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
	AL11910533	A. BUILDING: _____ B. WING _____	12/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PHILLIPPI CREEK	5501 SWIFT ROAD SARASOTA, FL 34231

(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 An unannounced off-hour complaint survey for complaint #2019014355 was conducted [redacted] through [redacted] at Brookdale Phillippi Creek, an assisted living facility in Sarasota, Florida. Complaint #2019014355 was substantiated at tag A0079, A0152, A0008, A0053, A0010, and A0055. The following is description of the deficiencies.	A 000		
A 008	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall	A 008		

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A 008	Continued From page 1 examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request. (6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any	A 008		

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A 008	Continued From page 2 information about the resident that would help the administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that,	A 008		

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A 008	Continued From page 3 in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's	A 008		

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A 008	Continued From page 4 admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission. (d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.	A 008		

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A 008	Continued From page 5 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure each resident was examined by a licensed practitioner within 60 days prior to admission to the facility for 1 (Resident #2) of 8 resident Health Assessment Forms (1823) reviewed. The findings included: Record review of Resident #2's chart revealed two 1823 forms. Neither form was dated. One of the forms indicated Resident #2 had a history of repeated , had a right brace and in the lower extremities and was independent with bathing, (with a written note stating assist with pants/anything with standing), eating, and self-care and needed supervision with ambulation, toileting and transferring. The other form indicated Resident #2 had a diagnosis of and following affecting Right dominant side, and abnormalities of gait. This form listed Resident #2 as assist with ambulation, bathing, , self-care, toileting and transferring (with a written note stating more supervision to prevent , at times may feel need for more on) and Independent with eating. On at 3:00 p.m., in an interview with the Health and Wellness Director said she cannot argue with the dates missing from the 1823s She agreed the information contained between the two indicate different levels of assistance needed by Resident #2 and she will have a new 1823 completed. Class III	A 008		

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A 010	429.26(&9) FS; 59A-36.006(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. (2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility. (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 physician who agrees that the physical needs of the resident are being met.	A 010		

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A 010	Continued From page 7 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and	A 010		

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A 010	Continued From page 8 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 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that as part of continued residency criteria, a resident has a . . . to . . . medial examination by a health care provider after a significant change for 1 (Resident #8) of 3 residents reviewed receiving Hospice services.	A 010		

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A 010	Continued From page 9 The findings included: Record review of Resident #8's chart revealed she began receiving Hospice services on . . . . . Resident #8's Health Assessment Form 1823 (1823) was dated . . . . . On . . . . . at 3:00 p.m., in an interview, the Health and Wellness Director said a resident going on Hospice services was a significant change and it was an oversight that a new 1823 wasn't obtained. Class III	A 010		
A 053	59A-36.008(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 10 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 staff interview, the facility failed to ensure residents who require medication administration are given their medications by a staff member licensed to administer medication for 1 (Resident #7) of 1 Health Assessment Form 1823 (1823) reviewed indicating the resident needed medication administration. The findings included: Resident #7 resided in the memory care unit. Resident #7's 1823 dated indicated Resident #7 needed help with taking his medications and needed medication administration. On at 1:02 p.m., in an interview, Licensed Practical Nurse (LPN) Staff E said	A 053		

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A 053	Continued From page 11 sometimes the nurses cover for the medication technicians, but the nurses don't pass medications generally. On [redacted] at 2:23 p.m., in an interview with the Memory Care Director said Medication Technician (med tech) Staff C had already left for the day, but that he had passed all the medications on memory care that day, including to Resident #7. On [redacted] at 3:00 p.m., in an interview the Health and Wellness Director agreed Resident #7's 1823 indicated medication administration but said it should be medication assistance. She said this was an error and should have been caught upon initial review. Class III	A 053		
A 055	59A-36.008(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	A 055		

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A 055	Continued From page 12	A 055		

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 59A-36.006, 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,

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A 055	Continued From page 13	A 055		

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.

This Statute or Rule is not met as evidenced by:
Based on observation and staff interview, the facility failed to ensure medications are kept in a locked cabinet, locked cart or other locked storage receptacle, room or area at all times.

The findings included:

On at 11:15 p.m., the door to the ante room of the Health and Wellness office was open.

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	AL11910533	A. BUILDING: _____ B. WING _____	12/10/2019

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A 055	Continued From page 14 The door to the Health and Wellness office was open. A large stack of approximately 10 full paks of medications was sitting in the open on the desk. These were various medications including 1 full pak of , (an medication) 25 milligram (mg) tablets. On at 11:15 p.m., Medication Technician (med tech) Staff B said these had been left there by the second shift staff. On at 10:30 a.m., during a tour of the memory care unit with the Executive Director and Health and Wellness Director, a medication cart was unattended in the hallway. It had a drawer full of medications pulled open, medication cart keys in the lock, and the computer screen with a patients' personal information visible. Med Tech Staff C was inside the activity room, out of view of the cart. On at 10:00 a.m., the Health and Wellness Director said the medications that were left out were to be sent to pharmacy and that typically the door should be closed to the nursing office if someone wasn't there or put the medications in a cabinet.. On at 10:30 a.m., the Administrator said the medication cart should never have been left open and unattended in the hallway. Class III	A 055		
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing:	A 079		

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A 079	Continued From page 15 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and	A 079		

Agency for Health Care Administration

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A 079	Continued From page 16 ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all	A 079		

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A 079	Continued From page 17 facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet	A 079		

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A 079	Continued From page 18 resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and staff and family interview, the facility failed to ensure that, notwithstanding the minimum staffing requirements, there are enough qualified staff to provide supervision and care to meet resident care standards. The findings included: During a tour of the facility on . . . . at approximately 10:15 p.m., it was observed that 1 staff was assigned to the memory care unit with 28 residents present and 1 staff was assigned to the assisted living unit which consists of 2 floors with 20 residents present on the first floor and 25	A 079		

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A 079	Continued From page 19 residents present on the second floor. No other staff were present in the building. On at 10:20 p.m., in an interview, Medication Technician (med tech) Staff A said she was covering the assisted living (AL) portion of the facility and Staff B was covering the memory care unit (MC). Staff A said she can help Staff B if needed, but Staff B cannot leave the memory care unit, so Staff A is the only person available to help the residents on the AL side. Staff A said her duties include passing any scheduled medications to residents, including memory care, handling any emergencies, and assisting residents through the night. Staff A said it can be difficult to handle with only 1 staff as there are 40 or so people in AL on 2 floors and doing this with only one person is especially hard as there are some residents that require 2 person assist and she has to get them out herself. On at 10:30 p.m., in an interview, Resident Aide ( ) Staff B said sometimes there are 2 people in MC but when it is only 1 it is difficult to do the work. Staff B said some residents require 2 people to assist them and with one person it is difficult to get done what she is supposed including laundry, setting the dining room for the morning, monitor the residents, provide care, monitor residents who get up and walk around, etc. On . . . . . at 10:44 a.m., the Health and Wellness Director (HWD) said she normally tries to staff MC with 2, barring something like a call out. The HWD said the AL side has less people that need assistance and that is usually staffed with 1 person. The HWD said there were supposed to be 3 staff members the evening prior, but someone called off and agreed It's not	A 079		

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A 079	Continued From page 20 ideal and she doesn't usually staff 1 and 1. The HWD said if there is an emergency, they can call her as she lives only 1.5 miles away. On . . . . . at 11:59 a.m., Med Tech Staff D (day med tech), said they do not feel there is enough staff to meet the residents' needs. Staff D said doing the work with only 1 staff member would be difficult as the AL side had a lot of people that need a lot of assistance, and mentioned Resident #1 and Resident #2 as examples. On . . . . . at 12:15 p.m., in an interview Resident #1's husband said they recently moved the time when they get his wife up. He said he was told it takes too long to get her up and now she gets her medications about 6:30 a.m., and they leave her in bed for an hour. One of the aides told him it takes too long with her in the morning. Record review of Resident #1's chart revealed a Health Assessment Form 1823 (1823) dated which indicated Resident #1 was a total assist in all areas except eating. The box for ambulation was left empty. The 1823 indicated Resident #1 was bedridden. Resident #1's chart revealed she was a Hospice resident and the Hospice interdisciplinary care plan indicated Resident #1 was a 2 person assist for transfers. On at 2:04 p.m., in an interview Staff E (LPN) said with Resident #1 it depends on the day, some days Resident #1 can be a 1 person assist and some days 2 person. Staff E said transfer status is determined by the HWD when she does assessments. Staff E pointed at the white board in the Health and Wellness office which listed Resident #1 as a 2 person assist.	A 079		

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A 079	Continued From page 21 On ... at 2:14 p.m., in an interview with the Hospice nurse, she said she had not attempted to transfer Resident #1, but Resident #1 was very _ that day. Resident #1 was observed in her room at this time, reclined in a chair and appeared to be sleeping. On at 3 p.m., in an interview the HWD agreed Resident #1 is documented as a 2 person assist and one person staffing the AL at night would not be able to meet Resident #1's needs. That could cause a safety concern for both the resident and the employee. The HWD said she had not been aware Resident #2's 1823's were not dated, and agreed the two forms indicated _ levels of assistance required by Resident #2. She said they would have to get a new assessment for him. Class III	A 079		
A 152	59A-36.014(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:	A 152		

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A 152	Continued From page 22 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and staff and family interview, the facility failed to provide a safe living environment, maintained free of hazards and ensure that existing structures are in good working order. The findings included: During a tour of the facility on and the following was noted: On at 11:00 p.m., brown spots were noted on the carpet outside of # and a dried brown substance was noted on the floor at the entry of # with a strong foul odor of feces. Staff A and B were present on tour and	A 152		

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A 152	Continued From page 23 said the resident in had problems with fecal . On at approximately 10:35 a.m., the same dried substance was noted to still be on the floor of # in multiple areas. The mattress had a large area of smeared brown substance and a pair of socks on the floor of the of the bed were filled with a brown substance. The room had a very strong, foul odor of feces. Brown spots were noted going down the hallway from # as if they had been tracked there off the wheels of a walker. On at approximately 10:45 p.m., multiple types of live bugs were seen in memory care dining room. These live bugs were seen in the cabinets, on the counter, on the floor, under the sink, in the silverware bin, and on bananas in the cabinets. Dried black substances were noted on the wall under the sink. On at approximately 11:00 a.m., the live bugs were still seen throughout the memory care dining room. One of the silverware bins was empty and dried food with hair and dust embedded in it was encrusted on the bottom of the bin. Dried black substances were noted on the floor near the refrigerator. Laminate was noted to be missing from the countertop. The wheeled serving cart was noted to have a black substance on all 3 shelves and a ceiling tile outside the entry to the dining room was noted to have a blackened circular area. On at approximately 11:00 p.m., the memory care hallway settee noted to have a white stain on it. On at approximately 11:00 p.m., the	A 152		

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A 152	Continued From page 24 memory care hallway carpeting was noted to be soiled and one area had a large pink stain. On at approximately 11:02 p.m., the memory care # had a strong foul odor of . On at approximately 11:10 p.m., 2 dinner trays were sitting on a settee in the hallway near # . On at 11:09 a.m., in an interview Resident #9's daughter said she had often come to the memory care unit to visit her mother and smelled foul odors and said you never knew what to expect. On at 11:36 a.m., in an interview Resident #10's daughter said when she comes in the unit, it was very frequent that she smelled odors and she usually brought in a deodorizer and said its just the smell of the whole unit. She said she doesn't think they really clean the rooms, and she see dust all over the place and finally said something. She said her mother's room and floor were just filthy. On at approximately 11:00 a.m., during an interview the Administrator said he had not been aware of the bugs in the memory care dining room and would call the pest control service in to exterminate. He also said he would have # cleaned immediately. Class III	A 152		