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
	AL11969228	A. BUILDING: _____ B. WING _____	07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVE, LOVE, LAUGH ASSISTED LIVING INC	1766 SW COLUMBIA ST PORT SAINT LUCIE, FL 34987

(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	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 ... to the Federal Bureau of Investigation for a national criminal history record check unless the person's ... are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ... 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 ... electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ... to the Federal Bureau of Investigation for a national criminal history record check. The ... 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 ... 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	CZ816		

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

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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 observation, interview and staff record review, the facility failed to ensure 1 of 3 staff who were subject to background screening requirements (1) had not had a break in service from a position that requires level 2 screening for more than 90 days; and, (2) such proof was accompanied by a signed Attestation of	CZ816		

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CZ816	Continued From page 3 Compliance with Background Screening Requirements (AHCA Form 3100-0008, ,). The findings included: On from 9:00 AM - 1:00 PM, Staff B was observed to be providing assistance and supervision to the 4 current residents of this facility. Staff B also performs housekeeping duties and has access to the living areas and personal property of the residents. During record review for Staff B, a direct care aide whose hire date is documented as , it was noted that her Background Screening eligibility date was . A review of Staff B's Employment History documented on the Agency's BGS website shows employment through various Home Health Agency from , , and , with no end date added. However, there was no employment verification documentation contained in Staff B's file showing proof of continuous employment, and such proof was not accompanied by a signed Attestation of Compliance with Background Screening Requirements (AHCA Form 3100-0008, ,). During interview with Staff B on at approximately 1:00 PM, she could not provided definitive dates of employment with the Home Health Agencies showing no break in employment greater than 90 days. On at 1:15 PM, the Administrator provided a signed Attestation of Compliance with Background Screening Requirements (AHCA Form 3100-0008, ,) for Staff B, which was signed and dated on . The Administrator stated he would contact the Home Health Agency	CZ816		

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CZ816	Continued From page 4 and request verification of the dates of employment and forward them to the agency's office for review. No further documentation was provided for review. Unclassified.	CZ816		

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A 000	Initial Comments An unannounced relicensure survey was conducted on [redacted] at Live, Love, Laugh Assisted Living Inc., License #13071. The facility had deficiencies at the time of the survey.	A 000		
A 010 SS=D	429.26(1&9) FS; 58A-5.0181(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (9) A [redacted] ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of	A 010		

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A 010	Continued From page 1 the resident are being met. 58A-5.0181 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a 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 and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 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 health care provider, the resident must 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	A 010		

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A 010	Continued From page 2 are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on resident record review and staff interview, the facility failed to: 1) Ensure resident assessments were completed in a complete and accurate manner for 3 of 4 sampled residents whose records were reviewed	A 010		

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A 010	Continued From page 3 (Residents #1, #3 and #4), and 2) Ensure residents' assessments indicated residents' needs could be met in an assisted living facility in order to determine appropriateness of continued residency for 2 of 4 residents (Residents #1 and #4). The findings included: 1a) A review of Resident #1's Health Assessment (AHCA Form 1823) showed no documentation in Section 1, Part A (Ability to Perform Activities of Daily Living) and Section 2, Part A (Ability to Perform Self-Care Tasks) to explain the extent and type of supervision needed for the tasks for which supervision was required. There was also no documentation in Section 2B, Part B, related to whether Resident #1 required help with taking his medications, and if so, what type of help he required (i.e Assistance with Self Administration or Medication Administration). It was also noted that Section 3 (Services Offered or Arranged for by the Facility) of the Assessment had not been completed. b) A review of Resident #3's Health Assessment (AHCA Form 1823) showed no documentation in Section 1, Part A (Ability to Perform Activities of Daily Living) and Section 2, Part A (Ability to Perform Self-Care Tasks) to explain the extent and type of supervision or assistance needed for the tasks for which supervision or assistance is required. There was also no documention in Section 2B, Part B, to indicate what type of help Resident #3 required with his medications (i.e Assistance with Self Administration or Medication Administration). It was also noted that Section 3 (Services Offered or Arranged for by the Facility) of the Assessment had not been completed.	A 010		

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A 010	Continued From page 4 c) A review of Resident #4's Health Assessment (AHCA Form 1823) showed no documentation in Section 1, Part A (Ability to Perform Activities of Daily Living) and Section 2, Part A (Ability to Perform Self-Care Tasks) to explain the extent and type of supervision or assistance needed for the tasks for which supervision or assistance is required. Section 3 of the Assessment does not contain signatures of Resident/Representative and Administrator. 2) During review of Section 1, Part D, of Resident #1 and Resident #4's Health Assessment (AHCA Form 1823), it was noted that the Health Care Provider documented that Resident #1 and #4's individual needs could not be met in an assisted living facility. The appropriateness of continued residency in an ALF for Resident #1 and #4 should have been discussed with the Residents' Health Care Provider at the time of the completion of the Health Assessment. If Section 1, Part D, was marked in error, correction could have been completed at that time.	A 010		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must 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 must maintain a daily medication	A 054		

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A 054	Continued From page 5 observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, 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 medication record review and staff interview, the facility failed to ensure the daily medication observation record (MOR) for 4 of 4 residents was 1) included all of the necessary information required by state regulation, which includes: a) The name of the resident and any known [illegible] the resident may have; b) The name of the resident's health care provider and the health care provider's telephone number; c) The name, strength, and directions for use of each medication; and, d) A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors; and	A 054		

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A 054	Continued From page 6 2) Immediately updated each time the medication was offered to each of the residents. The findings included: On at 8:30 AM, a review of the MOR for each of the facility's residents was completed. The following issues were found: 1) The MOR for Residents #1, #2, #3 and #4 did not contain information related to any known , the name of the resident's health care provider, and the health care provider's telephone number. 2a) Resident #1 has missing staff initials which would have verified Resident #1 was offered his 8 AM medications on , , and 14. No additional documentation was recorded on the MOR providing a reason for the missing staff initials. b) Resident #2 has missing staff initials which would have verified Resident #2 was offered all of his 8 AM and 8 PM medications on , and 12, and his 8 AM medications on , . No initials were found for his 8 PM medications on , . No additional documentation was recorded on the MOR providing a reason for the missing staff initials. c) Resident #3 has missing staff initials which would have verified Resident #3 was offered his 8 AM, 12 PM, and 8 PM medications on , , , 14, and 16. Also, no staff initials were found for his two "bedtime" medications (8 PM) on , . No additional documentation was recorded on the MOR providing a reason for the missing staff initials. d) Resident #4 has missing staff initials which would have verified Resident #4 was offered her 8 AM, 12 PM, 5 PM, and 8 PM medications on , , , and 14. Also, no staff initials were	A 054		

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A 054	Continued From page 7 found for the three "bedtime" medications on . No additional documentation was recorded on the MOR providing a reason for the missing staff initials. The facility's medication policy, which is also a part of the facility's contract, states: "For residents who receive assistance with self-administration or medication administration, 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 medication observation record (MOR) must include the name of the resident and any known that the resident may have; the name of the resident's health care provider, the health care provider's telephone number, the name of each medication prescribed, the strength, and directions for use; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The medication observation record (MOR) must be immediately updated each time the medication is offered or administered." On at 10:30 AM, the missing documentation was discussed with the Administrator, and he acknowledged the need for staff to update the MOR immediately after providing residents with their medications, and document any reason why medication could not be provided/taken, if applicable. Class III	A 054		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders	A 056		

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A 056	Continued From page 8 (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are 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. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual 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 must 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 must be specified; for example, "as needed for , , 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, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by	A 056		

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A 056	Continued From page 9	A 056		

the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(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 or electronic copy of a signed order is acceptable.
(f) The facility must 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 61N-1.006, 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 must 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 must be kept in a container that bears a label containing the following:
1. Practitioner's name,
2. Resident's name,
3. Date dispensed,
4. Name and strength of the drug,
5. Directions for use; and,
6. Expiration date.
(h) Pursuant to section 465.0276(2)(c), F.S.,

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A 056	Continued From page 10 before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure a change in directions for use of resident's medication was accompanied by a written copy of a medication order issued and signed by the resident's health care provider. The new directions were to be promptly recorded in the resident's medication observation record (MOR). The facility was to either obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the MOR, for 1 of 4 residents (Resident #1). The findings included: During observation of staff assistance with self-administered medications for Resident #1, it was noted that the medication label for 0.4 mg instructed that this medication was to be given "at bedtime." The MOR documented 4 mg given at 8 AM. On at 8:30 AM, Staff B, who was assisting with the medication was asked about the discrepancy between the MOR and the medication label. Staff B referred to Staff A, who stated, "The son and [Resident #1's] doctor had decided to change the time of the medication so that it could be given in the morning." A revised label had not been obtained from the pharmacy, nor had an "Alert" label been placed on the medication container alerting staff to a change in the order. The difference in the dosage amount	A 056		

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A 056	Continued From page 11 on the MOR was attributed to a typing error, but it had not been noticed by staff when comparing the medication label to Resident #1's MOR. On at 8:35 AM, Staff A was asked to provide a copy of the physician's order noting a change in the timing the medication was to be provided. On at approximately 9:15 AM, the Administrator was informed of the discrepancy and was asked for a copy of the physician's order for the change in the timing of the medication from bedtime to 8 AM. The Administrator did not provide any written documentation of a change in the physician order for Resident #1's at any time during the survey process. Class III	A 056		
A 057 SS=D	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term over the counter includes, but is not limited to, over the counter medications, , nutritional supplements and nutraceuticals, hereafter referred to as OTC products, that can be sold without a prescription. (a) A facility may keep a stock supply of OTC products for multiple resident use. When providing any OTC product that is kept by the facility as a stock supply to a resident, the staff member providing the medication must record the name and amount of the OTC product provided in the resident's medication observation record. All OTC products kept as a stock supply must be stored in a locked container or secure room in a central location within the facility and	A 057		

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A 057	Continued From page 12 must be labeled with the medication's name, the date of purchase, and with a notice that the medication is part of the facility's stock supply. (b) OTC products, including those prescribed by a health care provider but excluding those kept as a stock supply by the facility, must be labeled with the resident's name and the manufacturer's label with directions for use, or the health care provider's directions for use. No other labeling requirements are required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A health care provider's order is required when a nurse provides assistance with self-administration or administration of OTC products. When an order for an OTC product exists, the order must meet the requirements of paragraphs (b) and (c) of this subsection. A health care provider's order for OTC products is not required when a resident self-administers his or her medications, or when unlicensed staff provides assistance with self-administration of medications. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to label all over-the-counter (OTC) products with the resident's name for 4 of 4 residents. The findings included: On at 9:00 AM, during observation of Staff B providing assistance with self-administered medications for Resident #1, #2, and #4, it was noted that all OTC medications for these residents were not labeled with the individual resident's name, as follows:	A 057		

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A 057	Continued From page 13 Resident #1: a) C 500 mg b) . . . . . MSM Resident #2: a) , 81 mg b) . . . Resident #4: a) Bayer , 81 mg b) . . . . . MSM c) 2500 mcg d) , . . 500 mg e) D3 2000 units f) Turmeric The requirement for labeling of OTC medications was discussed with Staff A and Staff B on . . . . . at 8:30 AM, and with the Administrator on at approximately 10:30 AM. Class III	A 057		
A 085 SS=D	58A-5.0191(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 58A-5.020(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train	A 085		

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A 085	Continued From page 14 assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure the Food Designee had obtained, annually a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. The findings included: During employee record review for Staff C, who is responsible for the facility's food service and day to day supervision of food service staff, the only Nutrition and Food Service Training certificate found within Staff C's file was dated . No new certificates were found to show that 2 hours of continuing education in Nutrition and Food Service had been completed in , , or , . A list of missing documentation items was provided to the Administrator on at 1:30 PM. Telephone messages were left on the Administrator's voice mail on at 12:20 PM and on at 10:26 AM to provide the Administrator the opportunity to provide documentation for review, but the calls were never returned. Class III	A 085		
A 162 SS=B	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:	A 162		

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A 162	Continued From page 15 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 58A-5.0181, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider ' s order. (d) 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	A 162		

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A 162	Continued From page 16 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 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,	A 162		

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A 162	Continued From page 17 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 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 resident record review and staff interview, the facility failed to maintain complete resident records for 4 of 4 residents.	A 162		

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A 162	Continued From page 18 The findings included: Based on resident record reviews conducted on 07/1719, the following items were not maintained in the specified residents' medical record: 1) Copies of physician orders for all 4 residents (Resident #1, #2, #3, #4); 2) Demographic sheet for Resident #3; 3) Documentation confirming Health Care Surrogate/Power of Attorney designation for Resident #1 and #4. The missing documentation was discussed with the Administrator on at 1:30 PM. No further information was provided at the time of the survey. Class	A 162		
A 200 SS=D	58A-5.036 FAC Emergency Environmental Control (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the	A 200		

Agency for Health Care Administration

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A 200	Continued From page 19 event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S., and subsection 58A-5.026(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit	A 200		

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A 200	Continued From page 20 for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F.S., must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include	A 200		

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A 200	Continued From page 21 information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S., that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a . . . . monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this	A 200		

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	AL11969228	A. BUILDING: _____ B. WING _____	07/17/2019

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A 200	Continued From page 22 rule. Assisted living facility plans previously submitted and approved pursuant to Emergency Rule 58AER17-1, F.A.C., will require resubmission only if changes are made to the plan. (b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten	A 200		

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A 200	Continued From page 23 (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . , have implemented the plan required under this rule. (b) The Agency shall allow an extension up to . . . . . to providers in compliance with subsection (c), below, and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to Section 120.542, F.S. (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of paragraph (1)(a), for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for	A 200		

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A 200	Continued From page 24 an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite. 2. An assisted living facility located in an evacuation zone pursuant to Chapter 252, F.S., must either: a. Fully and safely evacuate its residents prior to the arrival of the event, or b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility. (d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that	A 200		

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A 200	Continued From page 25 residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and, 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration	A 200		

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A 200	Continued From page 26 may seek any remedy authorized by Chapter 429, Part I, F.S., or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a), above, in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the	A 200		

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A 200	Continued From page 27 facility failed to have sufficient stored fuel available on-site to ensure that in the event of the loss of primary electrical power there is sufficient fuel available on-site for the alternate power source to maintain temperatures at least or below 81 degrees Fahrenheit for a minimum of 48 hours. The findings included: On at 1:30 PM, the Administrator stated that the facility had a portable generator on-site that utilized propane as its fuel source. The administrator confirmed that the facility had 3 filled 5 gallon propane bottles (bottles) on site for use with the portable generator, but could not provide the number of hours the generator would run on this amount of fuel. Per online research at the following website, consumerreports.org/cro/news/2014/12/how-much-fuel-do-you-need-to-run-a-generator/index.htm, the following information was obtained, "For a portable generator, you'd need four to eight 20-lb. propane tanks on to run the generator for 24 hours." Additionally, on the website, powerupgenerator.com/propane-tanks-portable-generators, the following information was found, "A 1500 to 1600 watt generator will run for about 10 hours on a propane tank while a 3000 watt generator will run for about 7 to 8 hours on the tank." Based on the information gathered, the 15 gallons of propane currently on site at this facility would only provide approximately 24-30 hours of power. Telephone messages were left on the Administrator's voice mail on at 12:20	A 200		

Agency for Health Care Administration

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A 200	Continued From page 28 PM and on . . . . . at 10:26 AM requesting a return call to discuss findings related to the amount of fuel stored, but no return calls from the Administrator were received as of at 1:00 PM. Class III	A 200		