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
	AL11965596	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OF FLORIDA ASSISTED LIVING	301 SOUTH 10TH STREET HAINES CITY, FL 33844

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Facility A complaint survey, CCR# 2013005432, was conducted on The : of Florida Assisted Living had deficiencies at the time of the visit.	A 000		
A 010	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a : 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	A 010		

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A 010	Continued From page 1	A 010		

record; and
3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

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A 010	Continued From page 2	A 010		

This Statute or Rule is not met as evidenced by:
Based upon observation, interview and record review the facility was unable to meet the needs of 1 (#2) of 5 sampled residents of the 23 residents residing in the secure memory care unit.

Findings include:

During facility tour on at about 11:45am was found to have a strong odor of This very warm. The air conditioning units in the living area of the unit was dismantled (cover lying on the floor) as well as the unit in one of the which according to staff belonged to resident #2. In this resident wall paper was observed to be shredded leaving long strips of wall paper hanging off the walls. The staff person said (approximately 12pm) that resident #2 urinates in the air-conditioning units as well as on the walls. She also said the resident stripped the wall paper from the walls.

A review of the record for resident #2 revealed his date of birth was and was admitted on A copy of a 45 day notice dated 2013 was on file with explanation of this being due to the residents behavioral needs over-whelming the staff.

The most recent health assessment (1823) on file dated notes a diagnosis of & risk. The resident requires supervision of ambulation, eating, transferring and assistance with bathing, dressing, & toileting. The resident is on a pureed diet and is assisted with medications.

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A 010	Continued From page 3 Per interview with management (about 1pm) it was stated that she had given family 45 day notice of discharged as resident is no longer appropriate for their facility in that he requires to much care. The 45 day notice expired previously and they have been trying to help the daughter find alternative placement without having any luck. She also said 1 nursing home had agreed to take him but the was supposed to have was suddenly no longer available. This resident requires more supervision then the facility has been able to provide and is apparently not appropriate for continued residency. Class III	A 010		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident	A 025		

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A 025	Continued From page 4	A 025		

exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.
(e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based upon observation and interview, the facility failed to ensure 23 of 23 residents residing in the memory care unit were provided with care and services appropriate to the needs of the residents.

Findings include:

1. During a tour of the facility on [redacted] at approximately 10:00a.m. it was revealed the memory unit had 23 residents. The memory care unit was comprised of 2 separate hallways with a common area bridging the 2 halls. 2 staff were on duty. Per interview with staff the resident's [redacted] were kept locked so that [redacted] residents could not wander into other residents [redacted] Certain residents had their own keys but the [redacted] residents did not. Instead they had to wait for a staff person to come and unlock their door if they wanted to go in to lay down. This practice limited [redacted] residents immediate accessibility to their own [redacted] staff be busy assisting other residents.

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A 025	Continued From page 5	A 025		

2. During tour randomly selected resident's revealed (44, 5, 48, 50, 51, 55) did not have hand towels or soap to wash their hands. During an the exit conference (at about 5pm) management staff stated the residents did not have soap because the residents eat it. It was stated that the facility supplies liquid body soap for the staff to use when giving showers and the towels were just sent to the laundry. Therefore when residents use the is no soap readily available for them to use to wash their hands.

3. Observation of the memory care dining the noon meal revealed it was not large enough to accommodate all 23 residents in the unit. During the noon meal on observations revealed that at 12:10 a housekeeper entered the memory unit pushing an open two tier cart that had uncovered plates containing the residents meals. The cart was left unattended in the main common area while another employee was serving some of the residents beverages. One resident walked over to the food cart, picked up a plate with food on it and sat down at an end table to eat. Some residents were sitting in the dining , some were sitting on chairs in the TV ommon area using an end table as their eating surface. Some residents (3) were sitting at a folding table in the common area/TV . The small dining only accommodate 12 residents at one time due to its size and number of tables and chairs.

4. Although a review of the facility staffing scheduled revealed the facility staffing hours exceeded the requirement of 416 staff hours by 119.5 hours for the entire facility the 3pm-11pm shift & 11pm to 7am shift only 1 staff was

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A 025	Continued From page 6 assigned on duty to this unit. Given the lay-out of this unit (2 separate wings)and number of residents requiring assistance if the only staff person on duty is in a resident assistance the other 22 residents are left un-supervised. Class III	A 025		
A 026	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests. (b) The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate residents ' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities shall be available at least six (6) days a week for a total of not less than twelve (12) hours per week. Watching television shall not be considered an activity for the purpose of meeting the twelve (12) hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count	A 026		

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A 026	Continued From page 7	A 026		

those attendance hours towards the required twelve (12) hours per week of scheduled activities. An activities calendar shall be posted in common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to three (3) hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on observation and interview the facility failed to ensure that residents in the memory care unit were provided an on-going activities program 6 days per week of not less then 12 hours hours per week.

Findings Include:

The facility only has a scheduled activity every other day in the memory care unit and every other day in the main part of the assisted living facility.

During an interview with the assistant administrator on [redacted] at approximately 4:00p.m.she stated the facility has someone who conducts activities with the resident and alternates from the memory care unit one day and the assisted living the next. If a resident from memory care wants to attend an activity in the assisted living side they can tell the staff who will bring them over. The day of the survey the activity was bingo and one resident from the memory care unit was observed attending. The other residents in memory care did not have an activity or mental stimulation for the day.

Class III

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A 030	Continued From page 8	A 030		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida . Hotline " 1(800)9€ or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example,	A 030		

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A 030	Continued From page 9	A 030		

as resident responsibilities, the facility ' s ... and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical ... shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical ...

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State

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A 030	Continued From page 10	A 030		

of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.

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A 030	Continued From page 11 (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by:	A 030		

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A 030	Continued From page 12 Based on observation and interview the facility failed to ensure that 23 of 23 residents in the memory care secure unit were treated with dignity, and afforded privacy, a comfortable environment and access to their ... without delay. Findings include: 1. During a tour of the memory care unit on ... at approximately 10:00a.m. it was revealed the residents ... were locked and required a staff to use their key to gain entrance to the ... Only a few residents who were alert had keys to their ... Residents who were ... did not since they would only loose them according to staff interview at about 11:00am. 2. Randomly observed resident ... did not contain all the required furnishings. ... #48, 50, 51,55, & 57 had only beds and a dresser to store clothing. There was not any bed-side tables, lamps or chairs in their ... 3. Randomly observed resident ... (##48, 50, 51,55, & 57) did not contain any soap or towels in the ... There was no way for residents to wash their hands after using the ... Per staff interviewed at exit at about 4:30-5pm, soap was not left in these ... as there is concern residents may eat or drink the soap. 4. The dining area does not accommodate all the residents and some must eat in the TV ... the end tables as dining tables. 5. The menu's were not posted in the memory	A 030		

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A 030	Continued From page 13 care unit. 6. The food is delivered to the memory care unit for the noon meal was on a open food cart and the dishes of food were not covered. This cart was wheeled from the main dining the facility to the memory care unit. The facility dining not large enough to accommodate all the residents in the memory care unit. During the noon meal on it was observed at 12:10 the housekeeper entered the memory unit pushing a two their cart that had uncovered dishes with the residents lunch lunch consisted of 1 cup of mac/beef, 4 oz broccoli, 1 slice of bread. A employee had served some of the residents ice tea and coffee but there was not enough coffee to serve everyone and residents had to wait for the second pot to brew. The residents were sitting in the dining , some were sitting on chairs in the TV the end table as their eating table. Some residents were sitting at a folding table. One resident complained of not get her coffee with her meal and she proceeded to pick up a dish with food from the food cart, then went back to the chair in the TV eat. The staff did not even notice because they were so busy with residents. The bread was served without butter and the residents were never offered the milk that was listed on the lunch menu. Class III	A 030		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal	A 055		

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	AL11965596	A. BUILDING: _____ B. WING _____	

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A 055	Continued From page 14	A 055		

(6) MEDICATION STORAGE AND DISPOSAL.
(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if:
1. The facility administers the medication;
2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request;
3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times;
2. Located in an area free of dampness and

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A 055	Continued From page 15	A 055		

abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the

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A 055	Continued From page 16	A 055		

resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based upon observation and interview the facility failed to ensure medications were properly disposed of.

Findings include:

During a at 9:50 a.m. with staff C , a trained medication tech and resident care assistant, she stated she mentioned she previously found loose medications at the bottom of one of the medication cart drawers. When asked what she did when she found the loose pills she stated she put them in a Tylenol and has them in her purse. The surveyor asked this staff to bring the bottle to the surveyor which she did. The Tylenol contained 9 pills of various size, shape and color.

During further questioning the staff could not explain the proper procedure for disposing medications. The staff stated she had showed the pills to the administrator who did not take possession of them.

During interview with the administrator (10:30 a.m.) he verified that the staff had showed him the pill but he did not take possession of them. They were later properly destroyed by management. documentation of the destruction of the pills was provided to the surveyors.

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A 055	Continued From page 17 During interview (11:30 a.m.)with another direct care staff/medication tech (staff E), she indicated that if she found loose pills she would immediately take to her administrator, she also said she would never remove them from the facility saying " I could go to jail for that " and " they drum that into us at medication training " . Asked who from the facility went to this medication training with her she named several staff including staff C, the direct care staff who placed the pills in a container and kept in her purse. Class III	A 055		
A 084	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and	A 084		

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A 084	Continued From page 18 procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and nasal dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an " as needed " prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; and g. Recognize the general signs of adverse reactions to medications and report such reactions. (c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications	A 084		

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A 084	Continued From page 19 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 upon observation, record review and interview, 1 staff responsible for the supervision of residents medications was not adequately trained to assist and supervise residents medications. Findings include: During a ..... interview at 9:50am with staff C , a trained medication tech and resident care assistant, she stated she mentioned she previously found loose medications at the bottom of one of the medication cart drawers. When asked what she did when she found the loose pills she stated she put them in a bottle and has them in her purse. The surveyor asked this staff to bring the bottle to the surveyor which she did. The bottle contained 9 pills of various size, shape and color. During further questioning the staff could not explain the proper procedure for disposing medications. The staff stated she had showed the pills to the administrator who did not take possession of them. During interview with the administrator (10:30am) he verified that the staff had showed him the pill but he did not take possession of them. They were later properly destroyed by management. documentation of the destruction of the pills was provided to the surveyors.	A 084		

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A 084	Continued From page 20 During interview (11:30am) with another direct care staff/medication tech (staff E), she indicated that if she found loose pills she would immediately take to her administrator, she also said she would never remove them from the facility saying " I could go to jail for that " and " they drum that into us at medication training " . Asked who from the facility went to this medication training with her she named several staff including staff C, the direct care staff who placed the pills in a l container and kept in her purse. A review of the personnel record for this staff (C) revealed she had attended a 4 hour training on however the staff appears to need additional training as a result of the incident noted as a result of this visit. Class III	A 084		
A 092	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule	A 092		

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A 092	Continued From page 21 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation the person responsible for food service failed to ensure food was served at a safe and palatable temperature and that residents had the ability to all eat at tables in the dining areas. Findings include: During observation of the memory care unit 's noon meal on served at approximately 12:10 p.m.the dining not large enough to accommodate all 23 residents in memory care. Only 12 residents could be accommodate in the small dinning There were 2 residents that had to sit in chairs in the TV I use the end table as their eating table. The service was not organized and some residents did not receive their drinks until half way through their meal. The food was brought into the memory unit on a two tier open cart that was wheeled from the main kitchen through the halls into the memory unit. The dishes of food was not covered. As soon as the cart was in the area one resident jumped up, grabbed a dish and sat down to eat it. The staff was too busy to see her. The menu called for coffee, tea and milk as a beverage and the only refrigerator in the memory care unit was packed with a nutritional supplements. The dietary department did not	A 092		

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A 092	Continued From page 22 send milk with the residents food. There was a slice of bread but no butter offered until the surveyor inquired if the bread was already buttered. At that point one of the employee brought in a hand full of single use butter packets. Class III	A 092		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
_____ of Florida Assisted Living
301 South 10th Street
Haines City, FL 33844

Dear Administrator:

Re: **CCR# 2013005432**

This letter reports the findings of a complaint survey that was conducted on 2013, by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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

Thank you for the assistance provided to the surveyors. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Y Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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