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
	AL11968566	A. BUILDING: _____ B. WING _____	06/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDY'S HOUSE INC	405 ROSEDALE DRIVE SATELLITE BEACH, FL 32937

(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 6-month survey, control monitoring and generator monitoring were all conducted at Candy's House on . The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to follow a health care provider's medication order for 1 of 3 sampled residents (#1.) Findings: Review of resident #1's 1823 health assessment form that was dated revealed the resident had a diagnosis of [redacted] of the and required assistance with self-administration of medications. Review of a health care provider's order that was dated revealed an order for	A 025		

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A 025	Continued From page 2 . . 10 milligrams (mg) 1 tablet by . . . every six hours around the clock. Review of the resident's , Medication Observation Record (MOR) revealed the resident was given a dose of , each day at 8 p.m. then not again until 7 a.m. the next morning, which was not every six hours. At 11:50 a.m. on the administrator first said the resident was not given the medication during the night because the resident was sleeping then said she asked the resident each night whether she needed it and the resident said no. Review of the resident's record revealed there was no documentation to indicate hospice, or a health care provider was informed that the resident consistently did not receive the medication every six hours as prescribed. When the surveyor asked whether hospice or a health care provider was informed, the administrator said "they knew" then said she did not document the notification and did not document each time the resident said that she did not want the medication. At 2:35 p.m. on resident #1 said she did not receive the medication during the night because the administrator was asleep, and the resident did not want to wake the administrator up to ask for it since the administrator worked so hard. The resident said she did have , each morning that radiated from her , . to her . . . but said she would have the , whether or not she received the medication during the night. Class III	A 025		

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AL243	Continued From page 3	AL243		
AL243 SS=D	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may	AL243		

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AL243	Continued From page 4 count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the . . . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are	AL243		

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AL243	Continued From page 5 retained in their personnel files. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure 1 of 2 staff who was in direct contact with mental health residents completed no less than 6 hours of specialized training in working with individuals with mental health diagnoses (A). Findings: Review of the facility's license revealed it contained a Licensed Mental Health (LMH) designation. Observations made at 9:15 a.m. on revealed staff A was interacting with the residents. At 12 p.m. on staff A was seen serving lunch to the residents. Review of staff A's personnel record revealed a hire date of . The record did not contain documented evidence to indicate the staff member completed the required 6 hours of training in working with individuals with mental health diagnoses. At 1:15 p.m. on the administrator confirmed the findings and said staff A never completed the training because all the staff member did was serve the residents food and clean the facility. Class III	AL243		