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
	AL11966148	A. BUILDING: _____ B. WING _____	08/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIME IS CARE	19010 NW 44 AVENUE OPA LOCKA, FL 33055

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A re-licensure survey was conducted at Time Is Care on [redacted] and concluded on [redacted]. The facility had deficiencies identified at the time of the survey:	A 000		
A 027 SS=G	58A-5.0182(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making [redacted] and remind residents about scheduled [redacted] for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a [redacted] health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to assist one out of six sampled residents to receive prescribed primary medical care (Resident #5). Resident #5 did not see a doctor for follow up care after she was discharged from a local hospital with diagnoses of "black [redacted] of left side, black [redacted] right, closed [redacted] injury, concussion with brief loss of [redacted], [redacted], acute [redacted], and [redacted]." Findings included: A review of Resident #5's health assessment	A 027		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 027	Continued From page 1 dated showed a diagnosis of . The resident needed supervision with ambulation, grooming, toileting, transferring and self-administration of medication. Review of a discharge document from a hospitalization from through showed that Resident #5 was transferred to a local hospital where she was diagnosed with "acute , , black of left side, black right, closed injury, concussion with brief loss of , and ." Further review showed that the hospital admission assessment stated "Resident presents to the emergency department with complaint of right for 2 days. Patient reports 'a mosquito bit my '. Patient sustained with of the right periorbital and tenderness after a today.' The record showed that Resident #5 was discharged on with orders to follow up with her primary care physician "within 5 - 7 days." A review of Resident #5's facility record found no documentation that the resident had received any follow up care. On at 3:52 PM, the Administrator stated that she did not know when Resident #5 had last seen the facility's physician, who was the resident's primary care provider. The Administrator was observed calling the physician, after which she stated that this provider confirmed that he had not seen Resident #5 since . The Administrator stated "I don't know what happened to Resident #5. No, the doctor did not see her. The doctor comes here every month. was the last doctor visit. He couldn't make it in . He is coming this week."	A 027		

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A 027	Continued From page 2 On at 3:15PM, Resident #5's Mother/roommate (Resident #4) stated regarding Resident #5, "She isn't feeling good for days since a month ago because she was receiving too much medication because she was moving too much. She hasn't seen a doctor the whole month. The administrator and employees know she wasn't feeling well." On at 5:41 PM, Resident #5's Guardian stated "that day she went to the hospital, I came by and saw her with ice packs on her . She had one black . She told me that she got bitten by an insect. I told her she needs to go to the hospital. She was refusing, I convinced her to go. I call days after, I spoke with the previous Administrator who told me that Resident #5 was from the hospital and was doing fine. She stated that it was just a pink and was prescribed ." On at 1:17 PM while Resident #5 was participating in a routine interview, she appeared agitated and did not look like she was feeling well. She then stood up and let herself droop to the floor. Observed Staff B and Resident #5's Mother/roommate (Resident #4) help the resident sit on a chair. Staff B asked if she could give Resident #5 a tablet because it was almost time for 2 PM medications, and was advised to contact the administrator since the resident did not look well. (According to the Mayo Clinic, is used to treat high). Observed Staff B and the Mother/roommate push Resident #5 in the chair to the resident's room. On at 2:12 PM Rescue's Emergency Medical Technician stated Regarding Resident	A 027		

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A	Continued From page 3 #5, "When we got here, she was not breathing and did not have a , . When we hooked her up to the . . . she had no electrical activity in her . Based on the way she presented she has been there for over 20 minutes." At 2:22 pm, the Police Officer stated "Time of is 2:02 pm." Class II	A 027		
A 030 SS=J	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,	A 030		

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A 030	Continued From page 4 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 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	A 030		

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A 030	Continued From page 5 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 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	A 030		

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A 030	Continued From page 6 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 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	A 030		

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A 030	Continued From page 7 mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (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	A 030		

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A 030	Continued From page 8 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 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 , or , 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 observation and interview, the facility failed to ensure that one out of six sampled residents was treated with consideration and respect, and with due recognition of personal dignity (Resident #5). Resident #5, who was diagnosed with with "acute , , , black , of left side, black ,	A 030		

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A 030	Continued From page 9 right, closed injury, concussion with brief loss of , and ," received no medical care after her release from the hospital. Almost three weeks later, the facility staff did not perform ( ) health when Resident #5 became unresponsive and then . Findings included: On at 1:17 PM a routine resident interview was conducted with Resident #5. Resident #5 stated that she wanted to go home to live with her mother. She got up from the chair after the interview and walked away from the table, then slumped to the floor next to a water cooler position near the dining table. Staff B and Resident #4 (who was Resident #5's mother and roommate) helped Resident #5 into a chair. Then, they both wheeled Resident #5 to her room and helped her to lay down. Resident #4 stayed with Resident #5 in the room. On at 1:28 PM Staff B was advised to contact the Administrator after asking if she could give Resident #5 her 2 PM medication ( ), since the resident did not feel well. On at 1:52 PM, while attempting to conduct a routine staff interview, observed Staff B standing next to Resident #5's bed holding a telephone. Observed Resident #5 laying on the bed with her , and appearing to be blue in color. Resident #4 (Resident #5's mother and roommate) was also in the room. When asked, Staff B stated that she did not perform for Resident #5. A review of data from the American	A 030		

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A 030	Continued From page 10 Association showed that , especially if administered immediately after , could double or triple a person's chance of survival. It further stated that nearly 45% of out-of-hospital victims survived when bystander was administered. On at 2:12 PM Rescue's Emergency Medical Technician stated Regarding Resident #5, "When we got here, she was not breathing and did not have a . When we hooked her up to the she had no electrical activity in her . Based on the way she presented she has been there for over 20 minutes." At 2:22 pm, the Police Officer stated "Time of is 2:02 pm." A review of Staff B's personnel record showed a current certification card set to expire on on . Further review showed that all Staff had training on ( ) policy and procedures. On at 3:15 PM, Resident #4 stated regarding Resident #5, 'She didn't want to eat and they forced her to eat and she sat on the table and couldn't eat and started to make a noise. We picked her up and took her to bed. And when she laid on bed she told me she wanted to but she couldn't. Her were . She would respond to me until she tried to breathe and tried to get up but down and her rolled . I moved her and checked her , and the worker came in and noticed and screamed Resident #5 . She didn't do anything. They called 911'. On at 2:27 PM, Staff B stated that on , after putting Resident #5 in bed, she went and sat by in the dining room and was told to go and check on the Resident #5. She stated	A 030		

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A 030	Continued From page 11 she went to the room and looked at Resident #5 and something looked off, so she called the administrator at 1:47 PM and 911 at 1:48 PM. Staff B stated that the 911 operator told her to tilt the resident's and listen close to her for breathing, but she didn't hear anything, and Resident #5 was already blue. The call went on for 10 minutes. Staff B stated that she did not perform because when the operator told her to do , that's when the rescue came, so she got out of the way. However, in an interview on at 2:48 PM, Staff B stated that she went outside to wait for rescue. At around 2:55 PM, Staff B further stated, when asked when she should perform "A ( ) is an order they wish to not be I don't know who here has one since I only cover the other employees. I have to look in their records to see if they have a ". At around 3:10 PM, Staff B stated that if she found a resident on the floor she would immediately contact 911 and then the owner. She stated that she was certified in and stated that she would do 10 , and 8 breaths. She also stated that when she went to get certified, she practiced on a mannequin. Class I	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	A 052		

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A 052	Continued From page 12 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. (j) Assisting with applying and removing an but not with titrating the prescribed 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 , bags. (4) Assistance with self-administration does not include: (a) Mixing, , converting, or	A 052		

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A 052	Continued From page 13 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 of the body. (d) Administration of preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) , , or 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. 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	A 052		

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	AL11966148	A. BUILDING: _____ B. WING _____	08/05/2019

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A 052	Continued From page 14 429.256(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 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.	A 052		

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A 052	Continued From page 15 (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 and interview the facility failed to follow the procedures outlined by the state when providing assistance with self-administration of medication to one out of six sampled residents (Resident #3). Findings included: On at 7:35 AM, observed unlicensed Staff B assisting Resident #3 with self-administration of medication. Staff B ,with the same pair of gloves she was observed wearing since 7:07 AM while cleaning the house and performing other tasks, punched each medication packet in her , transferred the medication to a small cup, gave the cup to the resident, watched the resident swallow, and signed the Medication Observation Record. Staff B touched the medications and did not read the medications' names to the resident. On at 7:38 AM, the Administrator	A 052		

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A 052	Continued From page 16 observed Staff B and stated "so every time she is giving the medication it does not matter if it is the same medication that the resident has been receiving for months, she has to read the names." Cass III	A 052		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed 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 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 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 , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing	A 054		

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A 054	Continued From page 17 physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain an appropriate daily medication observation record (MOR) for two out of six sampled residents who received assistance with self-administration of medications (Resident #2 and 4). Findings included: On at 7:07 AM, observation revealed Staff B caring for five residents. Review of Resident #2' and #4 s MOR on showed that Staff B had already signed off for medication that the resident received on at 9:00 AM. Medication reconciliation revealed that Resident #2 received her medications more than 1 hour prior the schedule time. On at 7:07 AM, the Administrator stated "Staff B gave medications already only one resident left because her medication came late last night. I am going to organize it now." Class III	A 054		
A 076 SS=G	58A-5.0186 FAC ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An	A 076		

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A 076	Continued From page 18 assisted living facility may not require execution of a as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS- , "Health Care Advance Directives - The Patient's Right to Decide," , , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS- is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency's Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and 2. DH Form 1896, Florida Form, , 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health ' s toll free number (800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005. (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living	A 076		

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A 076	Continued From page 19 facility's license is subject to revocation pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) PROCEDURES. Pursuant to Section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences or , staff trained in , , ( ) or a health care provider present in the facility, may withhold (, , and). (b) In the event a resident is receiving hospice services and experiences or , , facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to have a written policies and procedures that explain its implementation of state laws and rules relative to ( ). Also, the facility failed to perform First Aid and , , ( ) for one out of six sampled residents (Resident #5) who did not have a on file. Findings included: A review of facility records revealed no documentation of policies or procedures regarding . On at 3:05 PM the Administrator stated	A 076		

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A 076	Continued From page 20 Regarding Resident #1, "Only 1 resident has , the hospice." Resident #1's health assessment dated listed his medical history and diagnoses as Degenerative of Nervous system, , seborrheic episode. Resident #1 was on hospice and had no . Hospice notes dated stated "82 YO Hispanic Male, full code, ALF resident, No Known , and PMHX of , neurofunctional decline, , agitation, documented (not enough information regarding this condition available), , Patient has experienced Significant neurofunctional decline during the past 3 months evidenced by progressive reduced ambulation up to the point of complete bedbound status, has been hospitalized multiple times since arrival to the ALF about 2 months ago." Resident #1 needed total care. Further review showed a resident choice document that Resident #1 had signed on admission, showing that he had checked "I wish to be ". There was no documentation of a in the resident's facility or hospice record. On at 3:12 PM the Administrator went through the facility policies log then called someone and stated There are no policies and procedures for that. The staff just have their card." A review of the residents' files on revealed the following: Resident #1's health assessment dated listed his medical history and diagnoses as	A 076		

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A 076	Continued From page 21 Degenerative of Nervous system, , seborrheic episode. Resident #1 was on hospice and had no . Hospice notes dated stated "82 YO Hispanic Male, full code, ALF resident, No Known , and PMHX of , neurofunctional decline, , agitation, documented (not enough information regarding this condition available), Patient has experienced Significant neurofunctional decline during the past 3 months evidenced by progressive reduced ambulation up to the point of complete bedbound status, has been hospitalized multiple times since arrival to the ALF about 2 months ago." Resident #1 needed total care. Resident # 2's health assessment dated , stated that the resident's medical history and diagnoses were: , dry type II, ( ), , Vit D deficiency. She was on . She had no . Resident #3 's health assessment dated , the resident's medical history and diagnoses were: Gas, , . She had no . Resident #5's health assessment dated completed about 9 months prior her admission to the hospital on stated that she was diagnosed with . She needed supervision with ambulation, grooming, toileting, transferring and self-administration of medication. Further record showed no documentation of a properly	A 076		

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A 076	Continued From page 22 executed ( ). She was prescribed , Tab 0.5mg at 8 AM and 8 PM. Tab 20 mg at 8 AM. , 0.5mg 12 PM & 8 PM, and Tab 500 mg at 8 AM. Resident #4's health assessment dated showed that the resident's medical history and diagnoses were: with behavioral manifestation, poor safety awareness, history of major , , , and atherosclerotic of native . She had no . Resident #6 's health assessment dated showed that his medical history and diagnoses were: , ( ), , ( ), prostatic hyperplasia ( ), , and . He needed assistance with all ADLs. He had no on file. 2) Review of the facility's personnel files on showed that all Staff had training on ( ) policy and procedures. However, review of the facility's policies and procedures showed no documentation of a policies and procedures. 3) On at 4:15 PM, Staff C stated " means that the residents wish to not be . She She stated that if she would find an resident on the floor the first thing she would do would be to call 911. She stated that she was certified and that she would do , and breaths. She stated that she would perform as many as she can up to 75 and 12 breaths. She stated that	A 076		

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A 076	Continued From page 23 a . . means that they wish to not be . She also stated that Resident #3 had a . . . . and if she saw . . . . . on the floor she would perform ." On at 1:52 PM observed Staff B standing in . . #. by Resident #5's bed on the phone. Then, observed Resident #5 laying on the bed, unresoponsive, with her , . and . . . appearing to be blue in color. At 1:54 PM, Staff B stated that she did not perform . for Resident #5. On at 2:55 PM, Staff B stated that . was an order that the resident wish to not be . She added "I don't know who here has one since I only cover for the other employees. I have to look in their records to see if they have a . ". Class II	A 076		
A 078 SS=J	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual	A 078		

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A 078	Continued From page 24 basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or	A 078		

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A 078	Continued From page 25 more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility's staff failed to perform their assigned duties consistent with their level of education, training, preparation, and experience. The facility staff did not perform . . . . . (.) when Resident #5 became unresponsive and then . Findings included: Cross reference: Citation 0030- Resident Care-Rights & Facility Procedures. Facility staff did not provide to resident #5 who was found blue in color. Resident #5 did not have a . . . . . ( ). A review of Staff B's (who failed to perform) personnel record showed a current . certification card set to expire on on . Further review showed that all Staff had training on . . . ( ) policy and procedures. On . . . . . at 2:55 PM, Staff B stated that was an order that the resident wish to not be . . . . She added "I don't know who here has one since I only cover for the other employees. I have to look in their records to see if they have a ". Staff B also stated she was	A 078		

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A 078	Continued From page 26 certified in . and that she would do 10 , and 8 breaths. She stated that she felt like she did all that she could have done for with Resident #5. Staff B started to cry and stated she felt that she had killed Resident #5 and it was her fault. On at 3:37 PM, the Administrator stated in regard to performing . that "When the person can't breathe. You give them to . . . . I hold the . . . and breath through their . Wait a few second and do 10 . . . . ." She further stated "I think Staff B got nervous; I don't know why she did not give . Staff called me explaining to me that Resident #5 here and was not feeling well. I told her to call 911." Review of the residents' files on . . . . . showed that no resident had a in file and review of the facility's policies and procedures showed no documentation of a policies and procedures. Class I	A 078		
A 091 SS=D	58A-5.0191(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program,	A 091		

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A 091	Continued From page 27 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have the number of hours of training program documented on the training certificates issued for one out of five sampled staff (Staff E). Findings included: A review of the facility's personnel files on . . . . . revealed that the facility had Resident Behavior & Needs and Providing Assistance with Activities of Daily Living training certificate, a Resident rights/recognizing/reporting . . . . . /neglect and . . . . . training certificate and Reporting Major Incidents training certificate in file for Staff issued on . . . . . in file for Staff E with no minimum of training hours. In an interview on at 1:39 PM, the	A 091		

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	AL11966148	A. BUILDING: _____ B. WING _____	08/05/2019

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A 091	Continued From page 28 Administrator stated "okay." Class III	A 091		
A 125 SS=D	429.27(2) FS; 58A-5.021(3) FAC Fiscal - Surety Bonds 429.27 (2) A facility, or an owner, administrator, employee, or representative thereof, may not act as the guardian, trustee, or conservator for any resident of the assisted living facility or any of such resident's property. An owner, administrator, or staff member, or representative thereof, may not act as a competent resident's payee for social security, veteran's, or railroad benefits without the consent of the resident. Any facility whose owner, administrator, or staff, or representative thereof, serves as representative payee for any resident of the facility shall file a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to residents, or expendable for their account, which are received by a facility. Any facility whose owner, administrator, or staff, or a representative thereof, is granted power of attorney for any resident of the facility shall file a surety bond with the agency for each resident for whom such power of attorney is granted. The surety bond shall be in an amount equal to twice the average monthly income of the resident, plus the value of any resident ' s property under the control of the attorney in fact. The bond shall be executed by the facility as principal and a licensed surety company. The bond shall be conditioned upon the faithful compliance of the facility with this section and shall run to the agency for the benefit of any resident who suffers a financial loss as a result of the misuse or misappropriation by a	A 125		

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A 125	Continued From page 29	A 125		

facility of funds held pursuant to this subsection. Any surety company that cancels or does not renew the bond of any licensee shall notify the agency in writing not less than 30 days in advance of such action, giving the reason for the cancellation or nonrenewal. Any facility owner, administrator, or staff, or representative thereof, who is granted power of attorney for any resident of the facility shall, on a monthly basis, be required to provide the resident a written statement of any transaction made on behalf of the resident pursuant to this subsection, and a copy of such statement given to the resident shall be retained in each resident's file and available for agency inspection.

58A-5.021
(3) SURETY BONDS. Pursuant to the requirements of Section 429.27(2), F.S.:
(a) For entities that own more than one facility in the state, one surety bond may be purchased to cover the needs of all residents served by the entities.
(b) The following additional bonding requirements apply to facilities serving residents receiving :

1. If serving as representative payee for a resident receiving , the minimum bond proceeds must equal twice the value of the resident's monthly aggregate income, which must include any supplemental security income or social security , income plus the payments, including the personal needs allowance.
2. If holding a power of attorney for a resident receiving , the minimum bond proceeds must equal twice the value of the resident's monthly aggregate income, which must include any supplemental security income or social

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A 125	Continued From page 30 security . . . . , income; the . . . payments, including the personal allowance; plus the value of any property belonging to a resident held at the facility. (c) Upon the annual issuance of a new bond or continuation bond, the facility must file a copy of the bond with the Agency Central Office. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for one out of six sampled residents (Resident #6). Findings included: On at 9:23 AM, the Administrator stated "the facility is the payee for only one Resident. She added "No, I don't have a surety bond. I am going to call the lady." Review of Resident #6 record on . . . . . , showed that the resident was admitted in the facility on . . . . . . Class III	A 125		
A 165 SS=D	429.23(&) FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident	A 165		

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A 165	Continued From page 31 reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all	A 165		

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A 165	Continued From page 32 adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The Department of Elderly Affairs may adopt rules necessary to administer this section.	A 165		

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A 165	Continued From page 33 58A-5.0241 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to Rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1) above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to Rule 59A-35.110, F.A.C., which requires online reporting. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit a one day adverse incident report and a 15 day full report when one of six sampled residents was hospitalized for a injuries that were not a part of her regular health condition (Resident #5). The resident was transported to a local hospital and diagnosed with Acute , , Black , of left side, Black , right, closed injury, Concussion with brief loss of , and . Findings included: Review of the hospital discharge document on showed that the Resident #5 was transferred to a local hospital where she was diagnosed with "Acute , , Black , of left side, Black , right, closed injury, Concussion with brief loss of and ." She was discharged on with orders for follow up with her primary care physician "within 5 - 7 days."	A 165		

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A 165	Continued From page 34 Review of Resident #5's hospital record on [illegible] reported that "Resident presents to the emergency department with complaint of right [illegible] for 2 days. Patient reports 'a mosquito bit my [illegible]'. Patient sustained [illegible] with [illegible] of the right preorbital [illegible] and [illegible] tenderness after a [illegible] today. She denies loss of [illegible] or [illegible]." In an interview on at 3:52 PM, the Administrator stated "I don't know what happened to Resident #5." On at 5:41 PM, Resident #5's Guardian stated "that day she went to the hospital, I came by and saw her with ice packs on her [illegible]. She had one black [illegible]. She told me that she got bitten by an insect. I told her she needs to go to the hospital. She was refusing, I convinced her to go. Class III	A 165		
A 180 SS=D	58A-5.026(1) FAC Emergency Management Emergency Management. (1) EMERGENCY PLAN COMPONENTS. Pursuant to Section 429.41, F.S., each facility must prepare a written comprehensive emergency management plan in accordance with the "Emergency Management Criteria for Assisted Living Facilities," dated , which is incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-04010. This document is available from the local emergency management agency. The	A 180		

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A 180	Continued From page 35 emergency management plan must, at a minimum, address the following: (a) Provision for all hazards; (b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment; (c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications; (d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies; (e) Identification of residents with 's or related , and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation; (f) Identification of and coordination with the local emergency management agency; (g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the local emergency management agency the number of residents who have been relocated, and the place of relocation; and (h) The identification of staff responsible for implementing each part of the plan. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have an updated emergency evacuation plan on file.	A 180		

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A 180	Continued From page 36 Findings included: Review of the facility Emergency Management plan showed that the Emergency Evacuation Plan on file needed to be updated with the current Administrator's name and the name of the receiving facility. Receiving facilities on the Mutual Aid Agreement were completely different from the ones on the emergency evacuation plan. On at 9:21 AM, the Administrator stated "I think we had the updated one." However, it was not provided for review. Class III	A 180		
A 200 SS=C	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 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	A 200		

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A 200	Continued From page 37 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 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	A 200		

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A 200	Continued From page 38 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 information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows:	A 200		

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A 200	Continued From page 39 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 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	A 200		

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A 200	Continued From page 40 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 (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation.	A 200		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 200	Continued From page 41 (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than [redacted], have implemented the plan required under this rule. (b) The Agency shall allow an extension up to [redacted] 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 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.	A 200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966148	A. BUILDING: _____ B. WING _____	08/05/2019

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A 200	Continued From page 42 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 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	A 200		

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A 200	Continued From page 43 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 [illegible] 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 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	A 200		

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A 200	Continued From page 44 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 observation, record review and interview, the facility failed to ensure that, in the event of the loss of primary electrical power it has 48 hours of fuel onsite for the alternate power source to maintain temperatures at or	A 200		

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A 200	Continued From page 45 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. Findings included: On at 7:08 AM, observed 10 gallons (2 x 5) of gasoline inside of a shed in the facility's backyard. Review of the facility Emergency Power Plan on . . . . . stated "the facility will store 5 gallons gas cans. The additional fuel required will be purchase within 24 hours when local official declare a State of Emergency." There was no documentation regarding the amount of fuel that the facility's generator required for it to last 48 hours. Unclassified	A 200		