in such position or, if

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AZ815	Continued From page 47 employed, must be dismissed. (4) There is no unemployment compensation or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was ; regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02(2), F.S. " Employee " means any person required by law to be screened pursuant to this chapter. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that a "Not eligible" background screening result was reviewed by the administrator prior to hiring one (A) of 2 staff persons providing direct care to residents as a part-time live-in caregiver. The staff person was hired 19 days after the "not eligible result was available through the background screening unit. Failure to ensure residents receive care and services safely, securely and from persons who have not committed offenses that preclude them from employment, directly placed the residents at risk for exposure to persons whom the Florida legislature has deemed inappropriate to provide care and services. Findings include: A staff record review was initiated at 12:30 p.m. on with the facility administrator. Staff	AZ815		

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AZ815	Continued From page 48	AZ815		

person B was hired by the facility on . On , at the time of the survey, she was observed providing personal care to residents from the time of facility entrance at 9:30 a.m. until the end of her shift at approximately 3:00 p.m. The personal care observed included preparing resident meals, assisting residents to the toilet, providing incontinence care, assisting residents with dressing and turning a bedbound resident. The administrator was unable to provide documentation on the day of the survey that Staff person B had a satisfactory background screening result prior to her hire date on .

"I have all the paperwork is back at my house. I don't have it here." The administrator was asked to fax the documentation to the surveyor no later than . No faxed documentation was received on .

On at 11:00 a.m. the administrator was contacted by phone and the requested background screening result which had not been received by the surveyor's office was to be sent "right now." The administrator then stated "The results said she was not eligible. I asked her about that and she said it was a mistake that this had happened before but she thought it was cleared up. I gave her the number for the background screening unit to call, but she no longer works here. I let her go yesterday."

The copy of the background screening result for resident B was received by the surveyor's office at 11:08 a.m. on . The Background Screening Result completion date of revealed the staff person's status was "not eligible." The staff person was subsequently hired as a 48 hour part-time live in caregiver who

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AZ815	Continued From page 49 worked on Mondays and Tuesdays. The staff person had been the primary caregiver on 10 consecutive Mondays and Tuesdays starting with the date of hire Monday, , 2012. Termination was implemented following the surveyor's visit to the facility. Unclassed	AZ815		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Hillside Gardens II
3434 Zara Way
Clearwater, FL 33761

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on 28- 30, 2012, by a representative 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 unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Brown

fav Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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