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
	AL11911278	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLORIDA LIVING NURSING CENTER	3355 EAST SEMORAN BLVD. APOPKA, FL 32703

(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 the Biennial Relicensure survey was conducted at Florida Living Nursing Center Assisted Living Facility (ALF). The ALF had deficiencies found at the time of the visit.	A 000		
A 004	58A-5.016 FAC Licensure - Requirements License Requirements. (1) SERVICE PROHIBITION. An ALF may not hold itself out to the public as providing any service other than a service for which it is licensed to provide. (2) LICENSE TRANSFER PROHIBITION. Licenses are not transferable. Whenever a facility is sold or ownership is transferred, including leasing, the transferor and transferee must comply with the provisions of Section 429.41, F.S., and the transferee must submit a change of ownership license application pursuant to Rule 58A-5.014, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility ' s capacity shall not be made without prior approval from the Agency Central Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation requirements as referenced in Rule 58A-5.0161, F.A.C. (4) CHANGE IN USE OF SPACE REQUIRING FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, shall not be made without prior approval from the Agency Field Office. Approval shall be based on the compliance with	A 004		

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A 004	Continued From page 1	A 004		

the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation standards as referenced in Rule 58A-5.0161, F.A.C.
(5) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. " Contiguous property " means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part I, Chapter 429, F.S., and this rule chapter.
(6) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., shall be submitted annually to the Agency Central Office. The annual inspections shall be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Section 429.14, F.S., and Rule 58A-5.033, F.A.C.
(7) MEDICAID WAIVER RESIDENTS. Upon request, the facility administrator or designee must identify Medicaid waiver residents to the agency and the department for monitoring purposes authorized by state and federal laws.
(8) THIRD PARTY SERVICES.
(a) In instances when residents require services from a third party provider, the facility administrator or designee must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals, unless residents or their representatives decline the assistance. The declination of assistance must be reviewed at

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A 004	Continued From page 2	A 004		

least annually. These actions must be documented in the resident ' s record.
(b) In instances when residents or their representatives arrange for third party services, the facility administrator or designee, when requested by residents or representatives, must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals. These actions must be documented in the resident ' s record.
(c) The facility ' s facilitation and coordination as described under this subsection does not represent a guarantee that residents will receive third party services. If the facility ' s efforts at facilitation and coordination are unsuccessful, the facility should include this documentation in the resident ' s record, explaining the reason or reasons its efforts were unsuccessful, which will serve to demonstrate its compliance with this subsection.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure it did not provide services other than a service for which it was licensed to provide.

Findings:

During the tour of the facility on at approximately 9:30 AM resident #3 was observed sitting in her chair using The resident was asked if she maintained her own and she stated that she did. Further interview with staff revealed sometimes the nurses that worked on the nursing home side of the facility would turn the concentrator. They would also add water and assist the resident with placing her portable on when needed.

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A 004	Continued From page 3 Record review for resident #3 revealed an order dated _ _ _ for _ _ 2 liter via nasal cannula continuous. The administrator stated on the said date at approximately 3 PM she thought the resident could maintain her own _ _ Class III	A 004		
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	A 008		

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A 008	Continued From page 4 in an assisted living facility; and 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	A 008		

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A 008	Continued From page 5	A 008		

complete Section 3 of the form, Services Offered 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 order for residents who do not wish to be administered in the case of or

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(g) A resident placed on a temporary emergency 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 record review and interview the facility did not obtain a completed medical examination within 30 days of admission for 2 of 3 sampled residents (#2 and #3).

Findings:

1. Record review for Resident #3 who was admitted to the facility on ____ revealed the Resident Health Assessment AHCA Form 1823 did not have the date of the examination, address, phone number and license number or title of the examining licensed health care provider. Further review revealed the form used was not the AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, ____ 2010 and was completed on the AHCA form 1823, ____

The administrator stated on the said date at approximately 2:30 PM that the form would be completed.

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A 008	Continued From page 7 2. Resident Record Review for resident #2 on [redacted] at approximately 1:30 PM revealed an Assisted Living Health Assessment Form (1823) dated [redacted] with diagnosis of [redacted], high [redacted] and [redacted]. The physician neglected to fill out the known and admission/height and weight section for the resident. Class [redacted]	A 008		
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least [redacted] trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be	A 052		

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A 052	Continued From page 8	A 052		

returned to the container.
(c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.
(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, converting, or medication doses, except for

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A 052	Continued From page 9 measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications through intermittent positive pressure breathing machines or a [redacted] (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of [redacted] preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) [redacted], or [redacted] preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that when staff provided assistance with self-administration of medication, the staff followed the appropriate procedure to take the medication, in its dispensed, properly labeled container to the resident and in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container and close the container for 1 of 4 sampled residents (#1). Findings:	A 052		

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A 052	Continued From page 10 Observation of the medication pass on [redacted] at approximately 11:10 AM revealed the unlicensed staff administered the following medication to a resident who received assistance with self-administration of medication. 1. Resident # 1 Sinement (for 2500 milligrams, 11/2 tablets daily. The unlicensed staff put the medications in a soufflé' cup took the medication to the resident and told her the name of the medication. The resident took the cup and took the medication. The unlicensed staff failed to take the properly labeled container to the resident and in the presence of the resident, read the label, open the container, remove a prescribed amount of the medication from the container and close the container. Interview with resident #1 on [redacted] at approximately 10:30 AM who stated they bring it to her in a little cup. Most of the time they watch her take it. sometimes they do not. Record Review for resident #1 revealed that the Assisted Living Facility Health Assessment Form (1823) dated [redacted] with a diagnosis of Parkinson's, [redacted] and [redacted] cited that the resident needed assistance with self administration of medication. Interview with the administrator on said date at approximately 2:30 PM who satd she was not aware the unlicensed staff was not following the proper procedure when assisting the residents with self-administration of medications. Class III	A 052		
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	A 054		

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A 054	Continued From page 11	A 054		

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, 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 record review and interview the facility did not maintain an accurate and up-to-date daily medication observation records (MORs) for 1 of 3 sampled residents (#3) who received assistance with self-administration of medications.

Findings:

Record review for resident #3 revealed an undated Resident Health Assessment form 1823 with diagnosis that included

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A 054	Continued From page 12 Failure, Chronic pain and She required assistance with the self-administration of her medications. Review of the MOR for revealed there were spaces that were left blank and there was no way to determine whether the resident received the following medications as ordered: Caltrate 600+V D 400 mg twice daily was left blank at 5 PM on 100 units 4 times daily with a sliding was left blank at 7:30 AM on and at 11:30 AM on through at 4:30 PM and 9 PM on there was also no sugar testing results noted for the dates that were left blank. Apply Lachydrin to lower extremities every day was left blank at 9 AM on and cream apply under three times daily until clear was left blank at 11-7 (AM-PM not noted) on The unit manager for the Nursing Home that was assisting with the survey stated that the resident received the medication because she would let the staff know if she did not. She stated the staff did not document it on the MOR each time as required. Class III	A 054		
A 076	58A-5.0186 FAC (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have	A 076		

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A 076	Continued From page 13	A 076		

written policies and procedures, which delineate its position with respect to state laws and rules relative to . . . . . The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a . . . . . The ALF must provide the following to each resident, or resident ' s representative, at the time of admission:
1. A copy of Form SCHS-4-2006, " Health Care Advance Directives - The Patient ' s Right to Decide, " 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency ' s Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir .pdf; and
2. Written information concerning the ALF ' s policies regarding ; and
3. Information about how to obtain DH Form 1896, Florida . . . . . Form, incorporated by reference in Rule 64J-2.018, F.A.C.
(b) There must be documentation in the resident ' s record indicating whether or not he or she has executed a . . . . . If a . . . . has been executed, a copy of that document must be made a part of the resident ' s record. If the ALF does not receive a copy of a resident ' s executed , the ALF must document in the resident ' s record that it has requested a copy.
(2) LICENSE REVOCATION. An ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, it requires an individual to execute or waive a . . . . . .

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
	AL11911278	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLORIDA LIVING NURSING CENTER	3355 EAST SEMORAN BLVD. APOPKA, FL 32703

(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 076	Continued From page 14 (3) PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed as follows: (a) In the event a resident experiences , staff trained in or a licensed health care provider present in the facility, may withhold (b) In the event a resident is receiving hospice services and experiences , facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility. (4) LIABILITY. Pursuant to Section 429.255, F.S., ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing pursuant to a and rules adopted by the department. This Statute or Rule is not met as evidenced by: Based on review of resident's files and interview the facility failed to ensure that 3 of 3 sampled residents (#1,#2 &#3) received written policy and procedures, which delineate its position with respect to state laws and rules relative to O's. Findings: Record review conducted on at approximately 1:00 PM revealed that resident #1,#2, and #3 did not have any documentation in	A 076		

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A 076	Continued From page 15 their files to confirm that pursuant to section 429.255,F.S. an ALF must honor a properly excuted as follows (a) In the event a resident experiences staff trained in or a licensed health care provider present in the faiclity, may withhold (b) In the event a resident is receiving hospice services and experiences facility staff must immediaely contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility. Interview with the facility Administrator on at approximately 2:45 PM she stated that she was not aware the statements were missing from their written policy for Class	A 076		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (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 including Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating 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 he/she shall be removed from duties until the administrator determines that such	A 078		

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A 078	Continued From page 16	A 078		

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 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 record review and interview the facility failed to ensure all staff were assigned duties consistent with their level of education, training and preparation and experience and allow unlicensed staff to administer medications with parameters to 1 of 3 sampled residents (#3) and failed to ensure that 1 of 3 staff (A) had an annual statement from their health care provider documenting freedom from

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A 078	Continued From page 17	A 078		

Findings:

1. Record review for resident #3 revealed an undated Resident Health Assessment form 1823 with diagnosis that included

, Chronic pain and
She required assistance with the self-administration of her medications.

Review of the Medication Observations Records (MOR) for and revealed that she was given the following medications with parameters:

3.125 mg one twice daily-Hold for rate less than 60 and less than
ER 60 mg hold for less than 110
0.125 hold for pulse less than 60.
Review of the MOR revealed that on the residents Pulse was noted to be 59 at 5 PM and the 3.125 mg was marked as given.

Interview with the unlicensed staff (non-nurse) at approximately 11 AM who stated that she did check the resident's and took her pulse prior to giving the resident the medication. The staff she determined rather to give the above medications to her or hold if required. Further interview with the staff revealed that it was another unlicensed staff that noted on the was given when it should have been held.
The unlicensed staff was making the determination on whether the medications should

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A 078	Continued From page 18 be given or held. 2, Personnel record review for staff A hired revealed a screening that was dated Staff B hired had a screening that was dated and Staff C hired had a screening that was dated further review of each of the screenings revealed the staff completed the assessment and was signed by a nurse not a health care provider (physician or physician's assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under Chapter 464, F.S.). The unit manager for the nursing home who was assisting stated she was not aware that a nurse could not complete the assessments. Class III	A 078		
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	A 084		

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A 084	Continued From page 19	A 084		

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 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, [illegible] dosage forms, and [illegible] 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

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A 084	Continued From page 20	A 084		

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 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 personnel record review and interview, the facility failed to have evidence to confirm that 1 of 3 sampled unlicensed staff (C), who provided assistance with the resident's medications received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

Review of the staff schedule revealed that staff C provided assistance with the self- administration of medications.

Personnel record review for staff C revealed that there was no documentation in her file to confirm that she had received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Review of the training notebook revealed that she had received medication updates.

The Director of Nursing stated at approximately

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A 084	Continued From page 21 3:15 PM that the staff had taken the 4 hour training a long time ago and had the certificate at home. Class III	A 084		
A 167	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the	A 167		

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A 167	Continued From page 22 resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf. (i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility. (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect. (k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule. (l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related	A 167		

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A 167	Continued From page 23 to a properly executed This Statute or Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure the contract included a provision that residents must be assessed every three years or after a significant change for 3 of 3 residents (#1, #2 & #3). Findings: Review of contracts for residents #1, #2 and #3 revealed a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2),F.A.C and every 3 years thereafter, or after a significant change. Interview with the administrator on [redacted] at approximately 2:30 PM who stated she was not aware the above information was not included in the contracts. Class	A 167		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Florida Living Nursing Center
3355 East Semoran Blvd.
Apopka, FL 32703

Dear Administrator:

Re: Biennial relicensure

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 unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012,** 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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