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
	AL11964115	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL LIVING REST HOME, INC	2926 SW 2 STREET MIAMI, FL 33135

(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
CZ814 SS=D	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print 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 [illegible] 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; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update their employee roster within the background screening clearinghouse database for one out of five sampled staff members (Staff E).	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 Findings included: A review of the facility's schedule revealed Staff E was not listed on the schedule for the month of [redacted]. A review of the facility's background screening clearinghouse database revealed Staff E was hired [redacted] and did not show the date Staff E was terminated. On [redacted] at 8:34 AM, Staff B stated that Staff E was no longer working at the facility as of the end of [redacted]. Class III	CZ814		
CZ828 SS=C	408.813(3) FS Administrative Fines; Violations (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class [redacted] violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by:	CZ828		

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CZ828	Continued From page 2 Based on observation and interview, the facility failed to operate within their licensed capacity. The facility was licensed for a capacity of 14 beds; however, 17 residents were found to be living in the facility. Findings Included: On . . . . . at 5:10 AM, observed 16 residents living at the facility. Staff B reported one resident was at the hospital. On . . . . . at 6:15 AM, Staff B stated "I'm not going to lie, there are 17 residents living in the facility. Three residents are not on the admission and discharge log". Staff B then provided a handwritten list with all of 17 residents names. Staff B also stated, "I am just the manager and work here, the administrator the one that sends the residents here" and "I follow what the Administrator says". On . . . . . at 1:10 PM, the Administrator acknowledged the facility was being operated at over capacity. She stated she knew it was wrong, but she wanted to help the residents out. Unclassified	CZ828		

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A 000	Initial Comments A complaint investigation (# 2019009051) was conducted at Royal Living Rest Home, Inc on and concluded on . Deficiencies were identified at the time of the survey.	A 000		
A 010 SS=D	429.26(1&9) FS; 58A-5.0181(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a	A 010		

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A 010	Continued From page 1 physician who agrees that the physical needs of the resident are being met. 58A-5.0181 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A [illegible] ill resident who no longer meets the criteria for continued residency may continue	A 010		

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A 010	Continued From page 2 to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the appropriateness of continued residency for one out of 17 sampled residents (Resident # 6).	A 010		

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A 010	Continued From page 3 Findings Included: On at 5:20 AM, observed Resident # 6 laying in a bed with full side rails. Staff C stated that Resident # 6 was under hospice care. On at 7:44 AM, observed Staff C had prepared Resident # 6's medications on a table. Staff C stated that she had crushed , 10mg Tablet, , 10-100 Tab, , 1mg Tablet, , 20mg Capsule, and 8-hour 650mg Tablet. On at 8:09AM, observed Staff C mix milk with Thick-It and placed crushed medication in the bowl. Staff C then fed a spoonful of the milk mixed with the medications to Resident # 6. Staff C then followed to gently massage Resident # 6's with her to ease Resident # 6's in swallowing his medications. Staff C also drew a liquid from a prescribed bottle with a needleless syringe and administered the medication under Resident # 6's . The prescribed bottle was labeled ' 2mg/ml oral concentrate' with instructions that stated 'take .25ml every 8 hours'. Staff C stated that she was not a licensed nurse. A review of Resident # 6's health assessment dated showed the resident was diagnosed with , , Unsteady Gait, , and . Resident # 6 required assistance in bathing, , and self-care (grooming). Resident # 6 also required supervision in ambulation, eating, toileting, and transferring. The health assessment also stated that Resident # 6 was not bedridden and needed assistance with self-administration of	A 010		

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A 010	Continued From page 4 medications. Further review of Resident # 6 records revealed a document dated from a hospice agency stating Resident # 6 was under continuous care. There was also a medication list which revealed a hospice diagnosis of . There was no documentation of an updated care plan from hospice or an updated health assessment that reflected Resident # 6's current health status. A review of Resident # 6's Medication Observation Record revealed that Staff C has been administering the following medications as of , : , 10mg Tablet, , -Levo 10-100 Tab, , 1mg Tablet, , 20mg Capsule, , 1mg Tablet, 0.4mg Cap, 100mg Tablet, , Tablet, , 50mg Tab, , 2mg/ml oral concentrate, SSD 1% Cream, and 20% . On at 10:08 AM, Resident # 6's hospice nurse stated "At this moment, we're not giving the medications because the facility has not told me to give the resident the medication. From what I know, none of them are nurses". The hospice nurse also stated, "At first, he wasn't bed bound and was able to transfer from his bed to the chair" and "If the facility doesn't tell me they need a nurse, then I won't go". Furthermore, the hospice nurse stated that Resident # 6 was "just taking every day medications". On at 10:48 AM, an interview with the Team Director from the hospice agency revealed that Resident # 6 was admitted under hospice care on for being diagnosed with End	A 010		

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A 010	Continued From page 5 Stage . . . . She stated that the hospice agency was under the impression that the facility had a qualified personnel to administer medications and the agency never sent a nurse to administer medications because the facility never asked. She also stated that Resident # 6 was supposed to have a higher level of care if the facility did not have qualified personnel, such as licensed nurses. The team director then stated "We're not able to staff nurses to administer medication in the afternoon and at night time". Class III	A 010		
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 or . . . . . , ... or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . . . . . 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	A 025		

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A 025	Continued From page 6 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 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 appropriate to the needs of three out of 17 sampled residents (Resident # 6, # 9, and # 17). Resident # 6 was under hospice care and had been receiving medication administration by an unlicensed staff member three times a day. Resident # 9 required guidance with [redacted] care and Resident # 17 was given discontinued medications and was not provided prescribed medications after being discharged from the hospital. Findings Included:	A 025		

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A 025	Continued From page 7 1) On at 8:09 AM, observed Resident # 6 lying in bed and Staff D administering medication. Staff D stated that she was not a licensed nurse. A review of Resident # 6's health assessment dated showed the resident was diagnosed with , Unsteady Gait, , and . Resident # 6 required assistance in bathing, , and self-care (grooming). He also required supervision in ambulation, eating, toileting, and transferring. The health assessment also stated that he was not bedridden and needed assistance with self-administration. Further review of Resident # 6's records revealed a document dated from a hospice agency stating Resident # 6 was under continuous care. There was also a document titled medication list which revealed a hospice diagnosis of . There was no documentation of an updated care plan from hospice or an updated health assessment that reflected Resident # 6's current health status. 2) On at 5:05 AM, observed a small trash can with inside in Resident # 9's room. Resident # 9 stated at 6:24 AM that he urinates in the trashcan to avoid having to get up and walk to the bathroom. He also stated that the staff did not provide a for him. On at 10:40 AM, Staff B and D stated that they did not provide Resident # 9 with a . On at 12:35pm, the Administrator stated "Resident # 9 is a person that feels he doesn't	A 025		

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A 025	Continued From page 8 need assistance to do anything and he hides things from us. I did not know that he was [illegible] in the trashcan". 3) A review of Resident # 17's file showed resident was admitted to the facility on [illegible] and a prescription on file for the following medications: [illegible], and Depekene. A medication reconciliation revealed Resident # 17 had the following medications: [illegible] (25mg Oral Capsule), [illegible] 500mg Oral Tablet), 40mg Oral Tablet, and [illegible] 2mg Oral Tablet). There was no evidence of (250mg/5mL oral syrup), [illegible] 10mg-100mg Oral Tablet, and the (0.5mg Tablet). On [illegible] at 8:55 AM, Staff C stated that Resident # 17 arrived to the facility with his medications from the hospital. Staff C also stated, "We give him the medications based off the medication labels". Staff C also stated "He's new to us, he came with the medications, the nurse practitioner stated that if he has to change the medications, he would send it directly to the pharmacy and the doctor is coming today to assess him and the social worker told us to continue with the medications he came with". On [illegible] at 10:02 AM, an interview with the doctor who prescribed the change in medications stated that he had ordered for Resident # 17 to stop taking (25mg Oral Capsule) because Resident # 17 did not need it anymore. The doctor also stated that he had changed the [illegible] 500mg Oral Tablet) to (	A 025		

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A 025	Continued From page 9 250mg/5mL oral syrup) due to the resident's diagnosis of 's. He stated that a liquid form of the medication would be better for Resident # 17 to swallow. Furthermore, the doctor stated that Resident # 17 needed the , - , for his 's and if not taken, his risk for tremors and shaking movement increases. The doctor also stated he had prescribed 0.5mg due to Resident's # 17's diagnosis of , and is not taken, the resident's risk for agitation increases. Class III	A 025		
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	A 030		

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A 030	Continued From page 10 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 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	A 030		

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	AL11964115	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL LIVING REST HOME, INC	2926 SW 2 STREET MIAMI, FL 33135

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A 030	Continued From page 11 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 . . . . . 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	A 030		

Agency for Health Care Administration

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A 030	Continued From page 12 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. (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 [illegible] for health care services, the provision of or arrangement of transportation to health care [illegible], and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.	A 030		

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A 030	Continued From page 13 (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 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	A 030		

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A 030	Continued From page 14 complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident ' s access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27(1)(a), FS Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.	A 030		

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A 030	Continued From page 15 This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain adequate control procedures while staff was assisting one out of eight (Resident # 3) sampled residents with self-administration of medication. The facility also failed to ensure that Resident # 9 was treated with dignity and respect. Findings Included: 1) On at 5:05 AM, observed a small trash can with inside in Resident # 9's room. Resident # 9 stated at 6:24 AM that he urinates in the trashcan to avoid having to get up and walk to the bathroom. He also stated that the staff did not provide a for him. On at 10:40 AM, Staff B and D stated that they did not provide Resident # 9 with a . On at 12:35pm, the Administrator stated "Resident # 9 is a person that feels he doesn't need assistance to do anything and he hides things from us. I did not know that he was in the trashcan". 2) On at 7 AM, observed Staff C and Staff B perform medication pass to Resident's # 2 - 4, # 7, # 10 -12, # 14, and # 16. Both staff members donned a pair of gloves, touched the refrigerator door, medication cabinets, grabbed the medication basket, and a personal cellphone. Both staff members then continued to touch each medication with the same gloves and placed it onto a small white cup before observing the residents swallow their medication.	A 030		

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A 030	Continued From page 16 Class III	A 030		
A 052 SS=D	429.256( ); 58A-5.0185 (3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform - level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an	A 052		

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A 052	Continued From page 17 but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) , , or preparations. (g) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. 58A-5.0185 (3)	A 052		

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A 052	Continued From page 18 ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , , or older, trained to assist with self administered medication pursuant to the training requirements of rule 58A-5.0191, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving	A 052		

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A 052	Continued From page 19 the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that staff followed the procedures described in section 429.256, F.S. while assisting 9 out of 17 sampled residents with self-administration of medications (Resident's # 2, 3, 4, 6, 7, 10, 12, 14, and # 16). The facility pre-poured the medications and signed the MOR the night before. The facility also used the next day's medication from the medication pack once staff realized they were being observed conducting med pass.	A 052		

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A 052	Continued From page 20 Findings Included: On at 5:15 AM, a review of the facility's MOR revealed all medications scheduled for 8AM for were already initialed as given. Additionally, there were only 16 MORs for Resident's # . There was also no evidence of a MOR for Resident # 17. At 5:45 AM, Staff C stated, "I have astigmatism and sometimes I don't see well when I sign". On at 7 AM, observed Staff C assist Resident's # 3, # 7, # 14 and # 16 with self - administration of medication; whereas, Staff B assisted Resident's # 2, # 4, # 10, and # 12 with self - administration of medication. Both staff members donned a pair of gloves, touched each medication, placed the medication into a small white cup, and observed them take the medication. Neither Staff B or Staff C initialed the MOR. After Staff B and C finished assisting each resident, they used the same gloves meanwhile they touched the medication cabinet door, medication basket, refrigerator door, and Staff B touched her personal cellphone before touching the next residents' medication. A medication reconciliation of all 9 resident's medication packs revealed that the 11th pill was missing from the pack. Further review also revealed that one extra pill was missing from each medication pack. On at 9:45 AM, Staff D removed a red box from the medication cabinet and placed it on the table. The red box consisted of 16 small cups with pre-poured medications. Staff D stated that the medications had been pre-poured the night before and that she gave the	A 052		

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A 052	Continued From page 21 residents the medication from the 11th day because she was scared the red box would have been found during the survey. A review of Staff B's personnel records revealed she was hired on and a 6-hour certificate of attendance for Assistance with Self-Administration of Medication dated . A review of Staff C's personnel records revealed she was hired on and a 4 hour certificate of attendance for Assistance with Self-Administration of Medication dated . Class III	A 052		
A 053 SS=D	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing,	A 053		

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A 053	Continued From page 22 must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and chapter 483, Part I, F.S. A valid copy of the State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that licensed personnel administered medications to one out of 17 sampled residents (Resident # 6). Finding Included: On . . . . at 5:20 AM, observed Resident # 6 lying in bed with full side rails. Staff C stated that Resident # 6 was under hospice care. On . . . . at 7:44 AM, observed Staff C had prepared Resident # 6's medications on a table. Staff C stated that she had crushed . . . . , ... 10mg Tablet, , , 10-100 Tab, ... , . 1mg Tablet, ... 20mg Capsule, and , 8-hour 650mg Tablet. On at 8:09AM, observed Staff C mix milk	A 053		

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A 053	Continued From page 23 with Thick-It and placed crushed medication in the bowl. Staff C then fed a spoonful of the milk mixed with the medications to Resident # 6. Staff C then followed to gently massage Resident # 6's with her to ease Resident # 6's in swallowing his medications. Staff C also drew a liquid from a prescribed bottle with a needleless syringe and administered the medication under Resident # 6's . The prescribed bottle was labeled ' 2mg/ml oral concentrate' with instructions that stated 'take .25ml every 8 hours'. Staff C stated that she was not a licensed nurse. A review of Resident # 6's health assessment dated showed the resident was diagnosed with , Unsteady Gait, , and . Resident # 6 required assistance in bathing, , and self-care (grooming). Resident # 6 also required supervision in ambulation, eating, toileting, and transferring. The health assessment also stated that Resident # 6 was not bedridden and needed assistance with self-administration of medications. A review of Resident # 6's Medication Observation Record revealed that Staff C has been administering the following medications as of : 10mg Tablet, -Levo 10-100 Tab, , 1mg Tablet, , 20mg Capsule, 1mg Tablet, 0.4mg Cap, 100mg Tablet, Tablet, , 50mg Tab, 2mg/ml oral concentrate, SSD 1% Cream, and 20% . On at 10:08 AM, Resident # 6's hospice	A 053		

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	AL11964115	A. BUILDING: _____ B. WING _____	09/11/2019

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A 053	Continued From page 24 nurse stated "At this moment, we're not giving the medications because the facility has not told me to give the resident the medication. From what I know, none of them are nurses". The hospice nurse also stated, "At first, he wasn't bed bound and was able to transfer from his bed to the chair" and "If the facility doesn't tell me they need a nurse, then I won't go". Furthermore, the hospice nurse stated that Resident # 6 was "just taking every day medications". On at 10:48 AM, an interview with the Team Director from the hospice agency revealed that Resident # 6 was admitted under hospice care on for being diagnosed with . She stated that the hospice agency was under the impression that the facility had a qualified personnel to administer medications and the agency never sent a nurse to administer medications because the facility never asked. She also stated that Resident # 6 was supposed to have a higher level of care if the facility did not have qualified personnel, such as licensed nurses. The team director then stated "We're not able to staff nurses to administer medication in the afternoon and at night time". Class III	A 053		
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	A 054		

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A 054	Continued From page 25 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 [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to immediately update the Medication Observation Records (MORs) each time a medication was offered when assisting 16 out of 17 sampled residents (Resident's # 1 - 12 and 14 -17) with self - administration of medication. The facility also failed to maintain an accurate MOR for Resident's # 10, # 13, # 17, and # 15. Findings Included: On at 5:15 AM, a review of the facility's MOR revealed all medications scheduled for 8AM	A 054		

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A 054	Continued From page 26 for . . . . were already initialed as given. Additionally, there were only 16 MORs for Resident's # . There was also no evidence of a MOR for Resident # 17. At 5:45 AM, Staff C stated, "I have astigmatism and sometimes I don't see well when I sign". Further review of the facility's MOR revealed a handwritten MOR for Resident # 10, # 13, and # 15 without any known , the resident's health care provider's telephone number, and the name, strength, and directions for the use of each medication. On . . . . at 7 AM, observed Staff C assist Resident's # 3, # 7, # 14 and # 16 with self - administration of medication; whereas, Staff B assisted Resident's # 2, # 4, # 10, and # 12 with self - administration of medication. Neither Staff B or Staff C initialed the MOR since it had been previously initialed. At 11:40AM, Staff B stated that the MOR was signed the day before because it saved them time while assisting the residents with self - administration of medication. 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.	A 055		

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A 055	Continued From page 27 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; 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;	A 055		

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A 055	Continued From page 28 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 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.	A 055		

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A 055	Continued From page 29 This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep medications locked at all times. Findings Included: On at 6:32 AM, observed a box labeled '2%', an Over-the-Counter (OTC) bottle of 'High Potency 400mg' and an OTC bottle of 'Natural Swiss Kriss Herbal Tabs' on top of Resident # 10's nightstand in #. Resident # 10 shared a room with Resident # 15. On at 7:02 AM, observed the medication cabinet left open while Staff B and Staff C were assisting residents with self - administration of medication. On at 7:08 AM, observed a brown plastic bottle with a medication label prescribed to Resident # 9 for 10 gm/15 ml solution on top of a table in the dining room. On at 7:10 AM, Staff C stated that she forgot to place the medications in the medication cabinet. Class III	A 055		
A 056 SS=G	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	A 056		

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A 056	Continued From page 30 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 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	A 056		

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A 056	Continued From page 31 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., 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:	A 056		

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A 056	Continued From page 32 Based on record review and interview, the facility failed to follow doctor's orders and continued to provide discontinued medications to one out of 17 sampled residents (Resident # 17). The facility also failed to have medications filled for Resident # 17 after five days from being discharged from the hospital. Findings Included: A review of Resident # 17's records showed a discharge summary from the hospital with instructions to have the following medications sent to the pharmacy to be filled: , (250mg/5mL oral syrup), , (2mg Oral Tablet), , - 10mg-100mg Oral Tablet, , (0.5mg Tablet), and , 20mg oral tablet). Further instructions stated to continue taking , 40mg Oral Tablet and to stop taking , (, 25mg Oral Capsule) and , (500mg Oral Tablet). Further review of Resident # 17's records revealed a prescription dated with the following medication orders: , 40mg Oral Tablet, 2mg Oral Tablet, , 20mg Oral Tablet, , 250mg/5mL oral syrup, , - 10mg - 100mg Oral Tablet, and 0.5mg Oral Tablet. The prescription revealed a start date of . His health assessment dated revealed he was diagnosed with , required medication management, independent in all of his activties of daily living, except for bathing, which required supervision, and required both assistance and medication administration. A medication reconciliation revealed Resident #	A 056		

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A 056	Continued From page 33 17 had the following medications: , , (, 25mg Oral Capsule), , , , (, , 500mg Oral Tablet), , , 40mg Oral Tablet, and , , (, 2mg Oral Tablet). There was no evidence of , (, 250mg/5mL oral syrup), , , 10mg-100mg Oral Tablet, and the , (0.5mg Tablet). Further medication reconciliation showed that , , (, 25mg Oral Capsule) had a total of 49 pills left out of 60 pills as ordered and , (, 500mg Oral Tablet) had a total of 25 pills out of 30 pills as ordered. A review of the facility's Medication Observation Record (MOR) showed no documentation of a MOR for Resident # 17. On at 8:55 AM, Staff C stated that Resident # 17 had arrived to the facility with his medications from the hospital. Staff C also stated "We give him the medications based off the medication labels". Staff C then stated "He's new to us, he came with the medications, the nurse practitioner stated that if he has to change the medications, he would send it directly to the pharmacy and the doctor is coming today to assess him and the social worker told us to continue with the medications he came with". On at 10:02 AM, an interview with the doctor who prescribed the change in medications stated that he had ordered for Resident # 17 to stop taking , , , (, 25mg Oral Capsule) because Resident # 17 did not need it anymore. The doctor also stated that he had changed the , (,	A 056		

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A 056	Continued From page 34 500mg Oral Tablet) to [illegible] (250mg/5mL oral syrup) due to the resident's diagnosis, [illegible] 's [illegible]. He stated that a liquid form of the medication would be easier for Resident # 17 to swallow. Furthermore, the doctor stated that Resident # 17 needed the [illegible] for his [illegible] 's [illegible] and if not taken, his risk for tremors and shaking movement [illegible] increases. The doctor also stated he had prescribed 0.5mg due to Resident's # 17's diagnosis of [illegible] and if not taken, the resident's risk for agitation increases. Class II	A 056		
A 057 SS=D	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term over the counter includes, but is not limited to, over the counter medications, [illegible], nutritional supplements and nutraceuticals, hereafter referred to as OTC products, that can be sold without a prescription. (a) A facility may keep a stock supply of OTC products for multiple resident use. When providing any OTC product that is kept by the facility as a stock supply to a resident, the staff member providing the medication must record the name and amount of the OTC product provided in the resident's medication observation record. All OTC products kept as a stock supply must be stored in a locked container or secure room in a central location within the facility and must be labeled with the medication's name, the date of purchase, and with a notice that the medication is part of the facility's stock supply.	A 057		

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A 057	Continued From page 35 (b) OTC products, including those prescribed by a health care provider but excluding those kept as a stock supply by the facility, must be labeled with the resident's name and the manufacturer's label with directions for use, or the health care provider's directions for use. No other labeling requirements are required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A health care provider's order is required when a nurse provides assistance with self-administration or administration of OTC products. When an order for an OTC product exists, the order must meet the requirements of paragraphs (b) and (c) of this subsection. A health care provider's order for OTC products is not required when a resident self-administers his or her medications, or when unlicensed staff provides assistance with self-administration of medications. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep all Over-the-Counter (OTC) products labeled and stored in a locked container or secured room in a central location within the facility. Findings Included: On at 6:32 AM, observed an OTC bottle of 'High Potency 400mg' and an OTC bottle of 'Natural Swiss Kriss Herbal Tabs' on top of Resident # 10's nightstand in # . Resident # 10 shared a room with Resident # 15. On at 6:35 AM, Staff C stated that Resident # 10 was independent with her	A 057		

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A 057	Continued From page 36 medications and stored her own. Class III	A 057		
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 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.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964115	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL LIVING REST HOME, INC	2926 SW 2 STREET MIAMI, FL 33135

(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 152	Continued From page 37 (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 observation and interview, the facility failed to provide a clean and safe living environment for all 17 residents. The facility also failed to ensure that all existing architectural, structural systems, and appurtenances were maintained in good working order. Findings included: On during the tour of the facility, observed a . . . . roach in front of . . # , a second roach inside # , a live roach inside a closet in . . . # ., and a second live roach in the facility's living room area. On at 08:10 AM, observed the sofa chairs located in the living room with fabric peeled off. Further investigation revealed the left door of the double entrance doors missed the door handle. The closet door inside bedroom #8 was broken. One of the bathrooms tile was oxidized (the bathroom located next to #). On at 12:30 PM, Staff B stated that the facility would have a deep cleaning over the weekend and fix everything and have it fumigated. Class III	A 152		

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A 160	Continued From page 38	A 160		
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 ; 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 . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan,	A 160		

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A 160	Continued From page 39 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. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions	A 160		

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A 160	Continued From page 40 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 observation, interview, and record review, the facility failed to maintain an up-to-date admission and discharge log for three out of 17 sampled residents (Resident's # 15 - 17). Findings included: On . . . . . at 5:10 AM, observed 16 residents living at the facility. Staff B reported one resident was at the hospital. A review of the facility's admission and discharge log revealed a total of 14 residents currently admitted to the facility. There was no documentation that showed Resident's # 15 - 17 information or date of admission. On . . . . . at 06:15 AM, Staff B stated that the facility had 17 residents. Staff B then provided a document with all 17 residents' names. She also stated that Resident # 15 - 17 were not listed on the admission/discharge log. Class III	A 160		

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A 162	Continued From page 41	A 162		
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. [illegible]; 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 [illegible]; 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in Rule 58A-5.0181, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider ' s order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 58A-5.020, F.A.C., if applicable. (e) The resident care record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A [illegible] 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 [illegible] recorded semi-annually.	A 162		

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A 162	Continued From page 42 (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly 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,	A 162		

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A 162	Continued From page 43 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 [illegible], DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required in this paragraph; 3. The health assessment described in Rule 58A-5.0181, F.A.C.; 4. The resident's contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029,	A 162		

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A 162	Continued From page 44 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to obtain an updated health assessment that reflected the resident's current health status for one out of seventeen sampled Residents (Resident # 6). Findings included: On at 5:15am, Staff C stated Resident # 6 was under hospice care, bedridden, and required total care. On at 6:02 AM, observed a Certified Nursing Assistant (CNA) from a hospice agency arrive to the facility. She stated that she was at the facility to provide bathing services to Resident # 6. A review of Resident # 6's health assessment dated showed the resident was diagnosed with , , Unsteady Gait, , and . Resident # 6 required assistance in bathing, , and self care (grooming). He also required supervision in ambulation, eating, toileting, and transferring. The health assessment also stated that he was not bedridden. Further review of Resident # 6's records revealed a document dated from a hospice agency stating Resident # 6 was under continuous care. There was a document titled medication list which revealed a hospice diagnosis of . There was no documentation of an updated care plan from hospice or an updated health assessment that reflected Resident # 6's	A 162		

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A 162	Continued From page 45 current health status. Class III	A 162		