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
	AL11968205	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALMAR ALF INC	2120 NW 18 TERRACE MIAMI, FL 33125

(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 A Bed Increase survey was conducted on . Almar Assisted Living Facility had deficiencies found at the time of the visit. A Follow-up Survey to a Bed Increase Survey was conducted on at Almar ALF, Inc. with Limited Mental Health (LMH) and Limited Nursing Services (LNS) components. At the time of the survey, the previously cited deficiency remain uncorrected and additional deficiencies were identified.	{A 000}		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication;	A 008		

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A 008	Continued From page 1	A 008		

6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff;
7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and
8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.

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A 008	Continued From page 2	A 008		

c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the

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A 008	Continued From page 3	A 008		

medical examination may be attached to the health assessment. A licensed health care provider may attach a do-not- order for residents who do not wish to be administered in the case of or

(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure 3 out of 9 (resident #4, resident #5, and resident #9) applicable residents had a completed Health Assessment.

Findings Include:

Record review revealed resident #4 did not have a file at the facility. Record review revealed resident #4 did not have a completed Health Assessment. Record review of the facility's admission and discharge log revealed resident #4 was not listed.

In an interview with resident #2 on at approximately 10:16 AM, he stated resident #4

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A 008	Continued From page 4	A 008		

has been living at the facility for one or two months.

Record review revealed resident #5 was admitted to the facility on . Record review revealed resident #5 had a blank Health Assessment in his file and lacked a completed Health Assessment.

In an interview with staff #1 on at approximately 10:23 AM, she confirmed there was not a completed Health Assessment for resident #5.

Record review revealed resident #9 was admitted to the facility on . Record review revealed resident #9 had a blank Health Assessment in his file and lacked a completed Health Assessment.

In an interview with staff #1 on at approximately 10:32 AM, she confirmed there was not a completed Health Assessment for resident #9.

In a phone interview with the owner on at approximately 10:45 AM, he acknowledged the findings and stated they may have been misplaced.

Class III

A 054 SS=D 58A-5.0185(5) FAC Medication - Records — A 054

(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

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A 054	Continued From page 5	A 054		

the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use.
(b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider; the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered.
(c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure that 4 out of 11 (resident #3, resident #4, resident #8, and resident #11) sampled residents medication observation records (MORs) were appropriately maintained.

Findings Include:

Observations on at approximately 9:37 AM found a locked closet next to # . Inside the locked closet were medications which were separated in plastic bags with each residents' name on it. Plastic bags with medications for resident #3, resident #4, resident #8, and resident

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A 054	Continued From page 6	A 054		

#11 were located.

Record review of the facility's MORs revealed resident #3, resident #4, and resident #11 did not have MORs. Record review found a MOR for resident #8 dated - - to - - but failed to maintain one for 2012.

In a phone interview with the owner on at approximately 9:54 AM, he stated resident #8 went to Christmas with his family and he was running out of medications and the family is providing them. He stated that they did not have time to make a MOR for him because he came late last night. He stated resident #8 was here this morning and took his medications according to staff #1.

In an interview with resident #3 on at approximately 10:13 AM, he stated he has been living at the facility for two or three weeks. He stated he takes medications that are given to him by the facility.

In an interview with resident #2 on at approximately 10:16 AM, he stated resident #4 has been living at the facility for one or two months.

In a phone interview with the owner on at approximately 10:43 AM, he acknowledged that resident #3, resident #4, resident #8, and reisdent #11 do not have completed MORs and stated he does not know why but he will address it.

Class III

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A 056	Continued From page 7	A 056		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders	A 056		

(7) MEDICATION LABELING AND ORDERS.
(a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:
1. The resident ' s name; and
2. Identification of each medicinal drug product in the container.
(b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another.
(c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied

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A 056	Continued From page 8	A 056		

by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S.,

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A 056	Continued From page 9	A 056		

before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview, the facility failed to ensure medications were properly labeled.

Findings Include:

Observations on at approximately 9:37 AM found medications for resident #8 in a plastic bag with his name on it. Observations found the following three medication bottles with only the following information handwritten on the bottle:

- Olanazpine 20 mg pm
- [illegible] 10 mg 1/2 = 5 mg
- Divalpoex 500 mg am pm

Observations found the 10 mg tablets were already in halves. Observations found all three labels failed to maintain the minimum requirements pursuant to Chapter 465 and 499, F.S.

Record review found a medication observation record (MOR) for resident #8 dated to but failed to maintain one for 2012. Record review of resident #8's MOR from 2012 revealed resident #8 was also prescribed Benztoprine Mes 2 milligram (mg) tablet in addition to the three medications listed above. Record review revealed the facility did not maintain any of the physician orders.

In a phone interview with the owner on at approximately 9:54 AM, he stated resident #8

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A 056	Continued From page 10 went with his family for Christmas and he was running out of medications. He stated the family provides the medication for him. He stated they did not make a MOR for him because they did not have time. He stated staff #1 told him resident #8 was here this morning and took his medications. He stated they have to get his medications from his family, they cannot do it on their own. In a phone interview with the owner on at approximately 10:40 AM, he acknowledged the findings and stated it is for sure the family. He stated the family gives him the medication. He stated this happened last night. He stated he instructed them but does not know. Class III	A 056		
A 077 SS=D	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least [redacted]; 2. If employed on or after [redacted], 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after [redacted], 1995, must have a high school	A 077		

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A 077	Continued From page 11	A 077		

diploma or G.E.D.;
3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and
4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must:
1. Be at least ; and
2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to appoint a separate manager who completed the core training requirement.

Findings Include:

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A 077	Continued From page 12	A 077		

In a phone interview with the owner on at approximately 10:42 AM, he stated the administrator has done the CORE training and it is all there. He stated he does not know if she is the administrator over other facilities. He stated the administrator is CORE trained. He stated that he is the administrator over three facilities and his wife is also the administrator over three {separate} facilities. He stated that both of them are CORE trained and qualified. He stated he hired the administrator because he and his wife can only have a maximum of three facilities.

Record review revealed the facility does not currently have, or appointed, an eligible manager who has completed the CORE training requirement.

Website search of floridahealthfinders.gov revealed the administrator is currently supervising a total of two assisted living facility.

Email correspondence with the ALF Unit Supervisor on at 5:08 PM confirms the administrator is currently the administrator over two assisted living facilities.

Class III

A 079 SS=D 58A-5.019(4) FAC Staffing Standards - Levels — A 079

(4) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities shall maintain the following minimum staff hours per week:

Number of Residents	Staff Hours/Week
0-5	168
6-15	212

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A 079	Continued From page 13	A 079		

16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 residents over 95 add 42 staff hours per week.

2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.

4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.

5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.

6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.

7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALMAR ALF INC	2120 NW 18 TERRACE MIAMI, FL 33125

(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
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care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and

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A 079	Continued From page 15	A 079		

resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on observations, record review, and interview the assisted living facility failed to maintain a written work schedule which reflected 24 hour staffing pattern.

Findings Include:

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A 079	Continued From page 16 Observations on from approximately 8:38 AM to approximately 11:00 AM found only staff #1 present at the facility. Record review of the facility staffing schedule for 2012 revealed staff #1 and staff #2 were scheduled for from 7 AM to 7 PM. In an interview with staff #1 on at approximately 9:14 AM, she confirmed staff #2 was not at the facility. In a phone interview with the owner on at approximately 10:47 AM, he acknowledged the findings and stated he understands. He stated they were supposed to be here. He stated it is a weird week and he will take care of it. Class III	A 079		
{A 084} SS=D	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication	{A 084}		

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

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self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure staff #1 met the training requirements pursuant to Section 429.52(5), F.S. prior to providing assistance with self-administration of medication.

Findings Include:

Record review of staff #1's personnel file revealed a certificate for assistance with self-administration of medication update 2.0 CE hours dated . Review of the certificate revealed the course was taught by a registered nurse (RN). Record review revealed a certificate for assisting clients with self-administration of medication management, 4.0 CE hours dated - . Review of the certificate revealed the course was not taught by an individual qualified to teach the course.

Record review of resident medication observation records (MORs) revealed that "E" was initialed for giving the medications to the residents on all MORs.

In a phone interview with the owner on at approximately 8:58 AM, he stated "E" is signed

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by staff #1.

In an interview with resident #1 on : at approximately 9:20 AM, he stated he takes medications for and mood swings. He stated staff #1 gives him his medication. He stated no on else besides staff #1, he stated she is the only one that gives them out.

In a phone interview with the owner on : at approximately 10:50 AM, he acknowledged the findings and stated he is sorry. He stated he knows the instructor cannot sign the certificates. He stated staff #1 only has the follow up with a RN.

Class III
UNCORRECTED

A 152 SS=D 58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other — A 152

(3) OTHER REQUIREMENTS.
(a) All facilities must:
1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and
2. Must be maintained free of hazards; and
3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order.
(b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident sleeping area must have at least the following furnishings:
1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with

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the top surface of the mattress a comfortable height to ensure easy access by the resident;
2. A closet or wardrobe space for hanging clothes;
3. A dresser, chest or other furniture designed for storage of personal effects;
4. A table, bedside lamp or floor lamp, and waste basket; and
5. A comfortable chair, if requested.
(c) The facility must maintain master or duplicate keys to resident to be used in the event of an emergency.
(d) Residents who use portable bedside commodes must be provided with privacy during use.
(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be

This Statute or Rule is not met as evidenced by:
Based on observation and interview the facility failed to ensure a safe living environment with all existing architectural, mechanical, electrical, and structural systems in good working order.

Findings Include:

Observations on at approximately 9:35 AM found the door to resident # open. Observations found two beds in # . Observations found a hole in the wall above to the bed closest to the door approximately 5 inches x 5 inches in size. Observations found another hole in the wall above the other bed in the 4 inches x 4 inches in

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A 152	Continued From page 21 size. In a phone interview with the owner on at approximately 10:37 AM, he acknowledged the findings and stated he does not know when it happened. He stated he fixes the walls a lot. He stated resident #5 makes the holes. He stated resident #5 still resides at the facility. Class III	A 152		
A 160 SS=D	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure ; and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but	A 160		

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intends to return pursuant to Rule 58A-5.025, F.A.C.
(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.
(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with ' s or related ., a copy of all such facility advertisements as required by Section 429.177, F.S.

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(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection 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 observation, record review, and interview, the assisted living facility failed to

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maintain an accurate admission and discharge log.

Findings Include:

Observations on at approximately 9:30 AM found resident #3 lying in bed in # .

Observations on at approximately 9:37 AM found medications dispensed in of 2012 locked in the medication closet for ten seperate residents.

Record review of the facility's admisison and discharge log reflected the following residents as current residents: resident #3 was admitted on , resident #5 was admitted on , resident #2 was admitted on , resident #8 was admitted on , resident #10 was admited on , resident #1 was admitted on , and resident #9 was admitted on . Record review of the admission and discharge log reflected 7 current residents.
Record review revealed the facility failed to include resident #3, resident #4, and resident #7 on the admission and discharge log.
In an interview with resident #2 on at approximately 10:08 AM, he stated resident #4 has been living at the facility for one or two months.
Record review of resident #7's file revealed he was admitted to the facility on .
In a phone interview with the owner on at approximately 10:45 AM, he acknowledged the findings and stated they may have been meant for his other facility. He stated it is a weird week and he will take care of it.

Class III

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A 162 SS=D	58A-5.024(3) FAC Records - Resident	A 162		

(3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include:
(a) Resident demographic data as follows:
1. Name;
2. [illegible];
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 [illegible];
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, [illegible], 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

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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 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

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(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 162	Continued From page 27	A 162		

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, 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 observation, record review, and interview, the facility did not have 2 out of 11

Agency for Health Care Administration

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	AL11968205	A. BUILDING _____ B. WING _____	R

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resident records (resident #3, resident #4) available and failed to provide physician orders for 1 out of 11 (resident #8) current residents.

Findings Include:

Observations on at approximately 9:30 AM found resident #3 lying in bed in #.

Observations on at approximately 9:37 AM found medications dispensed in of 2012 locked in the medication closet for ten separate residents, including resident #3 and resident #4.

In an interview with resident #3 on at approximately 10:13 AM, he stated he has been living at the facility for two or three weeks.

In an interview with staff #1 on at approximately 10:15 AM, she stated there is no file for resident #4.

In an interview with resident #2 on at approximately 10:16 AM, he stated resident #4 has been living at the facility for one or two months.

In an interview with staff #1 on at approximately 10:17 AM, she stated there is no file for resident #3.

In an interview with resident #3 on at approximately 10:18 AM, he stated staff #1 has the papers showing that he lives here. He stated he did not sign a contract. He stated, "she does not want to show it to you."

Record review found a medication observation record (MOR) for resident #8 dated - - to

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A 162	Continued From page 29 ... but failed to maintain one for 2012. Record review of resident #8's MOR from ... 2012 revealed resident #8 was also prescribed Benztoprine Mes 2 milligram (mg) tablet in addition to the three medications listed above. Record review revealed the facility did not maintain any of the physician orders. In a phone interview with the owner on ... at approximately 10:46 AM, he acknowledged the findings and stated he does not know where they came from but staff #1 will show me what she has. He stated he thinks he might have it. He stated all is done with resident #8's family. He stated he might have something. He stated the family deals with the medications in resident #8's case. He stated whatever he gets goes to the family of resident #8 and they do their thing. Class III	A 162		
AZ806 SS=D	59A-35.040, FAC Change of Address (2) Any request to amend a license must be received by the Agency in advance of the requested effective date as detailed below. Requests to amend a license are not authorized until the license is issued. (a) Requests to change the address of record must be received by the Agency 60 to 120 days in advance of the requested effective date for the following provider types: 1. Birth Centers, as provided under Chapter 383, F.S.; 2. Abortion Clinics, as provided under Chapter 390, F.S.; 3. Crisis Stabilization Units, as provided under Parts I and ... of Chapter 394, F.S.;	AZ806		

Agency for Health Care Administration

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4. Short Term Residential Treatment Units, as provided under Parts I and of Chapter 394, F.S.
5. Residential Treatment Facilities, as provided under Part of Chapter 394, F.S.;
6. Residential Treatment Centers for Children and Adolescents, as provided under Part of Chapter 394, F.S.;
7. Hospitals, as provided under Part I of Chapter 395, F.S.;
8. Ambulatory Surgical Centers, as provided under Part I of Chapter 395, F.S.;
9. Nursing Homes, as provided under Part II of Chapter 400, F.S.;
10. Hospices, as provided under Part of Chapter 400, F.S.;
11. Homes for Special Services as provided under Part V of Chapter 400, F.S.;
12. Transitional Living Facilities, as provided under Part V of Chapter 400, F.S.;
13. Prescribed Extended Care Centers, as provided under Part VI of Chapter 400, F.S.;
14. Intermediate Care Facilities for the , as provided under Part VIII of Chapter 400, F.S.;
15. Assisted Living Facilities, as provided under Part I of Chapter 429, F.S.;
16. Adult Family-Care Homes, as provided under Part II of Chapter 429, F.S.;
17. Adult Day Care Centers, as provided under Part III of Chapter 429, F.S.
(b) Requests to change the address of record must be received by the Agency 21 to 120 days in advance of the requested effective date for the following provider types:
1. Drug Free Workplace Laboratories as provided under Sections 112.0455 and 440.102, F.S.;
2. Mobile Surgical Facilities, as provided under Part I of Chapter 395, F.S.;
3. Health Care Risk Managers, as provided under

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Part I of Chapter 395, F.S.;
4. Home Health Agencies, as provided under Part III of Chapter 400, F.S.;
5. Nurse Registries, as provided under Part III of Chapter 400, F.S.;
6. Companion Services or Homemaker Services Providers, as provided under Part III of Chapter 400, F.S.;
7. Home Medical Equipment Providers, as provided under Part VII of Chapter 400, F.S.;
8. Health Care Services Pools, as provided under Part IX of Chapter 400, F.S.;
9. Health Care Clinics, as provided under Part X of Chapter 400, F.S., including certificate of exemption;
10. Clinical Laboratories, as provided under Part I of Chapter 483, F.S.;
11. Health Testing Centers, as provided under Part II of Chapter 483, F.S.;
12. Organ and Tissue Procurement Agencies, as provided under Chapter 381, F.S.
(c) All other requests to amend a license including but not limited to services, licensed capacity, and other specifications which are required to be displayed on the license by authorizing statutes or applicable rules must be received by the Agency 60 to 120 days in advance of the requested effective date. This deadline does not apply to a request to amend hospital emergency services defined in Section 395.1041(2), F.S.

(3) Failure to submit a timely request shall result in a $500 fine.

(4) A licensee is not authorized to operate in a new location until a license is obtained which specifies the new location. Failure to amend a license prior to a change of the address of record constitutes unlicensed activity.

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(5) The licensee shall return the license certificate to the Agency upon the rendition of a final order revoking, cancelling or denying a license, and upon the voluntary discontinuance of operation.

This Statute or Rule is not met as evidenced by:
Based on observations, record review, and interview the assisted living facility failed to maintain its licensed capacity prior to receiving authorization of a bed increase. The facility exceeded the licensed capacity of 8 beds.

Findings Include:

Observations on at approximately 8:38 AM found resident #1 opening the door to the facility.

In a phone interview with the owner on at approximately 8:43 AM, he stated he believes there are 7 residents living at the facility but one may be in the hospital.

In an interview with staff #1 on at approximately 8:50 AM, she stated there is currently 8 residents living at the facility.

In an interview with resident #1 on at approximately 9:20 AM, while he was lying in a bed in # , stated resident #9 sleeps in bed next to him.

In an interview with staff #1 on at approximately 9:23 AM, she stated resident #7 slept in # and the other bed is empty.

In an interview with staff #1 on at approximately 9:25 AM, she stated that she slept

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in the bed in the : to : # .

Observations on : at approximately 9: 26 AM found resident #3 lying in one of the beds in # .

In an interview with staff #1 on at approximately 9:27 AM, she stated resident #11 slept in the other bed in : # .

In an interview with staff #1 on : at approximately 9:29 AM, she stated that resident #2 and resident #6 slept in : # .

In an interview with staff #1 on : at approximately 9:30 AM, she stated resident #5 and resident #8 slept in : # .

Observation on : between approximately 9:19 AM and approximately 9:36 AM found 11 beds located in the facility

Observations on at approximately 9:37 AM found the medication cabinet was locked next to : # : with medications for resident #4 filled on : . Observations found medications for resident #8 without a pharmacy label or name on all of the bottles. Medication labels were handwritten. Observations found medications found for resident #5. Medications found for resident #2. Observations found medications for resident #11. Observations found medications for resident #7. Observations found medications for resident #3. Observations found medications found for resident #10. Observations found medications for resident #1. Observations found medications for resident #9. Observations found all residents' medications were separated by resident in plastic bags with their names on it.
In an interview with resident #1 on : at

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approximately 9:40 AM, he stated resident #4 went to program. He stated resident #4 sleeps in the not sure which .
Record review of the facility's medication observation record (MOR's) for 2012 found ones for the following residents; Resident #10, Resident #7, Resident #1, Resident #5, Resident #9, Resident #6, and Resident #2.
Record review of the facility's MOR for 2012 found one for resident #4.
In a phone interview with the owner on at approximately 9:54 AM, he stated resident #8 went to Christmas with his family and he was running out of medications and the family is providing them. He stated that they did not have time to make a MOR for him because he came late last night. He stated resident #8 was here this morning and took his medications according to staff #1.

In an interview with resident #2 on at approximately 10:08 AM, he stated he has been living at the facility for almost a year now.
Record review of the facility's admission and discharge log reflected the following residents as current residents; resident #3 was admitted on ; resident #5 was admitted on ; resident #2 was admitted on , resident #8 was admitted on , resident #10 was admitted on , resident #1 was admitted on , and resident #9 was admitted on . Record review of the admission and discharge log reflected 7 current residents.
Record review revealed the facility failed to include resident #3, resident #4, and resident #7 on the admission and discharge log.
Record review of the facility license posted in the living revealed the facility was licensed for a capacity of 8.
In an interview with resident #3 on at

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approximately 10:13 AM, he stated he has been living here for two or three weeks. He stated he gets along with his but does not know his name.
In an interview with staff #1 on at approximately 10:15 AM, she stated there is no file for resident #4.

In an interview with resident #2 on at approximately 10:16 AM, he stated resident #4 has been living at the facility for one or two months.

In an interview with staff #1 on at approximately 10:17 AM, she stated there is no file for resident #3.
In a phone interview with the owner on at approximately 10:37 AM, he stated resident #5 still resides at the facility.

In a phone interview with the owner on at approximately 10:39 AM, he acknowledged the findings and stated he was out and he came back today. He stated he will check into it and will correct it if that is the case. He stated he has a lot of other priorities and there may have been but he will take care of it.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Almar Alf Inc
2120 Nw 18 Terrace
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a revisit survey to a bed increase conducted on , 2012by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

Headquarters
2727 Mahan Drive
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