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
	AL11953381	A. BUILDING: _____ B. WING _____	09/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON GARDENS, LLC	7550 60TH WAY NORTH PINELLAS PARK, FL 33781

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A Complaint Investigation (Complaint Number: 2019009182 and 2019013289) was conducted at Arlington Gardens Assisted Living Facility on . . . . Deficiencies were identified at the time of survey.	A 000		
A 030 SS=D	58A-5.0182(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 58A-5.0182 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida . . . . . Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

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A 030	Continued From page 1	A 030		

and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. [illegible] and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and [illegible];
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

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A 030	Continued From page 2 429.41(1)(k), F.S., the use of physical . . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.	A 030		

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A 030	Continued From page 3 (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency	A 030		

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A 030	Continued From page 4	A 030		

termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident ' s access to a telephone

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A 030	Continued From page 5 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. 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 and interview, the Facility failed to store portable [illegible] tanks safely in a secured rack or holder and the Facility failed to follow proper control storage for food and medications. Findings Included: During an observation, conducted on [illegible] at 10:10am, a medium sized portable [illegible] tank	A 030		

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A 030	Continued From page 6 was found leaning against a wall and not in a secured rack or holder in the front entry hallway (Photographic Evidence Obtained). At 12:06pm, the portable tank continued in the same manner in the front entry hallway. At 01:37pm, two visibly dirty boxes were observed in the kitchen refrigerator next to food and not securely locked (Photographic Evidence Obtained). Inside the two boxes were medications and supplies. The National Fire and Protection Association (NFPA) and Occupational Safety and Health Administration standard for safe cylinder storage, conducted on , revealed that both Agencies recommended that that "all freestanding cylinders must be stored in a rack, a cart, or another enclosure to protect them. Unsecured cylinders could , breaking the valve and possibly resulting in a rapid release of the gas, propelling the cylinder and turning it into a dangerous projectile." A review of proper control practices for storing refrigerated medications, conducted on , revealed that http://ccah-alliance.org/FReview/20121201/Clinical_Services/A_Pharmaceuticals-Storage-Guidelines.pdf, stated on page two, items other than medications in the refrigerator should be kept in a separate compartment from drugs and that drugs must be kept separate from food that may potentially cause contamination. A Occupational Health and Safety Advisor at http://blogs.hcpro.com/osha/2011/06/ask-the-expert-food-specimens-and-refrigerators/ stated that it was "a substandard control" practice to store medications with food and was a "violation to store food and drinks where or other potentially materials are present".	A 030		

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A 030	Continued From page 7 Another Advisor stated that "fridge used for medications should not be shared with food" and "food can be a reservoir of germs, so fridge should be dedicated only for medications". Another cite reviewed, https://apic.org/Resource_/TinyMceFileManager/ stated that "medications and food must be stored in separate refrigerators ...as this poses a risk for contamination of medications" and/or the food. During an interview with Staff A, conducted on at 02:20pm, Staff A was unable to describe safe storage. Staff A was unable to provide a policy and procedure on the safe storage of . Staff A was unsure of the control hazards with storing medications together with food or to potential contamination from the visibly dirty boxes, which were frequently removed from the refrigerator and may contain biohazard contamination stored next to food used for resident consumption. 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	A 054		

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A 054	Continued From page 8	A 054		

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:
Based on record review and interview, the Facility failed to immediately update Medication Observation Records and failed to remove discontinued medications from residents' Medication Observation Records for three Residents (#2, #3, and #11) of three sampled residents that required assistance with self-administration of medications.

Findings Included:

A review of Resident #2's , Medication Observation Records, conducted on , revealed that resident #2 had prescribed medication not documented as given to the resident. Resident #2's prescribed , 0.5mg was not documented as given to the resident on at 02:00pm. Resident #2's prescribed , 100mg was

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A 054	Continued From page 9 not documented as given to the resident on at 02:00pm. A review of Resident #3's , Medication Observation Records, conducted on , revealed that Resident #3's prescribed medication , 400mmg and Ployethylen , Powder 17grams was documented through and the medications were not available to give the resident. A review of Resident #11's , Medication Observation Records, conducted on , revealed that Resident #11's prescribed medication , 1mg, , / 0.5mg/3ml Solution, and , 300mg were not documented as given to the resident on at 08:00am. There was no notation as to the reason that the resident did not receive the resident's medication described on the resident's Medication Observation Records as required. Resident #11's prescribed medication 10mg was documented as the resident received from through . This medication was not available on the medication cart to give to Resident #11. During an interview with Resident #11's Pharmacy, conducted on at 01:55pm, Resident #11's prescribed 10mg ended on . During an interview with Staff A, conducted on at 02:20pm, Staff A agreed that there were medications not documented as given to Residents #2 and #11. Staff A agreed that Resident #3 and #11 had medications documented as given to the residents but that the	A 054		

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A 054	Continued From page 10 medications were not available to give or were discontinued and not taken off the resident's Medication Observation Records. Class III	A 054		
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	A 055		

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A 055	Continued From page 11 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; 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	A 055		

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A 055	Continued From page 12 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 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 store medication in a locked cart, cabinet, or other locked storage at all times. Furthermore, the Facility failed to dispose of a large unused [redacted] tank within thirty days of resident's non-use, abandonment, or discharge. Findings Included: During an observation, conducted on at 10:15am, the medication cart was found unlocked with medications inside and no staff was in attendance (Photographic Evidence Obtained). At 02:55pm, Resident #3 and #16 shared room had a large [redacted] tank, which was covered in dust (Photographic Evidence Obtained). Resident's #3 and #16 stated that the [redacted] tank did not belong to the residents and that neither resident used the [redacted] tank. At 01:37pm, two boxes not locked were observed in the kitchen's food refrigerator that were not locked (Photographic Evidence Obtained). Inside the boxes were	A 055		

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A 055	Continued From page 13 . . . medications and . . . . . supplies. The refrigerator did not have a lock on it. During an interview with Staff A, conducted on . . . . . at 10:25am, Staff A stated that the medication carts "should be locked at all times". At 03:10pm, Staff A was unable to remember which resident used the large . . tank in Resident #3 and #16's shared room and agreed that it should have been returned to the . . company. During an interview with Staff D, conducted on . . at 03:00pm, Staff D stated that, "no one uses that" and "it's been here as long as I have" Staff A stated that the staff's date of hire was on . . . . . . During an interview with the Owner, conducted on . . . at 03:10pm, the Owner stated that "nobody uses that . . . . tank" in Resident #3 and #16's shared room. Class III	A 055		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (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:	A 056		

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A 056	Continued From page 14 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 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	A 056		

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A 056	Continued From page 15 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., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to provide prescription medications as ordered, failed to place an alert label on a medication container that directed unlicensed Medication Technicians that here was a change in the medication directions, and failed	A 056		

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A 056	Continued From page 16 to have a reason that an as needed medication may be given to a resident by an unlicensed Medication Technician for three Residents (#1, #2, #3, and #11) of three sampled residents that required assistance with self-administration of medications. Findings Included: During an observation of the medication pass with Staff D for Resident #1, conducted on at 11:32am, Resident #1 requested the resident's prescribed as needed medication , / , 10/325milligram. There was no reason noted on Resident #1's Medication Observation Record or the medication label stating a reason that the as needed medication should be given. At 11:40am, Staff D provided Resident #2 with the resident's prescribed medications , 100mg and , 0.5mg. During a review of Resident #2's Medication Observation Record and , 100mg and , 0.5mg medication labels, conducted on , Resident #2's Medication Observation Record and medication labels stated that the resident prescribed medications , 100mg and , 0.5mg were due at 02:00pm. Resident #2's Medication Observation records sated that the resident's prescribed medication , 50milligrams was for one tablet twice every day. However, the , 50milligrams medication label stated two tablets twice every day. Resident #2's pill pack had two , 's provided in the pill packs. There was no alert label on either the medication bottle or on Resident #2's Medication Observation Records alerting to the change in directions.	A 056		

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A 056	Continued From page 17 A review of Resident #3's Medication Observation Records, conducted on [redacted], Resident #3's Medication Observation records sated that the resident's prescribed medication [redacted] 50. .6milligrams was for one tablet twice every day. However, the [redacted] 's medication label stated two tablets twice every day. Resident #3's pill pack had two [redacted] 's provided in the pill packs. There was no alert label on either the medication bottle or on Resident #3's Medication Observation Records alerting to the change in directions. A review of Resident #11's Medication Observation Records, conducted on [redacted], Resident #11 had medications not documented as given to the resident on [redacted] at 08:00am, which included the resident's prescribed medications [redacted] 1mg, [redacted] / [redacted] 0.5mg/3ml [redacted] Solution, and [redacted] 300mg. There was no documentation on Resident #11's medication Observation Records as to the reason the resident did not receive the resident's prescribed medications. During an interview with Staff D, conducted on [redacted] at 01:10pm, Staff D stated that Resident #11 did not receive the resident's prescribed medications this morning because the resident "didn't wake up for medications". During an interview with Staff A, conducted on [redacted] at 02:20pm, Staff A stated that the acceptable timeframe to give medications was one hour before or one hour after the medication was due. Staff A stated that staff should attempt three times to give residents their medications and notify me or the Assistant Manager if the	A 056		

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A 056	Continued From page 18 resident continues to refuse. Staff A stated "no" when asked if Staff D informed the staff that Resident would not take this morning's medications. Staff A agreed that there was no documentation on Resident #11's Medication Observation Record as to the reason that the resident did not receive this morning's medications. Staff A agreed that Resident #1 did not have a reason for unlicensed Medication Technicians should give the resident's as needed medication described on the resident Medications Observation Records and medication label. Staff A agreed that there was no alert sticker for the change in directions for Resident #2 and #3's medications. Class III	A 056		
A 081 SS=D	58A-5.0191( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility.	A 081		

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A 081	Continued From page 19 (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides	A 081		

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A 081	Continued From page 20 trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide direct care staff with the required in-service training before the staff worked directly with residents. Additionally, the Facility failed to provide in-service training required within thirty-days of employment for Activities of Daily Living and Behavioral Needs Training, Safe Food Handling Training, and Resident Rights, Recognizing and Reporting , Neglect, and , Training. Findings Included: A record review for Staff D, conducted on	A 081		

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A 081	Continued From page 21 . . . . . , revealed that Staff D had no evidence that the staff completed trainings for Activities of Daily Living and Behavioral Needs Training, Safe Food Handling Training, and Resident Rights, Recognizing and Reporting . . . . , Neglect, and , Training within thirty days of employment. Staff D was hired on . . . . . . During an interview with Staff A, conducted on at 3:20pm, Staff A agreed that Staff D did not have evidence that the staff had been trained in Activities of Daily Living and Behavioral Needs Training, Safe Food Handling Training, and Resident Rights, Recognizing and Reporting . . . . , Neglect, and , ... Training within thirty-days of employment. Staff A stated that, "I've been busy and haven't had the time to do it". During an interview with the Owner, conducted on at 3:57pm, the Owner agreed that Staff D did not complete in-services for Activities of Daily Living and Behavioral Needs Training, Safe Food Handling Training, and Resident Rights, Recognizing and Reporting , Neglect, and , ... Training within thirty-days of employment. The owner stated that, "we will fix it" and "those are minor things to fix". Class III	A 081		
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:	A 093		

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A 093	Continued From page 22 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%20SummaryT ables%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 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	A 093		

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A 093	Continued From page 23	A 093		

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 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 [illegible] the time between meals.

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A 093	Continued From page 24 (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 disaster preparedness authority This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to provide meals with a variety of choices, failed to provide snacks, failed to record menu substitutions, and failed to have three days of nonperishable foods in the event of an emergency for a census of sixty-two in-house residents. Findings Included: During an observation of the food pantry, conducted on . . . . . at 11:30am, revealed an inadequate supply of food for three days of non-perishable foods in the event of an emergency as required (See Photographic Evidence1). The food pantry had and inadequate supply of food to follow the posted week's menu. During interviews with Residents #3, #4, #5, #6,	A 093		

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A	Continued From page 25 #7, #8, #9, #10, and #11, conducted on . . . . . , Residents #3, #4, #5, #6, #7, #8, #9, #10, and #11 stated that soup and salad and no other food items was served for the supper on . The residents described the soup as a cup of soup and the salad as a small or "tiny" side salad. Residents #4, #5, #6, #8, #9, and #10 stated that the Facility does not offer snacks between meals or at bed time. Resident #3 and #11 stated that the Facility offers snacks "sometimes" and about "once a week". Residents #4, #5, #8, #9, #10 agreed that the meals served are not good and the residents do not get an adequate portion of food on their plates. A review of the menu for the supper meal on . . . . . , conducted on . . . . . , revealed that the supper meal was to consist of soup, grilled cheese with lettuce and tomato, and cake. A review of the substitution log, conducted on . , revealed that the lunch meal listed as meatloaf substituted for turkey and no other notations were made since . A review of the food order, conducted on . . . . . , revealed that the Facility did not order foods to accommodate the posted week's menu. During an interview with Staff A, conducted on . . . . . at 11:32am, Staff A stated that the Facility "does not have a three-day supply" of non-perishable food in the event of an emergency. Staff A stated that the residents received soup and salad and no sandwich for the supper meal on . Staff A stated that, "sometimes, I don't write the substitutions, I just fill in the kitchen". During an interview with the Owner, conducted on	A 093		

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A 093	Continued From page 26 . . . . . at 12:37pm, the Owner agreed that the Facility did not maintain an accurate menu substitution log. The Owner agreed that there was not an adequate amount of foods to follow the posted week's menu. The Owner agreed that there was not an adequate food supply for three days in the event of an emergency for an in-house census of sixty-two residents. Class III	A 093		