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
	AL11967975	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOGAR DULCE HOGAR	5597 WENDY LN NAPLES, FL 34112

(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 This is the the Biennial, License Nursing Service (LNS), and Limited Mental Health (LMH), survey conducted on _ _ _ _ through _ _ _ _, at Hogar Dulce Hogar, an Assisted Living Facility with a licensed capacity for 6 residents and a census of 9 residents. The following deficiencies were cited relevant to the survey during this visit. A0004, A0007, A0009, A0026, A0030, A0052, A0054, A0055, A0057, A0075, A0078, A0083, A0085, A0086, A0160, A0162, A0165, A0167, A0181, L241, and Z827. The following is a description of the noncompliance:	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	A 004		

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A 004	Continued From page 1	A 004		

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 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.

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A 004	Continued From page 2 (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 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, observation, and interview the facility failed to notify and obtain needed approval, from the Agency Central Office, to increase the facility's resident capacity that involved a change in the use of the facility space. The facility also failed to comply with their license capacity for 3 (Residents #7, #8, and #9) out of a sample of 9 residents.	A 004		

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A 004	Continued From page 3	A 004		

The findings include:

Upon entrance into the facility on _____ at 9:00 a.m., 9 residents were observed when a tour of the facility was being conducted. When interviewed at this time, the Administrator stated the residents were receiving "Day Care" services. A letter posted on the facility bulletin board, from the Agency for Health Care Administration, states the facility can provide Day Care services.

Upon interview on this date, Residents #7, #8, and #9 stated they live at the facility, eat 3 meals there, and sleep there at night.

Review of the facility Admission/Discharge Log revealed Residents #7, #8, and #9 were not entered on this log.

When questioned, at 10:00 a.m., on _____, the Administrator stated the 3 residents "come and go." When asked if the residents sleep overnight in the facility, the Administrator stated, "yes."

Review of the medical records revealed no medical record was being maintained to include physician orders, no contract for services was on record, and no AHCA form 1823 was on file for Residents #8 and #9.

Review of the medical records revealed no medical record was being maintained to include physician orders and no contract for services was on record for Resident #7. An AHCA form 1823 dated _____ was located, by the Administrator, in a plastic bag in Resident #7's _____. This plastic bag also contained a list of medications from the hospital that did not agree with the Medication Observation Record upon reconciliation, resulting in the identification of a

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A 004	Continued From page 4 significant medication error. When advised regarding the error on [redacted] at 11:00 a.m., the Administrator stated, "that's the way the doctor wants it." When asked if he could contact the physician to clarify the order, the Administrator stated, "I don't know how" and "she (the resident) will be going to the doctor's office in a few days." The Administrator was advised to contact the pharmacy for assistance in contacting the physician for clarification of the order. Class III Correction Date:	A 004		
A 007	58A-5.0181(1) FAC Admissions - Criteria Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least (b) Be free from signs and symptoms of any communicable [redacted] which is likely to be transmitted to other residents or staff; however, a person who has [redacted] may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of	A 007		

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A 007	Continued From page 5	A 007		

facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s written informed consent to provide such assistance as required under Section 429.256, F.S.

2. The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident ' s legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident.

(f) Any special dietary needs can be met by the facility.

(g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S.

(h) Not require licensed professional mental health treatment on a 24-hour a day basis.

(i) Not be bedridden.

(j) Not have any or 4 pressure sores. A resident requiring care of a pressure may be admitted provided that:

1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, 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 nurse or physician, the resident shall be discharged from the facility.

(k) Not require any of the following nursing services:

1. Oral, , or

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A 007	Continued From page 6 suctioning; 2. Assistance with tube feeding; 3. Monitoring of [illegible] gases; 4. Intermittent positive pressure breathing [illegible]; or 5. Treatment of surgical [illegible] or wounds, unless the surgical [illegible] or [illegible] and the condition which caused it have been stabilized and a plan of care developed. (l) Not require 24-hour nursing supervision. (m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. (n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on: 1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule; 2. The facility ' s admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and 3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C. (o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure appropriate admission to the facility for 8 (Residents #2, #3, #4, #5, #6, #7, #8, and #9) out of a sample of 9 residents residing in the facility.	A 007		

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A 007	Continued From page 7 The findings include: 1. Review of the medical record for Residents #4, #6, #8, and #9 no AHCA form 1823 (October was present on admission to the facility, and no attempt has been made to obtain one. Upon interview at 12:00 p.m., on 9/2 Administrator stated, "I made a mistake." 2. Resident #2 did not have an admission AHCA form 1823 related to his admission of only AHCA form 1823 (October was dated 10/2 Page 5 missing. 3. Resident #3, had an AHCA form 1823 (April completed related to a This form was outdated and no longer used as an assessment tool for admission to an Assisted Living Facility. 4. Resident #2 had an AHCA form 1823 (October dated 10/2 stated the resident needs medication administration. This form was completed for continued residency status post hospitalization. 5. Resident #5 had an AHCA form 1823 dated 11/1 the resident needs medication administration. This form was completed for initial admission to the facility. 6. Resident #7 had an AHCA form 1823 dated 9/1 did not indicate the if the medication requires help with medication and what type of help. This form was completed for continued residency status post hospitalization.	A 007		

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A 007	Continued From page 8 Class III Correction Date:	A 007		
A 009	58A-5.0181(3) FAC Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility shall make available to potential residents a written statement(s) which includes the following information listed below. A copy of the facility resident contract or facility brochure containing all the required information shall meet this requirement. 1. The facility ' s residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provide by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. A statement of facility rules and regulations that residents must follow as described in Rule 58A-5.0182, F.A.C.; 11. A statement of the facility policy concerning pursuant to Section	A 009		

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A 009	Continued From page 9	A 009		

429.255, F.S. and Rule 58A-5.0186, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.
12. If the facility also has an extended congregate care program, the ECC program ' s residency criteria; and a description of the additional personal, supportive, and nursing services provided by the program; additional costs; and any limitations, if any, on where ECC residents must reside based on the policies and procedures described in Rule 58A-5.030, F.A.C.;
13. If the facility advertises that it provides special care for persons with and related , a written description of those special services as required under Section 429.177, F.S.; and
14. A copy of the facility ' s resident elopement response policies and procedures.
(b) Prior to or at the time of admission, the resident, responsible party, guardian, or attorney in fact, if applicable, shall be provided with the following:
1. A copy of the resident ' s contract which meets the requirements of Rule 58A-5.025, F.A.C.;
2. A copy of the facility statement described in paragraph (a) of this subsection if one has not already been provided;
3. A copy of the resident ' s bill of rights as required by Rule 58A-5.0182, F.A.C.; and
4. A Long-Term Care Ombudsman Council brochure which includes the telephone number and address of the district council.
(c) Documents required by this subsection shall be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident

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A 009	Continued From page 10	A 009		

This Statute or Rule is not met as evidenced by:
Based on record review, observation, and interview the facility failed to ensure the completion of an Admission Packet for 3 (Residents #7, #8, and #9) out of a sample of 9 residents residing in the facility.

The findings include:

During tour of the facility on [redacted] at 10:00 a.m., it was observed that the facility had a census of 9 residents, representing 3 residents above the facility's licensed capacity. It was also noted there were only 6 medical records in the facility.

Upon interview at this time, the Administrator stated that the residents were there for "Day Care."

Upon interview of Residents #7, #8, and #9, on [redacted], it was revealed that the residents resided in the facility 24 hours a day, 7 days a week. The residents were observed throughout the day going in and out of there assigned [redacted] where their belongings were observed. They also were observed resting in their assigned beds. At 6:00 p.m., these residents were observed to still in the facility. When asked, at this time, when they would be leaving, the Administrator stated they would be staying. When asked if they would be sleeping in the facility, the Administrator responded, "yes."

Upon further interview on [redacted] at 10:00 a.m., the Administrator stated that the 3 residents did not have a signed contract with the facility and "the family pays." When asked if an Admission Packet had been completed the Administrator said, "no."

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A 009	Continued From page 11 Class III Correction Date:	A 009		
A 026	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests. (b) The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate residents ' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities shall be available at least six (6) days a week for a total of not less than twelve (12) hours per week. Watching television shall not be considered an activity for the purpose of meeting the twelve (12) hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required twelve (12) hours per week of scheduled activities. An activities calendar shall be posted in common areas where residents normally congregate.	A 026		

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A 026	Continued From page 12	A 026		

(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to three (3) hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on record review, observation, and interview the facility failed to post a daily activities calendar and provide a structured activity program based on residents needs and preferences.

The findings include:

A tour of the facility on 9/2[illegible] 10:00 a.m., revealed no posting of an activities calendar. Upon interview at this time, the Administrator stated he had a calendar and removed it from a folder that was tacked to the bulletin board. The calendar was not visible manner for the residents to read and was in small print.

The calendar, dated September [illegible], stated the activity for 9/2[illegible] 9/2[illegible] a typographical error) was exercise/walking/stretching from 2 p.m. through 4 p.m. The activity was listed in both English and Spanish.

Observation of the residents during this time revealed no structured activity being provided to the residents as a group or singularly. Residents #2 and #5 were observed to be sleeping in their room [illegible] time. The other residents were watching television in their rooms/gar[illegible] room [illegible] /resting in their rooms. [illegible] #7 and #8 were observed on the computer for about 10 minutes during this time period.

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A 026	Continued From page 13 Interview of Resident #8 on [redacted] at 11:00 a.m., revealed he did not know where the activity calendar was posted and he stated, "they don't have any activities." Interview of Resident #4, on [redacted] at 5:30 p.m., revealed "they do not provide any activities and I want something to do." Class III Correction Date: [redacted]	A 026		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with	A 030		

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1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of

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physical ..... shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from ..... and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence,

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autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [redacted] his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, [redacted] guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other

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person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based on record review, observation, and interview the facility failed to ensure 9 (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9) out of 9 sampled residents, receive adequate and appropriate health care consistent with established and recognized standards of care.

The findings include:

1. Review of the medical records on : and , for Residents #1, #2, #3, #4, #5, and #6 revealed there are no physician orders on file. Upon interview on these dates, the Administrator acknowledged there were no physician's orders in the residents' medical records, or any other place in the facility. The Administrator stated, "I send the orders to the pharmacy, that's why they are not here." When asked if he kept a copy of the orders, the Administrator stated, "no."

2. A medical record, consistent with recognized standards of practice, was not available for Residents #7, #8, and #9. The Administrator stated these residents were receiving "day care" services.

3. When asked for records for Resident #7, the

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Administrator was observed to remove a large plastic bag from Resident #7's . . . . . The plastic bag was given to the surveyor and was observed to contain hospital discharge records. This plastic bag also contained a list of medications from the hospital that did not agree with the Medication Observation Record upon reconciliation. This reconciliation identified a medication discrepancy involving the administration of . . . . . , 4mg, 6 times a day, based on two separate physician orders (one stating every 12 hours and one stating 4 times a day).

When advised regarding the discrepancy on . . . . . at 11:00 a.m., the Administrator stated, "that's the way the doctor wants it." When asked if he could contact the physician to clarify the order, the Administrator stated, "I don't know how" and "she (the resident) will be going to the doctor's office in a few days." When asked who the physician was, the Administrator could not give the surveyor a name.

Upon telephone interview at 11:30 a.m., this date, a home care nurse providing . . . . . care treatments to Resident #7 stated the resident refused to go to see the physician recommended by the hospital.

At 12:15 a.m. on . . . . . the surveyor was present when the Administrator advised the resident of a concern relating to the frequency of the medication. The resident immediately started to cry and said she didn't know anything about her medication and what she should be taking. The Administrator was advised, by the surveyor, to contact the pharmacy for assistance in contacting the physician for clarification of the order. At 1:15 p.m., the Administrator told the

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surveyor that "it (the medication) should only be given every 12 hours."

Upon interview on , at various times between 11:00 a.m. and 5:00 p.m., Resident #7 complained of frequent loose stool and was observed using the times. is identified, in the medical reference literature (Nursing 2012 Drug Handbook), as an adverse effect in the use of the medication.

On there was no documentation identifying the physician was contacted/notified regarding Resident #7 having loose stools and that the physician had been contacted regarding the medication discrepancy. In addition, there was no medication error investigation on record.

4. There was no accurate Admission/Discharge Log being maintained by the facility. The log demonstrated Residents #1, #2, #3, #4, #5, and #6 were admitted and discharged. In addition Residents #7, #8 and #9 were not entered on the log.

5. On from 9:00 a.m., to 9:30 a.m., a Medication Technician (MT) was observed assisting Resident #2 and Resident #7 with self-administration of medications. During the procedure the MT touched tablets of medication, with his bare hands, when transferring the tablets from their container to a souffle cup. In addition, the MT failed to wash his hands before/after contact with the 2 residents he as assisting. The Administrator was a witness to this breach in control practice, and acknowledged that the MT was not following the proper procedure per facility policy.

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A 030	Continued From page 20 In addition, after the MT completed assisting the residents with self-administration of medications, the Administrator was observed signing the Medication Observation Record (MOR) to indicate that the medication was taken by Resident #2 and Resident #7 as scheduled at 9:00 a.m. Standard of practice and the facility policy dictates that the staff member providing the assistance with the self-administration should be the staff member that initials the MOR sheet each time each medication is self-administered to the resident. 6. On : at 9:15 a.m., Resident #7 was observed to take immediately after eating breakfast and during assistance with self-administration of 8 other medications. Standard of practice dictates, and medical reference literature (Nursing 2012 Drug Handbook) recommends, that this medication not be given with meals or other medications. Class III Correction Date:	A 030		
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 . . 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	A 052		

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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 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

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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 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
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , or 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.

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A 052	Continued From page 23 This Statute or Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to use the proper procedure when providing assistance with self administration of medications for 2 (Residents #2 and #7) out of 3 sampled residents. The findings include: Assistance with self administration of medications was observed for Resident #2 at 9:00 a.m., and Resident #7 at 9:15 a.m., on [redacted]. The Medication Technician (MT) was observed pouring the medications, from their container into a souffle cup, while standing at a counter in the kitchen. Resident #2 was sitting on the sofa in the living [redacted] Resident #7 was in her [redacted] this procedure. Neither resident could see what was being done. The MT was then observed bringing the souffle cup to each resident (containing pills) and did not identify each medication prior to giving the medication to the each resident. Review of the facility policy entitled "Medication Standards" dated [redacted] revealed the following: "The designated staff member shall take the medication, in its dispenser, properly label container from where it is stored, and bring it to the resident. In the presence of the resident, the staff shall read the label, open the container, remove the prescribed amount of medication from the container and close the container." Upon interview at this time, the Administrator and MT acknowledged that the proper procedure was not performed. Class III	A 052		

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A 052	Continued From page 24 Correction Date:	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 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:	A 054		

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Based on record review, observation, and interview the facility failed to maintain accurate Medication Observation Records (MOR) for 3 (Residents #1, #2, and #7) of 3 sampled residents observed for assistance with self administration of medications.

The findings include:

1. Review of the MOR forms dated 2012, for Residents #1, #2, and #7, revealed no area to indicate if the resident has

2. Review of the 2012 MOR for Resident #1 revealed the form states the following:

ER 2.5mg/1000 mg" given records it as being given at 9 a.m., and 5:00 p.m. The medication container label states to take 1 tablet 2 times a day with evening meal.

3. Review of the 2012 MOR for Resident #2 revealed the form states the following:

40mg 1/4 x dio (daily)" - the medication is shown to be administered at 9 a.m., daily (once a day). The medication container label states to administer "40mg twice daily." In addition, there was no guideline (code) to identify what "1/4" indicates.

4. Review of the 2012 MOR for Resident #7 revealed the form states the following:

75mg 1 x dio" - the medication container label states 75mcg.
20mg 1 x dio" - the medication

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A 054	Continued From page 26 container label states to give before a meal. "Metronidiazole 250 mg" - the medication container label states to give every 12 hours for 7 days. In addition, the 2012 MOR records that the resident receives XR 150mg at 8 p.m. daily. Class III Correction Date:	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; 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 055		

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	AL11967975	A. BUILDING _____ B. WING _____	

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A 055	Continued From page 27	A 055		

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, , 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 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

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A 055	Continued From page 28 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 and interview the facility failed to keep medications locked at all times and in an area that is free from abnormal temperatures and dampness. The findings include: 1. On at 4:00 p.m. a box was observed on top of the refrigerator located in the facility kitchen. Upon interview at this time, the Administrator stated the box was for "first aide." Upon opening, the unlocked box was observed to contain the following items: - an open bottle of 81mg - an open tube of ointment, 2%, 22	A 055		

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A 055	Continued From page 29 grams - an open tube of Iodosorb 40 grams - 1 open and 2 unopened bottles Murcuroclear - 1 open and 2 unopened bottles of Merthiolate These medications were not labeled with a resident name. 2. On [redacted] at 4:00 p.m. the following items were observed in an unlocked cabinet above the stove in the facility kitchen: - [redacted] Liquid Gel, 25mg, 10 pills, without a label - [redacted], 4 packages containing 2 pills in each package, without a label - [redacted] Diskus, 250mcg/50mcg, 60 treatments, unopened with a label indicating the inhalant was for Resident #7. - [redacted], 100mcg/5mcg inhaler, with a label indicating the inhaler was for Resident #2. - a plastic bag containing prescription and over the counter medications, some of which were labeled indicating that the medication belonged to the Medication Technician/Relief Administrator. Upon interview at this time, the Administrator verified that the bag of medications belonged to the Medication Technician/Relief Administrator. - 2 syringes/3cc In addition, cleaning supplies were also stored in this unlocked cabinet above the stove. Class III Correction Date: [redacted]	A 055		
A 057	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products	A 057		

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A 057	Continued From page 30 (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 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 and interview the facility failed to ensure that all over the counter medications are labeled with a resident name and directions for use. The findings include:	A 057		

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A 057	Continued From page 31 1. On [illegible] at 4:00 p.m., a box was observed on top of the refrigerator located in the facility kitchen. Upon interview at this time, the Administrator stated the box was for "first aide." Upon opening, the unlocked box was observed to contain the following items: - an open bottle of [illegible] 81mg - an open tube of [illegible] ointment, 2%, 22 grams - an open tube of Iodosorb 40 grams - 1 open and 2 unopened bottles Murcuroclear - 1 open and 2 unopened bottles of Merthiolate These medications were not labeled with a resident name and indications for use. 2. On [illegible] at 4:00 p.m., the following items were observed in an unlocked cabinet above the stove in the facility kitchen: - [illegible] Liquid Gel, 25mg, 10 pills - [illegible], 4 packages containing 2 pills in each package These medications were not labeled with a resident name and indications for use. Class III Correction Date:	A 057		
A 076	58A-5.0186 FAC (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have written policies and procedures, which delineate its position with respect to state laws and rules	A 076		

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A 076	Continued From page 32	A 076		

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 .
(3) . . . PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly

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A 076	Continued From page 33 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 record review and interview the facility failed to ensure documentation addressing whether or not 9 (Residents #1, #2, #3, #4, #5, #6, #7, #8, and #9) of 9 sampled residents have executed a The findings include: Review of the medical record for Residents #1, #2, #3, #4, #5, #6, #7, #8, and #9 revealed no indication referencing whether or not the residents have executed a	A 076		

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A 076	Continued From page 34 Upon interview on : at 10:00 a.m., the facility Administrator acknowledged that there were no records indicating physician orders for any of the residents and copies of any documents could not be located. Class III Correction Date:	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 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	A 078		

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A 078	Continued From page 35 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 employees' freedom from [redacted] is documented on an annual basis. The findings include: Review of the personnel record for the Administrator and Medical Technician/Relief Administrator revealed no documentation of documented freedom from [redacted] for the years 2011 and 2012. The last date of this documentation was [redacted] 2010. Upon interview on [redacted] at 2:00 p.m., the Administrator stated he was unaware that he should be tested for [redacted] on an annual basis.	A 078		

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A 078	Continued From page 36 Class III Correction Date:	A 078		
A 083	58A-5.0191(4) FAC Training - First Aid and (4) FIRST AID AND [illegible] A staff member who has completed courses in First Aid and [illegible] and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid cr course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American [illegible] 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 [illegible] This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a staff member, currently possessing a valid [illegible] card, is in the facility at all times. The findings include: Review of the facility's personnel records revealed there are 2 employees working at the facility; the Administrator and the Relief Administrator. Further review of the personnel	A 083		

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A 083	Continued From page 37 records revealed the Administrator's [illegible] card expired [illegible] 2012. Interview of the Administrator at 12:00 p.m., on [illegible] revealed he was unaware that his CPR card had expired but acknowledged that it was not current/valid. He also acknowledged that someone with a valid [illegible] card is not present in the facility at all times. Class III Correction Date: [illegible]	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 fulfillment 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 procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and	A 084		

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A 084	Continued From page 38	A 084		

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

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A 084	Continued From page 39 registered nurse, or a licensed pharmacist. This Statute or Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure that Medication Technicians (MT), who are unlicensed employees who provide assistance with self administration of medications, receive a minimum of 2 hours on continuing education training from a licensed registered nurse or pharmacist. The findings include: On _____ and _____ the Administrator and Relief Administrator were observed providing assistance, with the self administration of medications, to residents. Review of the personnel records, on _____ for the Administrator and Relief Administrator, revealed that both employees had an initial MT 4 hour training course in 2010. The records indicate that there has been no yearly 2 hours of continuing education, related to providing assistance with self administered medications and safe medication practices in an Assisted Living Facility, since the initial 4 hour training. Upon interview on _____ at 10:00 a.m. the Administrator acknowledged that he, and the Relief Administrator, had not obtained/received any annual training on the subject. Class III Correction Date: _____	A 084		
A 085	58A-5.0191(6) FAC Training - Nutrition & Food Service	A 085		

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A 085	Continued From page 40	A 085		

(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 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 record review, observation, and interview the facility failed to ensure the employee responsible for the facility's food service, and the day-to-day supervision of food service, obtains/receives a minimum of 2 hours continuing education annually, from a qualified person, relating to topics pertinent to nutrition and food service in an Assisted Living Facility.

The findings include:

On _ _ _ _ and _ _ _ _ both the Administrator and Relief Administrator were observed cooking and serving meals for breakfast, lunch, and dinner.

Review of the personnel records for the Administrator and Relief Administrator revealed that neither employee received a minimum of 2 hours continuing education in topics pertinent to nutrition and food service.

Upon interview on _ _ at 10:00 a.m., the

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	AL11967975	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 085	Continued From page 41 Administrator acknowledged that he and the Relief Administrator, had not received annual training for 2011 and 2012. Class III Correction Date:	A 085		
A 160	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure ; and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph	A 160		

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A 160	Continued From page 42	A 160		

(b).
(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.
(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with [redacted] or related [redacted], a copy of all such facility advertisements as required by Section 429.177, F.S.
(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(l) All food service records required under Rule

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58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate.
(m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.
(n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.
(o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.
(p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.
(q) The facility ' s resident elopement response policies and procedures.
(r) The facility ' s documented resident elopement response drills.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure to maintain written records in a form, place and system ordinarily employed in good business practice and accessible.

The findings include:

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A 160	Continued From page 44 On [redacted] and [redacted] the Administrator was asked to provide the records for the following items: - A record of fire drills and elopement drills for the past 2 years - A record of major incidents, experienced by residents, during the past 2 years - Documentation that the facility emergency plan has been approved by the county - An up-to-date Admission/Discharge log - County Health Department inspections relating to food service - All sanitation inspection reports issued by the county health department - All fire safety inspection reports issued by the local authority/Fire Marshall - The facilities liability policy. The Administrator was not able to provide any of the foregoing documents requested. An Admission/Discharge log was provided to the surveyor but it was not up-to-date to include Residents #7, #8, and #9; and the discharge information was determined to be inaccurate. The Administrator acknowledged that the log was not up-to-date and inaccurate, and stated "I did it wrong." Class III Correction: [redacted]	A 160		
A 162	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2.	A 162		

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3. Race;
4. Date of birth;
5. Place of birth, if known;
6. Social security number;
7. Medicaid and/or Medicare number, or name of other health insurance
8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and
9. Name, address, and phone number of health care provider, and case manager if applicable.

(b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C.

(c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order.

(d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.

(e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C.

(f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.

(g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.

(h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the

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required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S.
(k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for Form. CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal,

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A 162	Continued From page 47 limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 9 (Residents #1, #2, #3, #4, #5, #6, #7, #8, and #9) of 9 sampled residents had a complete medical record. The findings include: Review of the medical record and interview of the Administrator on ..... revealed:	A 162		

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A 162	Continued From page 48 - no name and phone number for the case manager assigned to Resident #3 and #6 who were receiving Limited Mental Health services. - no name and phone number of the health care provider (physician) caring for Residents #7, #8, and #9. - no copy of the medical examination (AHCA form for Residents #4, #6, #8, and #9. - no weight record for Residents #1, #2, #4, #5, #6, #8 and #9. - no signed contract for Resident #7, #8 and #9. - no CF-ES 1006 form, placement assessment and Community Living Support Plan for the 2 residents, Residents #3 and #6, receiving Limited Mental Health services. Class III Correction Date:	A 162		
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.	A 167		

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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 [redacted] 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 [redacted] facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the 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

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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 to a properly executed

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure that contracts were executed for 3 (Residents #7, #8, and #9) of 9 sampled residents residing in the facility.

The findings include:

Upon interview with the Administrator, on at 11:00 a.m., it was revealed there were no contracts on file for Residents #7, #8, and #9. The Administrator stated that the residents are receiving "day care" services and the family pays.

Class III
Correction Date:

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AL241	Continued From page 51	AL241		
AL241	58A-5.029(2) FAC LMH - Records	AL241		

(2) RECORDS.
(a) A facility with a limited mental health license shall maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required under Rule 58A-5.024, F.A.C., shall be sufficient provided that all mental health residents are clearly identified.
(b) Staff records shall contain documentation that designated staff have completed limited mental health training as required by Rule 58A-5.0191, F.A.C.
(c) Resident records for mental health residents in a facility with a limited mental health license must include the following:
1. Documentation, provided by the Department of Children and Family Services within 30 days of the resident ' s admission to the facility, that the resident is a mental health resident.
Documentation that the resident is receiving social security or supplemental security income, and any of the following shall meet this requirement.
a. An affirmative statement on the Alternate Care Certification for Form, CF-ES 1006, 1998, that the resident is receiving SSI/SSDI due to a

b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental . Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information to the Department of Children and Family Services.
c. A written statement from the resident ' s case

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manager that the resident is an adult with severe and persistent mental illness. The case manager shall consider the following minimum criteria in making that determination.
(i) The resident is eligible for, is receiving, or has received state funded services from the Department of Children and Family Services ' and Mental Health program office within the last 5 years; or
(ii) The resident has been diagnosed as having a mental
2. An appropriate placement assessment provided by the resident ' s mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment shall be conducted by a psychiatrist, clinical psychologist, clinical social worker, or nurse, or person supervised by one of these professionals.
a. Any of the following documentation which contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, shall meet this requirement:
(i) Completed Alternate Care Certification for Form, CF-ES Form 1006, 1998;
(ii) Discharge Statement from a state mental hospital completed within 90 days prior to admission to the ALF provided it contains a statement that the individual is appropriate to live in an assisted living facility; or
(iii) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility.
b. A mental health resident returning to a facility from treatment in a hopsital or crisis stabilization unit (CSU) will not be considered a new admission and not require a new assessment.

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However, a break in a resident ' s continued residency which requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident ' s mental health care provider must provide a new assessment.

3. A Community Living Support Plan.

a. Each mental health resident and the resident ' s mental health case manager shall, in consultation with the facility administrator, prepare a plan within 30 days of the resident ' s admission to the facility or within 30 days after receiving the appropriate placement assessment under paragraph (c), whichever is later, which:

(i) Includes the specific needs of the resident which must be met in order to enable the resident to live in the assisted living facility and the community;

(ii) Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident ' s needs, and the frequency and duration of such services;

(iii) Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident ' s needs, and the frequency and duration of such services and activities;

Includes the of the facility to facilitate and assist the resident in attending appointments and arranging transportation to appointments for the services and activities identified in the plan which have been provided or arranged for by the resident ' s mental health care provider or case manager;

(v) Includes a description of other services to be provided or arranged by the facility;

(vi) Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms

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	AL11967975	A. BUILDING _____ B. WING _____	

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HOGAR DULCE HOGAR	5597 WENDY LN NAPLES, FL 34112

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AL241	Continued From page 54	AL241		

to the resident that indicate the immediate need for professional mental health services;
(vii) Is in writing and signed by the mental health resident, the resident ' s mental health case manager, and the ALF administrator or manager and a copy placed in the resident ' s file. If the resident refuses to sign the plan, the resident ' s mental health case manager shall add a statement that the resident was asked but refused to sign the plan;
(viii) Is updated at least annually;
(ix) include the Agreement described in subparagraph 4. If included, the mental health care provider must also sign the plan; and
(x) Must be available for inspection to those who have a lawful basis for reviewing the document.
b. Those portions of a service or treatment plan prepared pursuant to Rule 65E-4.014, F.A.C., which address all the elements listed in sub-subparagraph a. above may be substituted.
4. Agreement. The mental health care provider for each mental health resident and the facility administrator or designee shall, within 30 days of the resident ' s admission to facility or receipt of the resident ' s appropriate placement assessment, whichever is later, prepare a written statement which:
a. Provides procedures and directions for accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider ' s 24-hour emergency crisis telephone number.
b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services

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AL241	Continued From page 55 under Section 409.912, F.S. c. cover all mental health residents of the facility who are clients of the same provider. d. be included in the Community Living Support Plan described in subparagraph 3. Missing documentation shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services, or the mental health care provider under contract to provide mental health services to clients of the department. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure an accurate Admission/Discharge Log and an accurate/complete medical record for 2 (Residents #3 and #6) of 2 sampled residents receiving Limited Mental Health (LMH) services. The findings include: 1. Upon interview on at 11:00 a.m., the Administrator stated Residents #3 and #6 were receiving LMH services. Review of the facility Admission/Discharge Log, on , revealed no indication that Residents#3 and #6 were receiving LMH services. In addition, each resident was recorded as discharged from the facility for "personal reasons." Upon further interview at this time, the Administrator stated "I made a mistake" (referring to the entries on the log). 2. Review of the medical record for Residents #3 and #6 revealed the following documents were not on file:	AL241		

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a. Form CF-ES 1006, [redacted] 1998, written documentation by the Social Security Administration that the resident is receiving SSI or SSDI for a mental [redacted] and written verification from the resident's case manager that the resident is an adult with severe and persistent mental illness.

b. A placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility, performed by an appropriate mental health professional, that the resident is appropriate for residence in an assisted living facility.

c. A Community Living Support Plan.

Upon telephone interview on [redacted] at 10:30 a.m., the Case Manager for Residents #3 and #6 could not explain why the facility did not have these documents.

3. Upon interview, on [redacted] at 5:15 p.m., Resident #6 stated, "I see people that want to hurt me." When asked if he told the Administrator, the resident stated, "Yes, but he doesn't do anything. I don't know if he knows what I am saying." There was no documentation in the medical record relating to this resident's complaint/concern and no written plan regarding interventions and goals to address the issue.

4. Upon interview on [redacted] at 10:30 a.m., Resident #6's Case Manager stated the facility keeps in touch with him almost daily relating to the resident's status and that the resident is at the facility so they can make sure he takes his medications and that he comes for treatment and is involved in community activities. He stated the

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AL241	Continued From page 57 facility consistently provides this service. He also stated the resident is presently experiencing hallucinations and has had a recent change in medication which has to be closely monitored. There has been no Community Living Support Plan developed per the case manager. The Case Manager also stated, at this time, that Resident #3 was also a part of his case load and the facility keeps in touch with him frequently regarding this resident who receives a monthly injection of ..... He also stated this resident refuses to attend community activities and the facility provides transportation for appointments to the center. Class III Correction Date:	AL241		
AZ827	408.812, FS Unlicensed Activity (1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. (2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or	AZ827		

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maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency.

(3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation and apply for a license under this part and authorizing statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense.

(4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance.

(5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses and impose actions under s. 408.814 and a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation.

(6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing

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statutes, and agency rules.

(7) Any person aware of the operation of an unlicensed provider must report that provider to the agency.

This Statute or Rule is not met as evidenced by:
Based on record review, observation, and interview the facility failed to comply with their license capacity for 3 (Residents #7, #8, and #9) of 9 sampled residents.

The findings include:

Upon entrance into the facility on at 9:00 a.m., 9 residents were observed when a tour of the facility was being conducted. When interviewed at this time, the Administrator stated the residents were receiving "Day Care" services. A letter posted on the facility bulletin board, from the Agency for Health Care Administration, states that the facility can provide Day Care services.

Upon interview on this date, Residents #7, #8, and #9 stated they live at the facility, eat 3 meals there, and sleep there at night.

Review of the facility Admission/Discharge Log revealed Residents #7, #8, and #9 were not entered on this log.

When questioned, at 10:00 a.m., on , the Administrator stated the 3 residents "come and go." When asked if the residents sleep overnight in the facility, the Administrator stated "yes."

Review of the medical records revealed no medical record is being maintained to include physician orders, no contract for services is on record, and no AHCA form 1823 is on file for

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AZ827	Continued From page 60 Residents #8 and #9. Review of the medical records revealed no medical record is being maintained to include physician orders and no contract for services is on record for Resident #7. An AHCA form 1823 dated [redacted] was located, by the Administrator, in a plastic bag in Resident #7's [redacted]. This plastic bag also contained a list of medications from the hospital that did not agree with the Medication Observation Record upon reconciliation. This reconciliation identified a medication discrepancy involving the administration of [redacted], 4mg, 6 times a day, based on two separate physician orders. When advised regarding the discrepancy on [redacted] at 11:00 a.m., the Administrator stated "that's the way the doctor wants it." When asked if he could contact the physician to clarify the order, the Administrator stated "I don't know how" and "she (the resident) will be going to the doctor's office in a few days." At 12:15 a.m. on [redacted] the surveyor was present when the Administrator advised the resident of a concern relating to the frequency of the medication. The resident immediately started to cry and said she didn't know anything about her medication and what she should be taking. The Administrator was advised, by the surveyor, to contact the pharmacy for assistance in contacting the physician for clarification of the order. At 1:15 p.m., the Administrator told the surveyor that "it should only be given every 12 hours." Class III Correction Date:	AZ827		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Hogar Dulce Hogar
5597 Wendy Lane
Naples, Florida 34112

Dear Administrator:

Re: Biennial/LNS/LMH

This letter reports the findings of a Biennial, Limited Nursing Services, and Limited Mental Health 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 this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manger

HW:ss
Enclosure: State Form

Headquarters
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