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
	AL11922280	A. BUILDING: _____ B. WING _____	07/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF PORT RICHEY (THE)	5905 PINEHILL ROAD PORT RICHEY, FL 34668

(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
CZ816 SS=C	408.809(2)(a-c); 59A-35.090(2)(d)-(3) Background Screening-Compliance Attestation 408.809 (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's [illegible] to the Federal Bureau of Investigation for a national criminal history record check unless the person's [illegible] are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the [illegible] of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit [illegible] electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the [illegible] to the Federal Bureau of Investigation for a national criminal history record check. The [illegible] shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person [illegible]. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within	CZ816		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ816	Continued From page 1 the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with , the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 59A-35.090(2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any	CZ816		

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CZ816	Continued From page 2 disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to [redacted] to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that an Attestation of Compliance was signed and included in employee records for three employees (Staff A, B, and C) of three sampled employee records. Findings Included:	CZ816		

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CZ816	Continued From page 3 An employee record review for Staff A, conducted on . . . . . , revealed that Staff' A's record did not include a signed Attestation of Compliance accompanying the employee's background screening (BGS) eligibility dated . Staff A's date of hire was on . . . . . . An employee record review for Staff B, conducted on , revealed that Staff B's record did not include a signed Attestation of Compliance accompanying the employee's BGS eligibility dated . . . . . Staff B's date of hire was on . An employee record review for Staff C, conducted on . . . . . , revealed that Staff C's record did not include a signed Attestation of Compliance accompanying the employee's BGS eligibility dated . . . Staff C's date of hire was on . . . . . . During an interview with the Administrator, conducted on at 03:45pm, the Administrator agreed that Staff A, B, and C's employee records did not include a signed Attestation of Compliance. Unclassified	CZ816		
A 000	Initial Comments A Complaint Investigation (Complaint Number: 2019009158), a Revisit to 05/28/19 Complaint Investigation (Complaint Number: 2019004559), and a Monitoring Visit for compliance with Emergency Power Plan were conducted at Cottages of Port Richey Assisted Living Facility on . Deficiencies were identified at the	A 000		

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A 000	Continued From page 4 time of survey.	A 000		
A 030 SS=D	58A-5.0182(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 58A-5.0182 (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 Program must 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 must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow 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 telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided	A 030		

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A 030	Continued From page 5 pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must 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 must allow 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 must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident	A 030		

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A 030	Continued From page 6 chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue 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	A 030		

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A 030	Continued From page 7 facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care ., and the performance of health care services in accordance with s. 429.255 which are 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	A 030		

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A 030	Continued From page 8 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. (2) The administrator of a facility shall ensure that a written notice of the rights, ... , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, ... , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident ' s access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . . , Rights	A 030		

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A 030	Continued From page 9 Florida. 429.27(1)(a), FS Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations, record review, and interviews, the Facility failed to honor residents' rights to a clean and decent living environment and failed to provide convenient, unrestricted, and private access to a telephone in each building where residents reside with the telephone numbers for lodging complaints posted in close proximity to the telephone in a minimum of a 14-point font. Findings Included: During observations of Cottages five and six, conducted on [illegible] revealed that at 10:15am,	A 030		

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A 030	Continued From page 10 Cottages five and six's laundry room doors were left opened by staff. Both doors had a sign that stated, "Attention all Staff: the laundry room door is to be kept locked at all times" and signed by the Administrator. Laundry and cleaning chemicals were observed inside both laundry rooms. In Cottage six, Resident #9 was sitting in a wheelchair asking the Surveyor for help to get dressed and showed Surveyor unclothed [redacted] from under a blanket. Resident #9 stated that "I haven't had anything to eat today". Resident #9's bed had a wet area on the linens and mattress, which smelled of [redacted] and was turning a brownish color. At 10:25am, staff walked in the laundry room carrying [redacted]-soaked bed linens from Resident #9's room not contained in a bag or bin. The staff did have on gloves and placed the soiled linens in the laundry room and without changing the gloves, returned to Resident #9's room. There was a fire extinguisher on the floor in front of an exit door by room seven and the extinguisher's holder that was mounted on the wall appeared broken. At 05:25pm, the fire extinguisher continued on the floor and the mount continued broken. During observations of Cottages three and four, conducted on [redacted] at 10:33, Cottages three and four (memory care units) had their laundry doors left open and unlocked. The doors had a sign posted that stated, "Attention all Staff: the laundry room door is to be kept locked at all times" and signed by the Administrator. During observations of Cottage two, conducted on [redacted] at 05:10pm, Cottage two had three plates of food, which included hot dogs, sitting on the kitchen counter uncovered. Resident #3 and #11's shared room (See Photographic Evidence1) did not have a door knob on the bathroom door.	A 030		

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A 030	Continued From page 11 There was no switch plate cover on the light switch in Resident #3 and #11's room. There was no closet in Resident #3 and #11's room. There were exposed wires coming for the outlet behind Resident #3 and 11's room entry door. There was no evidence of a telephone in Cottage 2. At 05:23, one care staff handed one plate of food to a resident and two plates of food remained on the counter and continued uncovered and untouched. Staff D stated that there was no phone in the Cottage "it broke, and they took it out". During an interview with the Maintenance Director, conducted on at 01:00pm, the Maintenance Director stated that no one notified about the broken fire extinguisher mount and that the extinguisher was sitting on the floor. During an interview with the Administrator, conducted on at 03:45pm, the Administrator stated that the Facility required that the laundry rooms always stay locked because the Facility "had a resident in the past that would disassemble the laundry and shove women's bras under the washing machine". At 05:30pm, the Administrator stated that if a mattress gets soaked with that care staff filled "out a work order to have the mattress cleaned" and that "they should leave the mattress uncovered until have it is clean and dry". The Administrator stated that "no, there were no workorders for mattress cleaning today". The Administrator stated that Cottage 2's telephone "was broken and never replaced" and that the resident "can come to the main office" to use the telephone. The Administrator indicated that Resident #3 and #11 had been moved to a different room last "Friday". Surveyor explained that the two residents belongings were in the room with no closet and there was no evidence provided that the two	A 030		

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A 030	Continued From page 12 residents resided in another room. Class III	A 030		
A 052 SS=D	429.256( ); 58A-5.0185 (3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform -, level checks. (i) Assisting with putting on and taking off stockings.	A 052		

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COTTAGES OF PORT RICHEY (THE)	5905 PINEHILL ROAD PORT RICHEY, FL 34668

(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 052	Continued From page 13 (j) Assisting with applying and removing an [illegible] but not with titrating the prescribed [illegible] settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with [illegible] bags. (4) Assistance with self-administration does not include: (a) Mixing, [illegible], converting, or [illegible] 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 by way of a tube inserted in a [illegible] of the body. (d) Administration of [illegible] preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) [illegible], or [illegible] preparations. (g) 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. (h) 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.	A 052		

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A 052	Continued From page 14 58A-5.0185 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of rule 58A-5.0191, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) 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 that coincides with the resident's presence in the facility, 2. The medication container may be given to the	A 052		

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A 052	Continued From page 15 resident, 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. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), 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. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to assist residents with self-administration of medications for five Residents (#1, #2, #3, #7, and #8) of five sampled residents that required assistance with self-administration of medications, which included verbally prompting the residents to take their medications as prescribed, observed the residents take their medications as prescribed, taking the medication in its previously dispensed	A 052		

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A 052	Continued From page 16 properly labeled container (including a prefilled syringe) from where it was stored and bringing it to the resident, and using a ... to perform ... level checks. Findings Included: During an observation of Residents #7 and #8's room, conducted on ... at 10:15am, Residents #7 and #8 had prescription and over-the-counter (OTC) medications (meds) unsecured in their rooms. Resident #7 had an OTC med ... at the resident's bedside. Resident #8 had the resident's prescription meds ProAir Inhaler and ... treatments in the resident room lying on top of two separate tables. During an observation of Resident #2's room, conducted on ... at 12:30pm, Resident #2 had prescribed ... meds, which included ... R ... and ..., in the resident's in-room, unlocked refrigerator. During an observation of Residents #3 and #11's room, conducted on ... at 05:10pm, Residents #3 and #11 had the over-the-counter medication ..., ... lying on the resident's dresser top. During an interview with the Assistant Resident Care Director, conducted on ... at 12:30pm, the Assistant Resident Care Director stated that Resident #2 performs the resident's own ... tests and that "no" staff does not watch the resident perform and that the resident keeps all ... and supplies for ... testing in the resident's own room. During an interview with Resident #2, conducted on ... at 12:35am, Resident #2 stated that	A 052		

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A 052	Continued From page 17 the resident does own ... test monitoring twice a day if the resident "feels funny" and that the resident hasn't required ... Regular ... coverage "since I came here". A record review for Resident #2, conducted on ..., revealed that Resident #2's HAF dated ... did not state the resident's required needs for medication administration. Previous HAFs for Resident #2 dated ..., ..., and an undated HAF stated that the resident required assistance with self-administration. There were no orders or self-administration of medications assessments found in Resident #2's record that the resident was capable of self-administering ... or performing own ... testing. Resident #2 had ... testing orders for ... testing before each meal and at bedtime with ordered ... Regular ... per ... . There was no evidence that the ... testing was monitored or that Resident #2 received the resident's prescribed ... (long-acting ...) and ... Regular ... (short-acting ...). A record review for Resident #3, conducted on ..., revealed that Resident #3's HAF dated ... stated that Resident #3 required assistance with self-administration of meds and was forgetful. There were no physician orders or self-administration assessment found in Resident #3's record that the resident was capable of self-administering medications. A record review for Resident #7, conducted on ..., revealed that Resident #7's HAF dated ... did not state the resident's required needs for medication administration. A previous HAF dated ... and Medicaid necessity	A 052		

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A 052	Continued From page 18 statement dated . . . . . stated that Resident #7 required assistance with self-administration of medications. There were no orders or self-administration of medications assessments found in Resident #7's record that the resident was capable of self-administering medications. There was no evidence that Resident #7 received the over-the-counter medication or had the medication ordered. A record review for Resident #8, conducted on , revealed that Resident #8's HAF dated . . . . . stated that the resident's required assistance with self-administration of medications. There were no orders or self-administration of medications assessments found in Resident #8's record that the resident was capable of self-administering medications. There was no evidence found in Resident #8's record that the resident was receiving the prescribed medications ProAir Inhaler or . . . . Treatments. A record review for Resident #11, conducted on . . . . . , revealed that Resident #11's HAF dated stated that Resident #11 required assistance with self-administration of medications. There were no physician orders or self-administration assessment found in Resident #11's record that the resident was capable of self-administering medications. A record review for former Resident #1, conducted on , revealed that Resident #1's Health Assessment Form (HAF) dated stated that Resident #1 required assistance with self-administration of medications and require fasting before meals. There were no services described on page five that were offered or arranged to meet Resident	A 052		

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A	Continued From page 19 #1's care needs. A Hospice care note dated stated that Resident #1 had functional assist with ambulatory needs and vision. And was oriented times three but forgetful. A review of the Care Physician orders dated , the orders stated that Resident #1 had orders for testing before meals with a given to and N24 unit injection for twice every day. There was no evidence in Resident #1's record that the orders were followed or performed, and the of the resident Medication Observation Records stated that the resident self-administered. Resident #1 was admitted into the Hospital on from a . Resident #1 sustained " and hematomas to upper extremities and patient with and subsequently passed out and to the floor" (See Photographic Evidence2). The report stated that Resident #2's Responsible Party stated that Resident #1 "missed lunch and was given the resident mealtime of 7 units of ". There was no evidence in Resident #1's record that the resident's testing was monitored by the Facility or another Third-Party Provider. Resident #1 never returned to the Facility and was admitted into a Hospice Facility. A review of the mandatory in-service training for unlicensed Medication Technicians, conducted on stated that there were to be "no over-the-counter medications in residents' rooms and if found, the Medication Technicians were to notify the nurse immediately" During an interview with the Administrator and Assistant Resident Care Director, conducted on at 04:30pm, the Administrator and Assistant Resident Care Director stated that the	A 052		

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A 052	Continued From page 20 Facility does "not allow medication at the bedside". The Administrator and Assistance Resident Care Director stated that Resident #1 had been evaluated three times for the ability to self-administer medications, which included injections and performance. Neither produced evidence of a self-medication evaluation/assessment conducted for Resident #1. The Resident Care Director stated that Resident #1 "didn't have orders for (testing)" and that the resident was on Hospice. The Resident Care Director stated that Resident #2 "does own and ". Class III	A 052		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in Rule	A 162		

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A 162	Continued From page 21 58A-5.0181, F.A.C. (c) Any 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) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 58A-5.020, F.A.C., if applicable. (e) The resident care record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of 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, 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 in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly	A 162		

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A 162	Continued From page 22 written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an . . . recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ... , , ( ), CF-ES 1006, . . . , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, 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 in Rule 58A-5.0181, F.A.C. (o) The resident ' s , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required in this paragraph; 3. The health assessment described in Rule 58A-5.0181, F.A.C.; 4. The resident's contract described in Rule	A 162		

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A 162	Continued From page 23 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. (q) Except for resident contracts, which must be retained for 5 years, all resident records must 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 must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to maintain a copy of residents' Health Assessment Form (HAF) as described in Rule 58A-5.0181, Florida Administrative Code (FAC) and failed to maintain a written record of significant changes and illnesses which resulted in medical attention, incidents, or other changes which resulted in the provision of additional services for three Residents (#2, #7, and #10) of four sampled residents. Findings Included: A record review for Resident #2, conducted on [redacted], revealed that Resident #2's HAF dated [redacted] did not state the type of assistance that the resident needed for medication administration as required. A record review for Resident #7, conducted on	A 162		

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A 162	Continued From page 24	A 162		

. . . . . , revealed that Resident #7's HAF dated did not stated the type of assistance that the resident needed for medication administration as required.

A record review for Resident #10, conducted on . . . . . , revealed that Resident #10's HAF dated did not state that the resident required nursing, treatment, or . . . . , , service of Hospice on page one. Resident #10 was admitted to Hospice services on . . . . . . The Facility did not obtain a -to- health assessment when Resident #10 had a significant decline in condition, necessitating the resident's admission into Hospice services. There was no documentation in Resident #10's record of the resident's decline in condition. Resident #10 progress notes dated stated that the resident refused a shower. On . . . . . the progress notes stated that Resident #10 was sent to the Hospital for ". . . ., discoloration, and warmth to the left arm". On the progress notes stated that the Facility "spoke with son regarding resident's decline in condition [and] son in agreement with resident's declining condition". On the progress notes stated that Resident #10's "son requested Hospice consult". There was no other documentation found in Resident #10's record that indicated what condition changes occurred to warrant the resident admission to Hospice services.

During an interview with the Administrator, conducted on at 04:30pm, the Administrator agreed that Residents #2, #7, and #10 had missing required data from their HAFs and was unable to provide documentation regarding Resident #10's condition changes that necessitated the resident's admission to Hospice services.

Agency for Health Care Administration

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A 162	Continued From page 25 Class III	A 162		