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
	AL11969220	A. BUILDING: _____ B. WING _____	03/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVEY'S ALF LLC	112 5TH ST HOLLY HILL, FL 32117

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint number 2021002471) and a Focused Control survey was conducted at Lovey's ALF LLC from to . Deficiencies were identified at the time of survey.	A 000		
A 008	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner ' s form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must 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 to or continued residency in the facility. The medical examination form may only be used to record the practitioner ' s direct observation of the patient at the time of examination and must include the patient ' s medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident ' s admission to or continued residency in the facility. The medical examination form, reflecting the resident ' s condition on the date the examination is performed, becomes a permanent part of the facility ' s record of the resident and must be	A 008		

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A 008	Continued From page 1 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. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and 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 [illegible] 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 provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel	A 008		

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A 008	Continued From page 2 shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when 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, in the opinion of the examining health care provider, the individual's needs can be met in an	A 008		

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A 008	Continued From page 3 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, [illegible], 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 admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30	A 008		

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A 008	Continued From page 4 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 interview and record review, the facility failed to ensure the 1823 Health Assessment was reviewed and used as the determining basis for admission into the facility for 1 of 6 sampled residents, Resident #1. The findings include: Review of Resident #1's record found multiple 1823 health assessments. The most recent 1823 form in the record was dated [redacted] was completed for Resident #1. This form showed she needed 24 hour nursing or psych care. When asked to explain if her needs could be met in a facility that was "not a medical, nursing, or [redacted] facility," the assessor checked "No." Section 3 of this form was not filled in. Instructions stated, " This section must be completed by the ALF Administrator or designee. This section must be completed for all residents and must be based on needs identified in Section 1 and 2 of this form, or electronic documentation, which at a minimum includes elements below." The elements were the service needs, frequencies and duration, who would provide the services, and initial start date of the service. Photographic evidence obtained. The Administrator was asked during an interview at 11:17 AM on [redacted] about the assessment from [redacted]. She stated she didn't use the 1823 health assessments to determine appropriateness for admission, and didn't notice the comments in this form about her ability to meet the needs of Resident #1.	A 008		

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A 008	Continued From page 6 An assessment dated indicated Resident #1 , and an elopement risk. Page 1 also indicated she she had a diagnosis of , was forgetful, and . Page 2 indicated she needed assistance for all activities of daily living (ADL's) except eating, but for ambulation, the check mark was scratched out and the column for "independent" was marked instead. This 1823 form showed she required 24 hour nursing or care. Page 5 showed she needed medication assistance, but both "needs assistance with self-administration" and "needs medication administration" were checked off. Page 5 was blank, and a medication list was attached. The top of these pages included fax details, showing it was faxed to the facility on at 9:11 AM. Photographic evidence obtained. A duplicate 1823 was also in the file. When compared, this was the same form that was completed . This assessment had the following changes: elopement risk was scratched out and changed to "No"; her was changed to ; her ADL's were marked as needing assist for all except eating; and on page 4, "Needs Medication Administration" was crossed out. Page 5 was filled in and signed by the resident and Administrator. This form had no timestamp from a fax machine. Photographic evidence obtained. At 1:40 PM on during another interview with the Administrator, she was asked which 1823 was accurate since the altered copy did not have a date or signature on who made the changes and how the changes were determined. She looked at both and did not know which was	A 008		

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A 008	Continued From page 7 the original and why changes were made. She was asked about the statement indicating this resident required 24 hour nursing or psych care and guessed that this was when she was experiencing psych issues but there was no evidence presented that clarification was sought on this assessment. Class III	A 008		
A 010	429.26( ) 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 must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, 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. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual	A 010		

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A 010	Continued From page 8 receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) 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	A 010		

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A 010	Continued From page 9 administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 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 [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 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 [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	A 010		

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A 010	Continued From page 10 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 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.	A 010		

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A 010	Continued From page 11 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 6 sampled residents was placed in an appropriate health care setting following a health decline which made her ineligible for Assisted Living Facility residency. The findings include: Review of the admission and discharge log showed Resident #1 was discharged from the facility on [redacted]. The Administrator confirmed on [redacted] at 9:35 AM that she was sent out for [redacted] care. Resident #1's record contained multiple 1823 health assessments. An 1823 dated [redacted] indicated Resident #1 was independent with ambulation, [redacted], eating, toileting, and transferring. She needed supervision for bathing and self-care. Her needs could be met in the facility, she did not have any [redacted], 3, or 4 [redacted], and she did not require 24-hour nursing or [redacted] care. On [redacted], an assessor detailed her physical and sensory limitations as unsteady gait, [redacted], [redacted], and paranoia. She [redacted] and was forgetful and required psych nursing. Page 2 indicated she required 24-hour nursing or [redacted] care. (A second 1823 with the same date was located in the record and indicated she was not an elopement risk. At 1:40 PM on [redacted], the Administrator confirmed there was no indication which was accurate.) She did not have any [redacted], 3, or 4 [redacted]. Photographic evidence obtained. Progress notes authored by facility staff showed that on [redacted] she was having [redacted] and	A 010		

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A 010	Continued From page 12 the staff reported it to the primary care physician (PCP). An , was completed. On the PCP recommended hospitalization for , management. On the resident was sent to the hospital, and she was readmitted on . Notes from documented a reddened area on her right , . Photographic evidence obtained. Hospital records within the file from showed she was to discharge with Home Health Care. An 1823 was completed after her hospitalization, in which the assessor documented she had a left , . She was and needed precautions. She required total assist with Activities of Daily Living (ADL's), required 24-hour nursing or , care, and "No" was checked off when asked if her needs could be met in a facility that was not a medical, nursing, or , facility. She did not have any , 3, or 4 , . Her medications needed to be administered to her, and a handwritten explanation stated," Need meds crushed, fed to patient." Section 3 of this form was not filled in. Instructions stated, " This section must be completed by the ALF Administrator or designee. This section must be completed for all residents and must be based on needs identified in Section 1 and 2 of this form, or electronic documentation, which at a minimum includes elements below." The elements were the service needs, frequency and duration, who would provide the services, and initial start date of the service. Photographic evidence obtained. The Administrator was interviewed at 11:17 AM on . She explained Resident #1 had been with her for 5 years. She described Resident #1 as appropriate for admission, until her in . When asked why the	A 010		

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A 010	Continued From page 13 1823 from after the hospitalization in showed she was not appropriate for admission, the Administrator explained they were trying to get her to discharge to a nursing home but the Power of Attorney (POA) refused. She promised she'd never place her in a nursing home, and the Administrator agreed to allow her to come . She acknowledged Resident #1 was not appropriate for admission based on the assessment, and explained she did not read the 1823 when deciding to allow Resident #1 to come . The Administrator then explained Home Health services were coming in to attempt to bring Resident #1 to her prior level of functioning. She was hopeful Resident #1 would recuperate from the hospitalization after getting , , , , but Resident #1 never achieved her prior level of functioning. She didn't respond to , and home health services ended in . When asked why she did not discharge Resident #1 to a higher level of care in after the failed attempt at rehab through Home Health, the Administrator explained it was because the POA did not want to move her. She approached the POA about enrolling Resident #1 in hospice, but she refused. Facility records provided on showed several visits from the home health agency. The documentation included care being provided to Resident #1 beginning in , . Photographic evidence obtained. Review of the report dated authored by the home health agency showed they addressed the on the right , , which measured which measured 1.8cm x 1.8cm x 0.4. It had (bloody fluid)	A 010		

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A 010	Continued From page 14 drainage, ... yellow tissue with . . . . (. . . . tissue that must be removed to promote healing) 75-100%. . . . . black tissue (non-viable tissue with thick black covering due to reduced flow) 0-25%. The physician order stated to cleanse the with normal , , dry, apply . . . . . (a debriding agent), and cover with and foam . . . Change 3 times a week and as needed. The home health nurse visited on . . . . . to perform a change, and she documented a small open area with . . . . . (clear fluid) drainage with no odor, with some yellow tissue noted in the . . . . bed. . . . . treatment order was obtained on , however was not available at the facility to apply to . On the home health assessed the . . . ; she cleaned the . . . however the was not available to apply to . . . . Further review of the record revealed on the Administrator called the APRN to send another order to the pharmacy for . . , since it was never delivered. There were no further home health visits after . . . . . as the service was discontinued in . . that the resident would be transferred to SNF that week. There was no documentation of any care provided to Resident #1 after the last home health visit on . Further review of the resident observation log, completed by the facility staff, revealed on , Resident #1 continued to decline, and the right . . . . . had a moderate amount of yellow drainage, with no odor. On staff documented the right . , had a large reddened area noted around the with yellow drainage. On . . . . notes showed the right , had moderate amount of yellow	A 010		

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A 010	Continued From page 15 drainage, no odor, and a large reddened area around the bed. On staff documented Resident #1 was out of bed in her wheelchair awake, , and disoriented. The right , had a large area around the bed, and a moderate amount of yellow greenish drainage. Further review of the record found that the APRN visited on prior to transferring to the SNF, however the progress note did not include examination of the right , . An interview was conducted with the Administrator on at 12:47pm. She was asked why the care treatment, , was not obtained and treatment initiated on . She said there was an issue with the APRN sending the order to the pharmacy and it wasn't started until . She was asked if the physician was notified about the delay in treatment or if she had requested other treatment in its place since there was an issue obtaining . She said she had not notified the physician or asked for other treatment as Resident #1 was waiting transfer to a Skilled Nursing facility (SNF) and they would provide the treatment and care. She stated she did not document in the record when care was performed, but she did make some notes in the resident observation log regarding the deteriorating with yellow and yellow drainage. When asked who was providing care to Resident #1 after , she said she had done the changes herself as a licensed nurse. She was asked if she had notified the physician when she observed the was worsening and there was yellow and green drainage, she said she did not know much about care and she was being transferred to a	A 010		

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A 010	Continued From page 16 SNF so they could treat the . . . She explained she was treating the skin like it was a superficial . She expressed at learning how advanced the . . . had become. She admitted the got out of . . and she could no longer provide care for Resident #1 due to her , medical needs. She was prompted to explain the decision to keep Resident #1 from the time she deteriorated following the hospitalization in . . to . . . . , and explained the POA was approached several times about moving her to a higher level of care. She confirmed no discharge notice was ever provided to the POA after it was determined Resident #1's needs couldn't be met in the ALF. It was only after the became unmanageable that she attempted discharge. The Administrator was asked if she had a status update on Resident #1 following the discharge. She said Resident #1 went through surgery and was supposed to discharge to the SNF, for . . . management. A progress notes from the visiting APRN on showed the chief complaint was a right , ... On page 2 she documented the plan was to send Resident #1 to a local Skilled Nursing Facility (SNF) for "advanced . . care." Photographic evidence obtained. On at 8:49 AM, the APRN who visited Resident #1 on . . . . . was interviewed by phone. She explained her visit was routine and she was not called in because of a change in Resident #1. She stated Resident #1 was in the process of moving to the SNF when she visited. The Administrator did not ask the APRN to look at any . . . for Resident #1's on	A 010		

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A 010	Continued From page 17 Record review showed that on during the initial nursing assessment at the SNF, she was found to be in , distress with decreased saturation levels and right , with foul smelling drainage. She was transferred to the hospital immediately on for evaluation. She was diagnosed with , and right , fully measured 8cm x 5xm x 3cm and was foul smelling with no drainage. The left , had an evolving , , and had non-blanchable area, compatible with pressure injury. Upon admission she was started on two different to treat the . On she underwent surgical debridement to excise the tissue to help promote healing. A vacuum was applied to the , to manage drainage. On she tested positive for COVID-19. cultures were ordered to identify organisms in the to treat with appropriate . Hospital records showed that Resident #1 was admitted on , the day she left the ALF. Case Management notes detailed that Resident #1 was sent to the SNF, who then sent her to the Emergency Room due to low saturation and . The Internal Medicine History and Physical stated she had , and . She required , "The patient is with , present on admission on right , left . Consult care." care notes dated explained the right 's was "fully , 8 cm x 5 cm x 3 cm that is . Foul smelling, though without drainage or peri (redness around the)." The left , was described as a , , and the had a stage one pressure injury. The plan was to	A 010		

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A 010	Continued From page 18 perform surgery (surgical debridement to remove all tissue to enable healing) and negative , (vacuum a method of decreasing air pressure around a to assist in healing). A specialty mattress was ordered, and protective were added to the left , and , as well as , . Photographic evidence of the notes obtained. Class II	A 010		
A 030	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (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 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida,	A 030		

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A 030	Continued From page 19 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 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed	A 030		

Agency for Health Care Administration

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A 030	Continued From page 20 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 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	A 030		

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A 030	Continued From page 21 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. (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	A 030		

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A 030	Continued From page 22	A 030		

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 must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. 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

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A 030	Continued From page 23 applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone 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 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated or under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review and	A 030		

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A 030	Continued From page 24 interview, the facility failed to ensure [redacted] control practices designed to mitigate the threat of COVID-19 were carried through to ensure the safe living environment for all 5 residents of the facility. The findings include: On [redacted] at 9:05 AM, the facility's Administrator answered the door. The nature of the visit was explained. Upon entry to the facility no COVID screening was conducted. There were no screening forms, [redacted] sanitizer, or thermometer in the entry area to take temperatures. The Administrator lead the surveyors to dining room to set up a workspace. At 9:18 AM on [redacted], she was asked how she was screening visitors prior to entering the facility. She said she had a table with supplies set up previously, but a resident kept moving the papers, so she moved everything. She was asked why the surveyors had not been screened, she said she had someone last night painting in the facility and the thermometer was moved and she could not find it. She provided a visitor log indicating when visitors were in the facility. She did not have any screening forms or temperatures recorded on the documentation provided. When asked where the [redacted] sanitizer was located, she pointed to the top of a file cabinet, which was not located near the entry of the building. All 5 residents of the building were located between the entry point of the facility and the location of the [redacted] sanitizer. At 9:45 AM on [redacted], a female wearing scrubs entered the facility and was seen going to a resident room. The Administrator spoke to her and she said she was a [redacted] nurse coming to see one of her patients. After entry into the	A 030		

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A 030	Continued From page 25 building, the Administrator then asked the nurse if she had any symptoms of COVID. She was not seen documenting any of the interaction, or asking the nurse to fill in any screening documentation. The Administrator confirmed that she had not been consistent with screening. Review of the guidance to Assisted Living Facilities by the Centers of . . . . . Control (CDC) dated : Considerations for Preventing the Spread of COVID-19 in Assisted Living facilities included the following: Given their congregate nature and population served, assisted living facilities (ALF's) are at high risk for SARS-CoV-2 spreading among their residents. Remind visitors and personnel not to enter the facility if they have or symptoms consistent with COVID-19, consider designating one central point of entry to the facility to facilitate screening while maintaining social distancing and establish visitation hours. Designate one or more facility employees to actively screen all visitors and personnel, including essential consultant personnel for the presence of and symptoms consistent with COVID-19 before starting each shift when entering the building. Photographic evidence obtained. Class III	A 030		
A 076	59A-36.009 FAC . . . . . ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An assisted living facility may not require execution	A 076		

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A 076	Continued From page 26 of a . . as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS- , "Health Care Advance Directives - The Patient's Right to Decide," , , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- . . . . is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and, 2. DH Form 1896, Florida . . . . Form, ... , 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005. (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant	A 076		

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	AL11969220	A. BUILDING: _____ B. WING _____	03/02/2021

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A 076	Continued From page 27 to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences or , staff trained in , , ( ) or a health care provider present in the facility, may withhold (and). (b) In the event a resident is receiving hospice services and experiences or , , facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure records for ( ) were accurate and complete for 2 of 5 sampled residents, Resident #5 and Resident #6. The findings include: Resident #5's record was reviewed on . It contained a form titled "Advanced Directives and Policy" signed by the resident's Power of Attorney (POA) and the Administrator. This form was filled in to indicate the resident was to have a . Photographic evidence obtained. The record also contained a yellow form, also signed by the POA. Resident #5's name was	A 076		

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A 076	Continued From page 28 not filled in and there was no physician signature on the form. Photographic evidence obtained. Resident #6's file was reviewed on . The file had the same form titled "Advanced Directives and Policy" and it too was checked off to indicate Resident #6 wished to execute a . This was signed by the resident and the Administrator on 11/9/2020. There was no executed yellow from in Resident #6's file. During an interview with Employee A on at 11:07 AM, she was asked who in the building had a . She explained that Resident #5 did. When asked where she would obtain his , she stated she'd pull the one from the chart and there were no other copies in the building. She did not mention Resident #6. The Administrator was interviewed at 12:32 PM on . She was asked which of the 5 current residents wished to have a . She said everyone was a full code and nobody wanted to execute a . All 5 residents relied on their delegated decision makers to act on their behalf, and that was their decision. Their policy was to contact the decision maker or POA (based on cognition level) and have them sign the form if they wanted the . She then reviewed the files for Resident #5 and Resident #6 and acknowledged the forms indicating these residents wished to have a and the lack of executed forms in the files. When asked what she would do if either of these residents were to code, she acknowledged she would have to start on both of them. She further stated that it was her understanding	A 076		

Agency for Health Care Administration

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A 076	Continued From page 29 that in an Assisted Living Facility the staff was required to start regardless of status. Review of the form located in Resident #6's chart titled " ( ) Policy" and watermarked with the facility's name, mandated that staff put the properly executed in the first section of the resident's file for quick reference should it be needed. It also explained the form must be signed by a physician. Photographic evidence obtained. Class III	A 076		
A 160	59A-36.015(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,	A 160		

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A 160	Continued From page 30 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 59A-36.018, 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, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, 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 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department	A 160		

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A 160	Continued From page 31 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 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 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure records for admission and discharge were accurately updated timely for 2 of 6 sampled residents (Resident #1 and #6). The findings include: At 9:30 AM on _____, the Administrator presented the facility' Admission and Discharge	A 160		

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A 160	Continued From page 32 log for review. The information on the top page of the log showed Resident #1 was discharged on [redacted] but no reason was listed. Above that entry, Resident #6's name appeared with entries filled in for both admission (on [redacted]) and a discharge reason ([redacted] rehab). She was listed as discharging to a local Skilled Nursing facility (SNF). The Administrator was asked for clarification on [redacted] at 9:35 AM. She explained the entries were wrong for Resident #1 and Resident #6. She was observed updating the log to show Resident #6 did not discharged to a SNF and was a current resident. Resident #1's entry was updated to show she discharged to the SNF for [redacted] rehab. Photographic evidence obtained. Class III	A 160		