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
	AL11966321	A. BUILDING: _____ B. WING _____	08/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN WELL CARE	6333 LANGSTON AVENUE NEW PORT RICHEY, FL 34652

(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 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 58A-5.0181, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;	A 055		

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A 055	Continued From page 1 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the	A 055		

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A 055	Continued From page 2 resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the Facility failed to maintain all centrally stored medications in a locked cabinet, cart, or other locked storage receptacle. Findings Included: During an observation, conducted on at 07:15am, the Surveyor entered a room with the door wide open. There was a small refrigerator, with no lock, in the room. In the refrigerator, there were medications, which included (Photographic Evidence Obtained). On the floor, there was a green bag filled with over-the-counter medications (Photographic Evidence Obtained). During an interview with the Administrator, conducted on at 09:00am, the Administrator stated that medications "should be locked at all times". The Administrator stated that the Facility had been working at training to get a proper refrigerator for the building for medications. Class III	A 055		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders	A 056		

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A 056	Continued From page 3 (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 4	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 5 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 and interview, the Facility failed to dispense medications and follow medication orders by a Health Care Provider for two Residents (#9 and #19) of two residents that required assistance with self-administration of medications. Findings Included: During an observation of the medication pass, conducted on at 11:43pm, Staff C, an unlicensed Medication Technician, called Resident #19 to the medication cart to receive medications. Resident #19 stated that "I can't make it up there". Staff C replied that "you have to come up here to get your meds". Resident #19 replied, I can't make it". Staff C circled Resident #19's medication on the resident's Medication Observation Records. However, Staff C did not provide a reason that the medications were not given. Staff C did not attempt to bring the medication pill packs to the resident. At 11:46am, Staff C did not offer or give Resident #9 two of the resident's prescribed medication, which included 50mcg Spray and 3350 powder. Staff C stated that Resident #9 "hasn't taken that for months and I didn't circle it because he didn't want it circled". Staff C did not state a reason that Resident #9 did not take the two prescribed medication on the of Resident #9's Medication Observation Records.	A 056		

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A 056	Continued From page 6 A review of Resident #9 and #19 records, conducted on , revealed that Resident #9 and #19 required assistance with self-administration of medications and that neither resident had any evidence to their Health Care Providers or Responsible Parties that they were not taking medications as prescribed. During an interview with the Administrator, conducted on at 12:20pm, the Administrator stated that "the Medication Technician should have offered Resident #9 and #19's medication to both residents. At 02:05pm, the Administrator stated that Staff C did not inform the Administrator that Resident #9 and #19 did not take their noon medications. The Administrator stated "no" when asked if Resident #9 and #19's Health Care Providers and Responsible Parties were notified that the residents did not take their prescribed medications. Class III	A 056		
A 078 SS=D	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.	A 078		

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A 078	Continued From page 7 1. Evidence of a negative examination must be documented on an annual 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	A 078		

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A 078	Continued From page 8 agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or 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 record review and interview, the facility failed to obtain a statement from a health care provider attesting to this individual's freedom from signs and symptoms of other communicable ( ) for 4 (Staff A,B,C and E) of 6 staff sampled records reviewed. Findings Included: An employee record review was conducted on . . . . . . It was discovered that staff A, B, C and E had no documented proof of an free from . . . . . statement in personal files. An interview with the Administrator on . . . . . 9:56 a.m. confirmed Staff A, B C and E is on the current staffing schedule for . . . . . and provide daily care and services to residents who reside at the facility . The Administrator stated, she hasn't not updated the facility employee files yet. Class III	A 078		

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A 083	Continued From page 9	A 083		
A 083 SS=D	58A-5.0191(5) FAC Training - First Aid and .	A 083		

(5) FIRST AID AND . . . . . ( ). A staff member who has completed courses in First Aid and . and holds a currently valid card documenting completion of such courses must be in the facility at all times.
(a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American . . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.
(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that at least one staff member was in the facility at all times with a currently valid card in First Aid (FA) and . . . . , ... , ... ( ).

Findings Included:

An employee record review was conducted on . . . . It was discovered that Staff B ' s file did not contain proof of the First Aid and . . . . . , ... ( ) for staff who are left alone as a caregiver.

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A 083	Continued From page 10 An interview with the Administrator on at 9:56 a.m. indicated that Staff B assists residents on daily work shifts and often works alone and has no current First Aid and ( ) on record. The Administrator stated, " No he doesn't have one, I am working on that too." Class III	A 083		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a	A 093		

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A 093	Continued From page 11 licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to	A 093		

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A 093	Continued From page 12 document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local	A 093		

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A 093	Continued From page 13 disaster preparedness authority This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain a sufficient supply of food and water to be used for drinking and food preparation in the event of an emergency. Findings included: During a food service review of the facility ' s emergency food and water supply, 6 large, blue plastic water containers were observed in a locked storage closet. Each container was marked as containing 5 gallons equaling 30 gallons in total. According to the facility ' s current census of 24, a minimum of 72 gallons of water is required to be available in the event of an emergency. 1 large can of baked beans, 4 large cans of fruit cocktail, a 4 small cans of mixed vegetables and tomato sauce, 1 box of pancake and waffles mix ( ), and 2 small bags of instant dry milk. An interview with the Administrator took place at approximately 1:39 PM, on . The lack of required emergency food and water supply was discussed with the Administrator who acknowledged that this wasn't a sufficient amount of food and water onsite at this time. The Administrator, confirmed she doesn't get the food she orders for the menus. The Administrator stated, the owner will not approve the food she orders. The administrator stated, we can't follow the menus because she is not allowed to purchase the food. The facility hasn't been able to follow the menus for over nine months.	A 093		

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	AL11966321	A. BUILDING: _____ B. WING _____	08/20/2019

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A 093	Continued From page 14 Class III	A 093		
A 123 SS=D	429.27( ) FS; 58A-5.021(2) FAC Fiscal - Resident Trust Funds 429.27 (3) A facility, upon mutual consent with the resident, shall provide for the safekeeping in the facility of personal effects not in excess of $500 and funds of the resident not in excess of $500 cash, and shall keep complete and accurate records of all such funds and personal effects received. If a resident is absent from a facility for 24 hours or more, the facility may provide for the safekeeping of the resident's personal effects in excess of $500. (4) Any funds or other property belonging to or due to a resident, or expendable for his or her account, which is received by a facility shall be trust funds which shall be kept separate from the funds and property of the facility and other residents or shall be specifically credited to such resident. Such trust funds shall be used or otherwise expended only for the account of the resident. At least once every 3 months, unless upon order of a court of competent jurisdiction, the facility shall furnish the resident and his or her guardian, trustee, or conservator, if any, a complete and verified statement of all funds and other property to which this subsection applies, detailing the amount and items received, together with their sources and disposition. In any event, the facility shall furnish such statement annually and upon the discharge or transfer of a resident. Any governmental agency or private charitable agency contributing funds or other property to the account of a resident shall also be entitled to	A 123		

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A 123	Continued From page 15 receive such statement annually and upon the discharge or transfer of the resident. (5) Any personal funds available to facility residents may be used by residents as they choose to obtain clothing, personal items, leisure activities, and other supplies and services for their personal use. A facility may not demand, require, or contract for payment of all or any part of the personal funds in satisfaction of the facility rate for supplies and services beyond that amount agreed to in writing and may not levy an additional charge to the individual or the account for any supplies or services that the facility has agreed by contract to provide as part of the standard monthly rate. Any service or supplies provided by the facility which are charged separately to the individual or the account may be provided only with the specific written consent of the individual, who shall be furnished in advance of the provision of the services or supplies with an itemized written statement to be attached to the contract setting forth the charges for the services or supplies. 58A-5.021 (2) RESIDENT TRUST FUNDS. Funds or other property received by the facility belonging to or due a resident, including personal funds, must be held as trust funds and expended only for the resident's account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds must include income and expense records of the trust fund, including the source and disposition of the funds.	A 123		

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A 123	Continued From page 16 This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to provide residents with Optional State Supplement funds equivalent to fifty-four dollars per month. Findings Included: During an interview with the Ombudsman, conducted on at 08:48am, the Ombudsman stated that the Owner does not provide residents with their fifty-four-dollar month Optional State Supplemental monthly allowance and that the "personal funds were not distributed in full and on time". At 10:08am, another Ombudsman stated that in , "the residents were shorted and did not receive their total fifty-four-dollar monthly allowance". During an interview with Resident #24, conducted on at 12:10pm, Resident #24 stated that "the Owner doesn't give me my money on time" and that "Owner gives it to us when [the Owner] wants to". During an interview with Resident #14, conducted on at 02:20pm, Resident #14 stated that "thye owe" and "I don't get my fifty-four dollars a month". A review of the Ombudsman Program Recommended Action Form Memo dated , conducted on , revealed that the documented stated that the resident "funds for have been wired" and that the funds "should be available by Friday, to be distributed" and that the Administrator should notify the Financial Officer "if any residents are still short funds from and if	A 123		

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A 123	Continued From page 17 sufficient funds were received for [redacted]". A review of email correspondence between the Administrator and the Financial Officer indicated that there were discrepancies regarding over and under payments of resident funds. An email dated [redacted] at 12:45pm, stated that the total that will be sent for [redacted] would be three hundred and twenty-two dollars. A review of the [redacted] Resident Funds Dispersed sigh-out sheet indicated that a total of three hundred and eighty-five dollars was need for half of the month. The document stated that fourteen dollars were still needed to disperse to residents. During an interview with the Administrator, conducted on [redacted] at 09:00am, the Administrator stated that "I put out my own money to residents so that they were not short their fifty-four dollars. Class III	A 123		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own	A 152		

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A 152	Continued From page 18 belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interview, the Facility failed to maintain all existing mechanical and electrical systems in good working order and free of hazards for all residents in and surrounding the Facility. Findings included: During an interview with the representative from a state agency, conducted on at 08:28am, the representative stated that the Facility "won't	A 152		

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A 152	Continued From page 19 install breaker bars" on all exit doors as required by the local fire department. At 10:08am, another representative from a state agency stated that the Facility kept all exit doors locked and "don't have breaker bars" on the doors. The representative stated that if the lights in the front hall were turned on, the fire "alarms would go off". Observations, conducted on . . . . . at 09:30am, revealed that the Facility's swimming pool was not maintained and was full of discolored water consistent with mildew or stagnation. The sidewalk was broken on the parking lot side of the building (Photographic Evidence Obtained). There were a lot of cigarette butts lying all over the grounds with other clutter and garbage present. At 09:55am, observed two Facility vans in the parking lot, which appeared rusted. The Dodge Ram 500 van's license plate had expired . The Ford 350 Super Duty van's license plate had expired . . . . . . There was a camera hanging from its electrical cord off the . . . of the building. At 11:30am, the fire control communicator system was observed to be turned off. At 02:05pm, observed two of four bathrooms with showers in use for twenty-four in-house residents. One bathroom/shower was not functional. One bathroom/shower was used for employees and storage. A review of the Grievance Log, conducted on , revealed that Resident #7 filed a grievance for other residents not flushing the toilet and the toilet "full of feces and ". A review of the Ombudsman's Program Recommended Action Form Memo dated , conducted on , revealed the recommended action for installing breaker bars on the exit doors.	A 152		

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A 152	Continued From page 20 During an attempt to review the required group care inspection report, conducted on [redacted], the document was never provided. During an interview with Resident #3, conducted on [redacted] at 08:55am, Resident #3 stated that the Administrator was "trying to get the pool fixed". During an interview with Staff C, conducted on at 02:35pm, Staff C stated, "our checks are always off" and the time machine is not working". A review of https://www.plumbingnerds.com/standing-water-dangerous-health/, conducted on , the website listed dangers of [redacted] water at stated that "after water has been sitting still for a while, all kinds of problems can happen. For example, run rampant, insects use it as a breeding ground, and vermin find a handy watering hole". During an interview with the Administrator, conducted on at 09:55am, the Administrator stated that "the pool needed to be drained". The Administrator stated that "the cameras don't work. The Administrator stated that neither van worked nor "one is completely rusted through". The Administrator agreed that the grounds need to be cleaned up and the sidewalk needed fixing. At 12:20pm, the Administrator stated that the electrical issues had not been corrected and that "the [electrical] breaker [to the Fire Control Communicator system] was shut off because the fire alarm continuously sounded" if the breaker was on. At 02:05pm, the Administrator stated that "the residents have the other two bathrooms to use".	A 152		

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A 152	Continued From page 21 Class III	A 152		
A 160 SS=D	58A-5.024(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 58A-5.025, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible]. (c) A log listing the names of all temporary emergency placement and respite care residents	A 160		

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A 160	Continued From page 22 if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 58A-5.026, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 58A-5.021, F.A.C.; (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 58A-5.0181, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (j) All food service records required in Rule 58A-5.020, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.	A 160		

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A 160	Continued From page 23 (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to have records readily available and up-to-date. Findings Included: During a request for Facility records, conducted on at 07:15am, Staff C stated that the staff was the only staff present and the staff would be with the Surveyors as soon as breakfast was served to the residents. At 07:45am, Staff C stated that the staff did not have access to the Facility records requested and that the Administrator was "the only one that has access to Facility records. The Administrator arrived at 08:25am and provided the requested records. A review of the admission and discharge log, conducted on , revealed that the admission and discharge log was not up-to-date. Former Resident #25 had no discharge date, reason for discharge, or place of discharge listed on the admission and discharge log.	A 160		

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A 160	Continued From page 24 During a request for the group care sanitation and fire inspection reports issued by local State agencies, conducted on . . . . . at 12:20pm and 02:15pm, the group care and fire inspection reports were requested and never provided by the end of survey. During an interview with the Administrator, conducted on . . . . . at 09:00am, the Administrator agreed that no other staff have access to Facility records. At 03:00pm, the Administrator agreed that the admission and discharge log was not up-to-date. The Administrator stated that "I must not have those documents (referring to the group care and fire inspection reports)". Class III	A 160		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and 9. Name, address, and telephone number of the health care provider and case manager, if applicable.	A 162		

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A 162	Continued From page 25 (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 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	A 162		

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A 162	Continued From page 26 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, 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	A 162		

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	AL11966321	A. BUILDING: _____ B. WING _____	08/20/2019

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A 162	Continued From page 27 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 record review and interview, the Facility failed to maintain resident records with a health assessment described in Rule 58A-5.0181, Florida Administrative Code for nine Residents (#1, #2, #3, #10, #12, #13, #15, #16, and #17) of ten sampled residents. Furthermore, the facility failed to provide accurate accounting of a separate funds dispersed to residents that were due to residents for all twenty-four residents and, failed to have an , , , (. . .), Form CF-ES 1007 (. . . . .) in one Resident (#14) of one sampled resident's record. Findings Included: A record review for Resident #1, conducted on , revealed that the resident's health assessment form did not have a date of the	A 162		

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A 162	Continued From page 28 examination or the Examiner's required data including but not limited to the Examiner's name, title, address, and telephone number. A record review for Resident #2, conducted on . . . . . , revealed that the resident's health assessment form did not have a date of the examination or the Examiner's required data including but not limited to the Examiner's name, title, address, and telephone number. A record review for Resident #3, conducted on . . . . . , revealed that the resident's health assessment form did not have a date of the examination or the Examiner's required data including but not limited to the Examiner's name, title, address, and telephone number. Resident #3's health assessment form did not specify the type of assistance that the resident required for grooming, toileting, or transferring. A record review for Resident #10, conducted on . . . . . , revealed that the resident's health assessment form dated did not specify the type of assistance that the resident required for medications. A record review for Resident #12, conducted on . . . . . , revealed that the resident's health assessment form dated did not specify the type of assistance that the resident required for medications. A record review for Resident #13, conducted on . . . . . , revealed that the resident's health assessment form did not have a date of the examination or the Examiner's required data including but not limited to the Examiner's name, title, address, and telephone number. Resident #13's health assessment form did not specify the	A 162		

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A 162	Continued From page 29 type of assistance that the resident required for toileting, transferring, or for medications. A record review for Resident #14, conducted on , revealed that the resident's record did not include an , , ( ), Form CF-ES 1007 ( ). A record review for Resident #15, conducted on , revealed that the resident's health assessment form did not have a date of the examination. A record review for Resident #16, conducted on , revealed that the resident's health assessment form did not have a date of the examination or the type of assistance required for toileting and transferring. A record review for Resident #17, conducted on , revealed that the resident's health assessment form dated did not include the entire page two of the examination. A review of the accounting documents, conducted on , revealed that the Facility's accounting documents for residents Optional Supplemental Support $54.00 per month had discrepancies and was incomplete and not easily reviewed as the document was a mess. It appeared as the amount to be dispersed to residents was $385.00 for and the Owner sent the Facility $322.00. There was no accounting for the income received and the amount to disperse to residents did not total each resident's required $54.00. During an interview with the Administrator, conducted on at 12:41pm, the Administrator agreed that Resident #1, #2, #3,	A 162		

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A	Continued From page 30 #10, #12, #13, #15, #16, and #17's health assessment forms were missing required data or incomplete. The Administrator stated that "when I came here, there were so many issues". At 03:00pm, the Administrator was unable to provide an accurate accounting for resident's monthly Optional Supplemental Support and was unable to provide Resident #14's , ( ), Form CF-ES 1007 ( ). Class III	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 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	A 200		

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A 200	Continued From page 31	A 200		

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 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

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A 200	Continued From page 32 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. 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.	A 200		

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A 200	Continued From page 33 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 plan. (b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.	A 200		

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A 200	Continued From page 34 (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. (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	A 200		

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A 200	Continued From page 35 required under this rule. (b) The Agency shall allow an extension up to [illegible] 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. 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	A 200		

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A 200	Continued From page 36 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 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;	A 200		

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A 200	Continued From page 37 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 administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive	A 200		

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A 200	Continued From page 38 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 and interview, the Facility failed to have sufficient fuel to operate the Facility's alternate power source, a portable generator, for the required minimum of ninety-six hours in the event of the loss of their primary electrical power. Findings Included:	A 200		

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A 200	Continued From page 39 During an interview with the Ombudsman, conducted on at 08:28am, the Ombudsman stated that the Facility had no fuel for the generator. During an observation of the generator, conducted on at 09:55am, there was no evidence of fuel for the generator. During an interview with the Administrator, conducted on at 09:55am, the Administrator stated that the generator had fuel in it from the functional test performance and stated that "the only fuel was in the tank" and "cans are on order". Class III	A 200		
AL241 SS=D	429.075( ); 58A-5.029(2) FAC LMH - Records 429.075 (3) A facility that has a limited mental health license must: (a) Have a copy of each mental health resident's community living support plan and the , agreement with the mental health care services provider or provide written evidence that a request for the community living support plan and the , agreement was sent to the Medicaid managed care plan or managing entity under contract with the Department of Children and Families within 72 hours after admission. The support plan and the agreement may be combined. (b) Have documentation provided by the department that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility that has with a limited mental health license or provide	AL241		

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	AL11966321	A. BUILDING: _____ B. WING _____	08/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN WELL CARE	6333 LANGSTON AVENUE NEW PORT RICHEY, FL 34652

(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
AL241	Continued From page 40 written evidence that a request for documentation was sent to the department within 72 hours after admission. (c) Make the community living support plan available for inspection by the resident, the resident's legal guardian or, the resident's health care surrogate, and other individuals who have a lawful basis for reviewing this document. (d) Assist the mental health resident in carrying out the activities identified in the resident's community living support plan. (4) A facility that has with a limited mental health license may enter into a [illegible] agreement with a private mental health provider. For purposes of the limited mental health license, the private mental health provider may act as the case manager. 58A-5.029 (2) RECORDS. (a) A facility with a limited mental health license must maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required in rule 58A-5.024, F.A.C., satisfies this condition provided that all mental health residents are clearly identified. (b) Staff records must contain documentation that designated staff have completed limited mental health training as required by rule 58A-5.0191, F.A.C. (c) Resident records must include: 1. Documentation, provided by a mental health care provider within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in section 394.4574, F.S., and that the resident is receiving social security [illegible], or supplemental security	AL241		

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AL241	Continued From page 41 income and as follows: a. An affirmative statement on the Alternate Care Certification for ( ) form, CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-03988, that the resident is receiving SSI or SSDI due to a mental , b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental . Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information, or c. A written statement from the resident's case manager or other mental health care provider that the resident is an adult with severe and persistent mental . The case manager or other mental health care provider must consider the following minimum criteria in making that determination: (I) The resident is eligible for, is receiving, or has received mental health services within the last 5 years, or (II) The resident has been diagnosed as having a severe or persistent mental . 2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment must be conducted by a psychiatrist, clinical psychologist, clinical social worker, nurse, or an individual supervised by one of these professionals. a. Any of the following documentation that	AL241		

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AL241	Continued From page 42 contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, meets this requirement: (I) Completed Alternate Care Certification for , , , ( ) form, CF-ES Form 1006, (II) Discharge Statement from a state mental hospital completed no more than 90 days before admission to the assisted living facility provided it contains a statement that the individual is appropriate to live in an assisted living facility, or (III) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility. b. A mental health resident returning to a facility from treatment in a hopsital or crisis stabilization unit will not be considered a new admission and will not require a new assessment. However, a break in a resident's residency that requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident's mental health care provider must provide a new assessment. 3. A Community Living Support Plan. Each mental health resident and the resident's mental health case manager must, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility or within 30 days after receiving the appropriate placement assessment in paragraph (2)(c), whichever is later, that: a. Includes the specific needs of the resident that must be met in order to enable the resident to live in the assisted living facility and the community, b. Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services,	AL241		

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AL241	Continued From page 43 c. Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and duration of such services and activities, d. Includes the of the facility to facilitate and assist the resident in attending and arranging transportation to for the services and activities identified in the plan that have been provided or arranged for by the resident's mental health care provider or case manager, e. Includes a description of other services to be provided or arranged by the facility, f. Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms to the resident that indicate the immediate need for professional mental health services, g. Is in writing and signed by the mental health resident, the resident's mental health case manager, and the assisted living facility administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager must add a statement that the resident was asked but refused to sign the plan, h. Is updated at least annually or if there is a significant change in the resident's behavioral health, i. include the Agreement described in subparagraph (2)(c)4. If included, the mental health care provider must also sign the plan; and, j. Must be available for inspection to those who have legal authority to review the document. 4. Agreement. The mental health care provider for each mental health resident and	AL241		

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AL241	Continued From page 44 the facility administrator or designee must prepare a written statement, within 30 days of the resident's admission to the facility or receipt of the resident's appropriate placement assessment, whichever is later. The statement: a. Provides procedures and directions for accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider's 24-hour emergency crisis telephone number; b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services in section 409.912, F.S., c. , cover all mental health residents of the facility who are clients of the same provider; and, d. , be included in the Community Living Support Plan described in subparagraph (2)(c)3. 5. Missing documentation 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 appropriate party. A documented request for such missing documentation made by the facility administrator within 72 hours of the resident's admission will be considered a good faith effort. The documented request must include the name, title, and phone number of the person to whom the request was made and must be kept in the resident's file. This Statute or Rule is not met as evidenced by: L241 - LMH RECORDS Based on record review and interview, the Facility failed to maintain a Community Support Plan as	AL241		

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AL241	Continued From page 45 required for one Resident (#14) on one resident identified as a Limited Mental Health resident. Findings Included: A review of the admission and discharge log, conducted on . . . . . , revealed that Resident #14 was identified as a Limited Mental Health resident. A record review for Resident #14, conducted on , revealed that Resident #14's record did not contain a Community Support Plan as required. During requests for Resident #14 Community Support Plan with the Administrator, conducted on at 12:30pm and 02:15pm, the document was not provided. Class III	AL241		
AL243 SS=D	429.075(1) FS; 58A-5.0191(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected deficiencies or violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. Such designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of	AL243		

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AL243	Continued From page 46 approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training will be provided by or approved by the Department of Children and Families. 58A-5.0191 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's	AL243		

Agency for Health Care Administration

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AL243	Continued From page 47 status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the . . . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files. This Statute or Rule is not met as evidenced by: Based upon record review and interview, the facility failed to ensure that 1 of 6 (Staff C) staff received the required Limited Mental Health in-services training related to six initial hours in-service training. Findings Included: A review of the personnel records on . . . . . for staff C, revealed the last no documentation of Limited Mental Health in-service related to required six initial hours of training in personal file.	AL243		

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AL243	Continued From page 48 Administrator reviewed personnel record with surveyor on at 10:06 a.m. and confirmed findings. The Administrator stated, she missed the last limited mental heath training and is scheduled to attend the next, no date date given. Class III	AL243		
CZ813 SS=C	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090(3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 (Staff D) of 6 employees eligibility results of employee screening was in the employee's personnel file. Findings included: A record review of Staff D personal records on was conducted, Staff D file did not show a eligibity result in file. During a interview with the Administrator on 10:08 AM, The Administrator, confirmed staff D has access to all residents personal property and assists residents on a daily basis. The Administrator confirmed a hire	CZ813		

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CZ813	Continued From page 49 date of [redacted]. The Administrator stated, she has not placed a copy inside Staff D personal file. Unclassified	CZ813		
CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [redacted] are enrolled in the national retained print [redacted] notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [redacted] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [redacted]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.	CZ814		

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CZ814	Continued From page 50 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the employment status of staff members within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster and Provider account information section), within 10 business days of initial employment and 10 business days of ending employment for 7 (the Administrator, Staff E, Staff F, Staff G, Staff H, Staff I and Staff J) 8 employees sampled. Findings included: During an interview with the Administrator conducted on at 10:01 AM, they stated that the former Administrator no longer worked at the facility. The Administrator confirmed she has been the current Administrator of the facility since and the former Administrator's last day of employment was . A record review of the Provider account information section conducted on , revealed there were no changes made to the facility Administrator name on record. A record review of the employee roster listed in the AHCA background screening clearinghouse, showed the following results: a. Staff G was hired as a caregiver on and was not listed on the employee roster. b. Staff E had an employment end date of however, Staff E currently worked at the facility as a caregiver. c. Staff F, H, J and I are listed on the employee roaster, yet the Administrator confirmed Staff F,	CZ814		

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CZ814	Continued From page 51 H, J and I no longer worked at the facility. During an interview with the Administrator conducted on [redacted] at 10:03 AM, confirmed the following statements below; she has not been granted access to the portal to complete the update for the Provider account information section. The Administrator stated, "I am not going to lie it is not updated yet" The administrator stated, " oh no it has been months since they have worked at the facility, no I don't have access to update the system." Unclassified	CZ814		
CZ816 SS=C	408.809(2)(a-c); 59A-35.090(2)(d)-(3) Background Screening-Compliance Attestation 408.809 (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's [redacted] to the Federal Bureau of Investigation for a national criminal history record check unless the person's [redacted] are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the [redacted] 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	CZ816		

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CZ816	Continued From page 52 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 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.	CZ816		

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CZ816	Continued From page 53 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 disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , 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	CZ816		

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CZ816	Continued From page 54 the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the signed Attestation of Compliance with Background Screening Requirements in the file of 1 of 6 staff sampled (D). Findings included: A personnel file review during the survey revealed that Staff D, hired as caregiver , had a no copy of the Attestation of Compliance with Background Screening Requirements available for inspection in their record. Interview with the Administrator at 10:02 am on provided no clarification for this discrepancy. Unclassified	CZ816		
A 000	Initial Comments A Complaint Investigation (Complaint Number:	A 000		

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A 000	Continued From page 55 2019008264 and 2019012291) and a third Revisit to 12/21/18 Complaint Investigation (Complaint Number: 2018017176) were conducted at American Wellcare Assisted Living Facility on 08/20/19. Deficiencies were identified at the time of survey.	A 000		
A 025 SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the	A 025		

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A 025	Continued From page 56 resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the Facility failed to provide care and services, as required, to meet the needs appropriate for four Residents (#14, #15, #16, and #19) of four sampled residents that required assistance with activities of daily living. Findings Included: Observations, conducted on , revealed that the Facility did not provide the care and services to meet the needs of resident residing in the Facility. At 07:15am, Staff C was the only Resident Aide to provide care and services in the building for an in-house census of twenty-four residents. Staff C stated that the staff provided the medications, cooking, cleaning, laundry, and meals and could not attend to the Surveyors as the staff was attempting to cook and serve the resident's breakfast. At 8:15am, the Facility was found to be dirty and cluttered (Photographic Evidence Obtained) with dirty laundry on the floor	A 025		

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A 025	Continued From page 57 in the hallways. At 02:20pm, Resident #14's room had a strong odor of , in which the resident opened the window and told Surveyor to stand by the window. Resident #14 stated that it was because of the smell that the resident asked the Surveyor to stand by the window. Resident #14's bed was saturated with liquid, which had the odor of (Photographic Evidence Obtained). During an interview with a representative from a state agency, conducted on at 10:08am, the representative stated that Resident #4 had been defecating in the resident's room and that the staff did not come in and clean it right away. During an interview with Resident #3, conducted on at 08:55am, Resident #3 stated that "we have to clean our own room" and "they can only give us food and medications". During an interview with Resident #14, conducted on at 02:20pm, Resident #14 stated that the resident does not receive the care and services that the resident required and stated that "I'm supposed to be in a nursing home"; "they don't help me with anything"; and, I've had "twenty or so " at the Facility. During an interview with Resident #23, conducted on at 12:00pm, Resident #23 stated that "we have to clean ourselves" and that "they can't help with much". During an interview with Resident #24, conducted on at 12:10pm, Resident #24 stated that "we must do it for ourselves". When asked if the Facility provided the care and services that the resident required, Resident #24 stated that Staff C "tries" to respond to requests for assistance.	A 025		

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A 025	Continued From page 58 A review of the Facility staff schedule, conducted on [redacted], revealed that the Facility did not employ or contract with staff to provide housekeeping services. A record review for Resident #14, conducted on [redacted], revealed that Resident #14's health assessment form dated [redacted] stated that the resident had diagnoses of [redacted] and [redacted] Polydipsia (drinks excessively) and did not require any assistance for any activity of daily living (ambulation, bathing, [redacted], eating, grooming, toileting, or transferring. Resident #14 did not have an accurate health assessment form, which was indicative of the resident's decline in condition. Resident #14 had an Agency for Health Care Administration Form 5000-3008 Medical Certification for Medicaid Long Term Care Services dated [redacted], which stated that the resident required a higher lever of care need for [redacted] and included diagnoses [redacted], Hyponatremia, [redacted], Abnormal Gait, [redacted], and Low [redacted]. Resident #14's progress notes documented frequent [redacted], "excessively drinking", "having accidents all over the building", "not using walker", "combative all night", "screaming" and "cussing" at staff, and telling staff that the resident and Resident #20 were "having [redacted]", and the resident was found in bed with Resident #20 on two occasions. There was no documentation of additional services offered or arranged to meet the resident's care needs. There were no documented notifications to Resident #14's Health Care Provider, Responsible Party, or Community Support Case Manager for any of the aforementioned documented issues and concerns.	A 025		

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A 025	Continued From page 59 A record review for Resident #15, conducted on , revealed that Resident #15's undated health assessment form stated that the resident required supervision with bathing and eating and assistance with ambulation, , grooming, toileting, and transferring. A record review for Resident #16, conducted on , revealed that Resident #16's undated health assessment form stated that the resident required assistance with ambulation, bathing, , eating, and grooming. There was no type of assistance that the resident required for toileting and transferring. A record review for Resident #19, conducted on , revealed that Resident #19's health assessment form dated stated that the resident required assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. During an interview with Staff C, conducted on at 08:00am, Staff C stated that "we don't assist with bathing". During an interview with Staff E, conducted on at 02:28pm, Staff E stated that Resident #14 "needs a higher level of care" and "we don't have the resources for [the resident]" and the resident "is and all the time". Staff E stated that Staff C worked on the floor alone. During an interview with the Administrator, conducted on at 09:00am, the Administrator stated that the Facility "can't find worker". At 12:41pm, the Administrator stated that Resident #14 "needed a higher level of care" but the resident was "hard to place because of [the	A 025		

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A 025	Continued From page 60 resident's age] and income" level. The Administrator stated that Resident #14 had declined and agreed that the resident was "not independent with all activities of daily living and required assistance". The Administrator stated that Resident #14 had an unsteady gait and drank water continuously, which made the resident's " , and levels severely low". Class III	A 025		
A 026 SS=D	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day	A 026		

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A 026	Continued From page 61 programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the Facility failed to provide an ongoing activities program, which encouraged all residents to participate in social, recreational, education, and other activities within the Facility. Findings Included: Observations throughout survey, conducted on [redacted] from 07:15am through 03:45pm, revealed that there were no activities offered to any resident. During an attempt to review the weekly activities calendar, conducted on [redacted], there was no activity calendar posted or provided to review. During an interview with the Administrator, conducted on [redacted] at 03:00pm, the Administrator stated that the residents watch television and do their own thing when questioned in regards to the types of activities were provided to the residents. The Administrator stated that there was no activity calendar posted. Class III	A 026		

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A 030	Continued From page 62	A 030		
A 030 SS=D	58A-5.0182(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 58A-5.0182 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the	A 030		

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A 030	Continued From page 63 facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical	A 030		

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A 030	Continued From page 64 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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A 030	Continued From page 65	A 030		

(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care . . . , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes

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A 030	Continued From page 66 in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [illegible], 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, [illegible], 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 [illegible] Hotline operated by the Department of Children and Families, and, if applicable, [illegible] Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident ' s access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible] Rights Florida.	A 030		

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	AL11966321	A. BUILDING: _____ B. WING _____	08/20/2019

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A 030	Continued From page 67 429.27(1)(a), FS Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to honor resident rights by failing to provide a clean and decent, homelike environment for the 24 residents residing at the facility. Findings Included: During an interview with a representative from a state agency, conducted on at 08:48am, the representative stated that the Facility frequently had insufficient food and supplies such as food, toilet paper, and soap and that staff purchased these for the residents from their own personal money. At 10:08am, another representative from a state agency stated that	A 030		

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A 030	Continued From page 68 according to the Administrator, the Owner and Financial Officer won't provide adequate monies in order to purchase the food and supplies that the Facility required. Observations, conducted on at 07:40am, observed a table in the common area with tobacco and rolling paper spread over the table and floor and toxic chemicals left unsecured (Photographic Evidence Obtained). At 08:15am, revealed that the Facility was not clean and had dirty laundry on the floor in the hallways (Photographic Evidence Obtained). At 09:30am, cigarette butts all over the outside grounds. At 02:20pm, Resident #14's room had a strong odor of , in which the resident opened the window and told Surveyor to stand by the window. Resident #14 stated that it was because of the smell that the resident asked the Surveyor to stand by the window. Resident #14's bed was saturated with liquid, which had the odor of (Photographic Evidence Obtained). Observation conducted on at 11:36am, Staff C parked the medication cart in the walkway of the dining room, which caused and chaos during the medication pass and meal time. Residents were attempting to get past the medication cart blocking the walkway. The medication cart was filthy with spills, garbage, and dust. The water pitcher on the medication cart used for the medication pass was stain and appeared to contain water that was not fresh (Photographic Evidence Obtained). During the medication pass, Staff C did not wash or sanitize between residents. During an interview with Resident #3, conducted on at 08:55am, Resident #3 stated that	A 030		

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A 030	Continued From page 69 "we have to clean our own rooms" and that "they can only give us food and medications". During an interview with Resident #23, conducted on [redacted] at 12:00pm, Resident #23 stated that "we have to clean ourselves" and "they can't help with much". Resident #23 stated that "we run out of food all the time" and that "the staff have to buy food out of their own pocket". During an interview with Resident #24, conducted on [redacted] at 12:10pm, Resident #24 stated that "we must do for ourselves" when questioned if the Facility provided the care and services that the resident required. Resident #24 stated that Staff C "tries" to respond for requests for help. During an interview with Resident #14, conducted on [redacted] at 02:20pm, Resident #14 stated that the resident is forced to go to bed at 10:00pm. Resident #14 stated that "they don't help me with anything". Attempted record review of the local health department group care inspection report, conducted on [redacted] at 12:30pm and 02:15pm, the document was not provided. During a review of the Ombudsman Program Recommended Action Form Memo dated [redacted], the document stated that the Facility had an "insufficient food supply to meet menu requirements". A review of the Grievance Log, conducted on [redacted], revealed that Resident #4, #13, #17, and #19 filed a grievance on [redacted] for the Facility "not enough food at meal times", "the meals for the past weeks of the new portion control is not enough food", "we are all going still	A 030		

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A 030	Continued From page 70 hungry", and "there is no seconds". On [redacted], Resident #7 filed a complaint due to dirty bathrooms and the toilet was full of fees and [redacted]. A review of the resident rights issued to residents upon move-in, conducted on [redacted], the resident rights document stated that the residents had the "right to a safe, clean, comfortable, and homelike environment" and that the Facility would provide "housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior". A review of the staffing schedule, conducted on [redacted], revealed that the Facility did not employ or contract with housekeeping staff. During an interview with Staff E, conducted on [redacted] at 02:28pm, Staff E stated that "we don't have the resources to care for [Resident #14]". During an interview with Staff C, conducted on [redacted] at 08:00am, Staff C stated that I do the "cooking, cleaning, medications, laundry, everything". At 02:35pm, Staff C stated that "I buy food and supplies for the residents out of my own pocket. During an interview with the Administrator, conducted on [redacted] at 09:00am, the Administrator stated that only one washer and one dryer were functioning. At 09:25am, the Administrator stated that "I order food and I don't get it" and "the Owner won't buy it". At 01:39pm, the Administrator stated that the Facility does not receive the food that was ordered according to the menu. At 12:41pm, the Administrator stated that "when I came her there were so many issues".	A 030		

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A 030	Continued From page 71 Class III	A 030		
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 physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by:	A 054		

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A 054	Continued From page 72 Based on observation and interview, the Facility failed to immediately update Medication Observation Records (MORs) when medications were offered or given to a resident and failed to maintain MORs with all required data, including but not limited to the resident's Health Care Provider's name and telephone number for five Residents (#7, #9, #18, #19, and #24) of five sampled residents. Findings Included: A review of Resident #7's MORs, conducted on , revealed that Resident #7's MORs had prescribed medications that were not documented as given to the resident, which included 1000mcg from through at 08:00am and D 50000 international units on at 08:00am. Resident #7's D was also documented as given on , in which the date had not yet arrived. A review of Resident #9's MORs, conducted on , revealed that Resident #9's MORs had prescribed medications that were not documented as given to the resident, which included 250mg on at 08:00pm and Polyethylene 3350 Powder from through at 12:00pm. Resident #9's MORs did not include the name and telephone number of the residents Health Care Provider as required. A review of Resident #18's MORs, conducted on , revealed that Resident #18's MORs had prescribed medications that were not documented as given to the resident, which included 500mg on at 08:00pm, 20mg on at	A 054		

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A 054	Continued From page 73 08:00pm, and Trihexypenidyl 2mg on [redacted] at 08:00pm. Resident #18's MORs did not include the name and telephone number of the residents Health Care Provider as required. A review of Resident #19's [redacted] MORs, conducted on [redacted], revealed that Resident #19's MORs had prescribed medications that were not documented as given to the resident, which included [redacted] 10mg on [redacted] and [redacted] at 08:00pm, [redacted] 500mg on [redacted] and [redacted] at 12:00pm and [redacted] at 08:00pm, and [redacted] 160-4.5grams Inhaler from [redacted] through [redacted] at 08:00am and from [redacted] through [redacted] at 05:00pm. Resident #19's had [redacted] 100mg ordered on [redacted] for twice every day for seven days. The only documented dose that Resident #19 received was on [redacted] at 05:00pm. Resident #19's [redacted] 0.125mg and [redacted] 500mg were also documented as given on [redacted], in which the date had not yet arrived. Resident #19's MORs did not include the name and telephone number of the residents Health Care Provider as required. A review of Resident #24's [redacted] MORs, conducted on [redacted], revealed that Resident #24's MORs had prescribed medications that were not documented as given to the resident, which included [redacted] 650mg on [redacted] and [redacted] at 08:00pm. Alendronat 70mg on [redacted] at 08:00am, [redacted] 400mg on [redacted] at 08:00pm, and [redacted] 5mg on [redacted] and [redacted] at 08:00pm. Resident #24's Alendronat 70mg was documented as given on [redacted], in which the date had not yet arrived. Resident #24's MORs did not include the name and telephone number	A 054		

Agency for Health Care Administration

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A 054	Continued From page 74 of the residents Health Care Provider as required. During an interview with the Administrator, conducted on at 12:41pm, the Administrator agreed that Resident #7, #9, #18, #19, and #24's MORs had medications not documented as given to the resident and did that the MORs did not include residents' Heath Care Providers names and telephone numbers as required. The Administrator stated that "I was the one that incorrectly documented" on . Class III	A 054		