AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Harmony House at Ocala
5762 Southwest 60th Avenue
Ocala, FL 34474

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) of this office.

Enclosed 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 2013 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 (386) 462-6201.

Sincerely,

Stephe Burgin for

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911084	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY HOUSE AT OCALA	5762 S.W. 60TH AVENUE OCALA, FL 34474

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Change of Ownership and Extended Congregate Care survey was conducted on at Harmony House At Ocala located in Ocala FL to determine if the facility was in compliance with Chapters 429, Part I & 408, Part II, Florida Statutes and 58A-5 Florida Administrative Code. The facility was not in compliance.	A 000		
A 003 SS=D	58A-5.014 FAC Licensure - Change of Ownership (CHOW) (2) CHANGE OF OWNERSHIP (CHOW). (a) Pursuant to Section 429.12, F.S., the transferor shall notify the agency in writing, at least 60 days prior to the date of transfer of ownership. 1. The transferor shall provide to each resident a statement detailing the amount and type of funds credited to the resident for whom funds are held by the facility. 2. The transferee shall notify each resident in writing of the manner in which the transferee is holding the resident ' s funds and state the name and address of the depository where the funds are being held, the amount held, and type of funds credited. (d) The current resident contract on file with the facility shall be considered valid until such time as the transferee is licensed and negotiates a new contract with the resident. (e) Failure to apply for a change of ownership of a licensed facility as required by Section 429.12, F.S., shall result in a fine levied by the Agency pursuant to Section 429.19, F.S. (f) During a change of ownership, the owner of record is responsible for ensuring that the needs of all residents are met at all times in accordance with Part III of Chapter 400, F.S., and this rule	A 003		

Agency for Health Care Administration

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A 003	Continued From page 1	A 003		

chapter.
(g) If applicable, the transferor shall comply with Section 408.831(2), F.S., prior to Agency approval of the change of ownership application.

This Statute or Rule is not met as evidenced by:
Based on interview, record review and observations the Owner of record failed to ensure that that the resident needs were met at all times.

Findings:

1. Based on record review and interview the facility failed to ensure that 1 (#7) of 16 residents in the sample met the continued residency criteria after being identified with a and increased to a pressure .

2. Based on observations and interview the facility failed to ensure that non-licensed staff was not administering medication to 2 (#1, #14) of 6 residents during the self-administration of medication pass.

3. Based on record reviews and interview the facility failed to ensure that 9 (#1, #4, #5, #6, #7, #8, #9, #10, #12) of 16 residents in the sample medication was reordered in a timely manner.

4. Based on record review and interview the facility failed to ensure that the 2013 medication observation record (MOR) was updated each time the medication was offered, not given and or administered for 9 (#1 #4, #5, #6, #7, #9, #10, #11) of 16 residents in the sample.

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A 003	Continued From page 2 Class II	A 003		
A 010 SS=G	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a pressure may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident's record; and 3. If the resident's condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility. (c) A ill resident who no longer meets	A 010		

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A 010	Continued From page 3 the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed; 2. Continued residency is agreeable to the resident and the facility; 3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and 4. Documentation of the requirements of this paragraph is maintained in the resident ' s file. (d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility. (e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that 1 (#7) of 16 residents in the sample met the	A 010		

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A 010	Continued From page 4 continued residency criteria after being identified with a pressure Finding: Review of resident #7 clinical record revealed that the resident was admitted to the facility on . Review of the AHCA Form 1823 dated revealed that the resident did not have a pressure upon admission. The resident was sent to the hospital for transferred to a nursing home and readmitted back to the facility in 2012. Review of the resident #7's home health documentation revealed that the resident was being treated for a pressure on the left heel. Interview with the resident's home health nurse on at 9:30 am she stated that she classified the as a originally but after she spoke with her supervisor they determined that it was a . Review of the readmission AHCA Form 1823 dated revealed that the resident needed 24 hour nursing care. Review of the physician's documentation dated dated revealed the resident was documented as having a on the left heel on the resident documented the resident as having a on the left heel. Observations of the resident's heel with the administrator, and the home health nurses on revealed that the resident's heel has not healed, it was still staged as a III pressure Class II	A 010		

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A 052	Continued From page 5	A 052		
A 052 SS=G	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 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	A 052		

Agency for Health Care Administration

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A 052	Continued From page 6	A 052		

resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, converting, or medication doses, except for 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

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A 052	Continued From page 7 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. This Statute or Rule is not met as evidenced by: Based on observations and interview the facility failed to ensure that non-licensed staff was not administering medication to 2 (#1, #14) of 6 residents during the self-administration of medication pass. Findings: 1. Observation of the medication pass on at 9:42 AM revealed that the resident care aide (RCA) crushed the medication put it in a souffle cup mixed it with a yellow pudding and fed the mixture to resident #1 with a spoon. Interview with the RCA revealed that the resident is unable to swallow the medication and putting it in the pudding was the only way to give it to him. The RCA stated that the resident was on hospice and hospice was aware of the swallowing problem. Continuation of the interview revealed that there was 4 additional hospice residents (#12, #15, #16) that are spoon fed their medication by the RCA during the medication pass.	A 052		

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A 052	Continued From page 8 2. Observations of the medication pass with the Corporate registered nurse on at 8:30 am observations revealed that the resident care giver crushed the resident's medication put them in a souffle cup mixed them with a yellow pudding and spoon fed the medication to the resident. During the interview with the resident care giver on at 9:45 am, she stated that she was not at work on and was not aware that she was not suppose mix the medications in the pudding any more. Class II	A 052		
A 054 SS=D	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	A 054		

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A 054	Continued From page 9 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 the 2013 medication observation record (MOR) was updated each time the medication was offered, not given and or administered for 9 (#1 #4, #5, #6, #7, #9, #10, #11) of 16 residents in the sample. Findings: The following 2013 MOR's were not updated as required: 1. resident #1's Vesicare 5 mg medication was documented as not given from thru 2. resident #4 Myfortic 180 mg medication was not documented for 3. resident #5 300 mg medication was not documented for 4. resident #6 20 mg medication was not documented for 5. resident #7 60 mg medication was not documented for 6. resident #9 Risperal 0.25 mg medication was not documented for 7. resident #10 100 mg medication was not documented for 8. resident #11 81 mg medication was not documented for	A 054		

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A 054	Continued From page 10 Class III	A 054		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (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	A 056		

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A 056	Continued From page 11 assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable. (f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following: 1. Practitioner ' s name; 2. Resident ' s name; 3. Date dispensed; 4. Name and strength of the drug; 5. Directions for use; and	A 056		

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A 056	Continued From page 12 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure that 9 (#1, #4, #5, #6, #7, #8, #9, #10, #12) of 16 residents in the sample medication was reordered in a timely manner. Findings: Review of the Medication Observation Records for 2013 reveals the following residents did not receive their medication in a timely manner. This facility is a Memory Care Facility. a) resident #1 was out of the Vesicare 5 mg medication from b) resident #4 was out of the 1 mg medication from This medication was two be taken 3 times a day. The resident missed 6 doses. The resident is taking this medication for c) resident #5 was out of the 300 mg medication from and the 50 mg medication from this medication is to be taken two times a day. Continued review of the MOR revealed that the medication was on order with the pharmacist. d) resident #6 was out of the 20 mg This medication is documented as being prescribed for Mood.	A 056		

Agency for Health Care Administration

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A 056	Continued From page 13 e) resident #8 was out of the 0.5 mg medication that is to be give two times a day from Continued review of the MOR revealed that the resident was out of the 10 mg medication from This resident was identified as receiving Hospice services. f) resident #9 was out of the 0.25 mg medication from g) resident #10 was out of the Syrup This resident was identified as receiving Hospice services. h) resident #11 was out of the 81 mg medication from This medication is documented as being prescribed for the Class III	A 056		
A 078 SS=D	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	A 078		

Agency for Health Care Administration

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A 078	Continued From page 14 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 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 personnel record review and interview the facility failed to ensure that 3 of 3 employees hired within 30 days files contained documentation of freedom from communicable	A 078		

Agency for Health Care Administration

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A 078	Continued From page 15 Finding: Review of the personnel files for S. K, T. M. and K. C. who were hired revealed that there was no documentation in the files that stated the employees did not have any signs or symptoms of a communicable During the interview with the administrator on at 10:00 am, she stated that she was just recently hired and was not aware of the missing documentation. Class III	A 078		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows:	A 093		

Agency for Health Care Administration

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A 093	Continued From page 16 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months. (e) Therapeutic diets shall be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to	A 093		

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A 093	Continued From page 17 document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility. 2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary. (f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of	the time between meals. (g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand. (h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or	A 093		

Agency for Health Care Administration

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A 093	Continued From page 18 canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observations and interview the facility failed to ensure that the menu was reviewed on an annual basis to ensure the meals are commensurate with the nutritional standards. Finding: Observations of the posted menu revealed that that it was dated and it did not contain the dietitian's name or license number. During the interview with the administrator on at 3:00 PM she stated that Carol H. Elliot was the dietitian. Review of the original menus in the cook's file revealed that the menu had been signed by the facility's Coporate dietitian, the menu was not dated or contained the dietitian's license number. Class III Correction Date:	A 093		
AE201 SS=D	58A-5.030(2) FAC ECC - Policies	AE201		

Agency for Health Care Administration

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AE201	Continued From page 19 (2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through an extended congregate care program must promote resident independence, dignity, choice, and decision-making. The program shall develop and implement specific written policies and procedures which address: (a) Aging in place. (b) The facility ' s residency criteria developed in accordance with the admission and discharge requirements described in subsection (5) and ECC services listed in subsection (8). (c) The personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions to provide the services including their relationship to the facility. (d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff. (e) Identifying potential unscheduled resident service needs and mechanism for meeting those needs including the identification of resources to meet those needs. (f) A process for mediating conflicts among residents regarding choice of apartment and (g) How to involve residents in decisions concerning the resident. The program shall provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions a family member or other resident representative shall be consulted. Choices shall include at a minimum: 1. To participate in the process of developing, implementing, reviewing, and revising the resident ' s service plan;	AE201		

Agency for Health Care Administration

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AE201	Continued From page 20 2. To remain in the same . . . . . the facility, except that a current resident transferring into an ECC program may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed; 3. To select among social and leisure activities; 4. To participate in activities in the community. At a minimum the facility shall arrange transportation to such activities if requested by the resident; and 5. To provide input with respect to the adoption and amendment of facility policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide Extended Congregate Care Program policies and procedures. Findings: Interview with Administrator on . . . . at 11:04 AM revealed that she did not have the policy and procedures for the facility, she continued to say that she would have corporate fax a copy. Review of the documentation that the administrator presented as the facility's policy and procedure contained the previous owners name and the last revision date was . 2010. Continued review of the documentation revealed that portions of the policy was overwritten with the facility's name but the former company's name was still included in the policy. Class III	AE201		

Agency for Health Care Administration

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AE203	Continued From page 21	AE203		
AE203 SS=D	58A-5.030(4) FAC ECC - Staffing Requirements (4) STAFFING REQUIREMENTS. Each extended congregate care program shall: (a) Specify a staff member to serve as the extended congregate care supervisor if the administrator does not perform this function. If the administrator supervises more than one facility, he/she shall appoint a separate ECC supervisor for each facility holding an extended congregate care license. 1. The extended congregate care supervisor shall be responsible for the general supervision of the day-to-day management of an ECC program and ECC resident service planning. 2. The administrator of a facility with an extended congregate care license and the ECC supervisor, if separate from the administrator, must have a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long term care, or acute care setting or agency serving elderly or [illegible] persons. A baccalaureate degree may be substituted for one year of the required experience. A nursing home administrator licensed under Chapter 468, F.S., shall be considered qualified under this paragraph. (b) Provide, as staff or by contract, the services of a nurse who shall be available to provide nursing services as needed by ECC residents, participate in the development of resident service plans, and perform monthly nursing assessments. (c) Provide enough qualified staff to meet the needs of ECC residents in accordance with Rule 58A 5.019, F.A.C., and the amount and type of services established in each resident ' s service plan. (d) Regardless of the number of ECC residents, awake staff shall be provided to meet resident scheduled and unscheduled night needs.	AE203		

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AE203	Continued From page 22 (e) In accordance with agency procedures established in Rule 58A-5.019, F.A.C., the agency shall require facilities to immediately provide additional or more qualified staff, when the agency determines that service plans are not being followed or that residents ' needs are not being met because of the lack of sufficient or adequately trained staff. (f) Ensure and document that staff receive extended congregate care training as required under Rule 58A 5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review the administrator failed to specify a staff member to serve as the extended congregate care supervisor. Findings: During the interview with the administrator on at 11:04 AM she stated that she would be the supervisor of the Extended Congregate Care program. Review of the Agency's documentation revealed that the administrator supervises more than one facility. Continued interview with the administrator confirmed that the administrator has always been responsible for two facilities. Class III	AE203		