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
	AL11932515	A. BUILDING: _____ B. WING _____	11/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKVIEW TERRACE	7220 BAILLIE DRIVE NEW PORT RICHEY, FL 34653

(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 numbers: 2021015358 and 2021015724) and a revisit to complaint investigation (complaint number: 2021011492) were conducted at Oakview Terrace on . Deficiencies were identified at the time of survey.	A 000		
A 025 SS=G	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 Resident Care Standards. 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 025		

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A 025	Continued From page 1 (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 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 observation, record review and interview, the facility failed to provide supervision to meet the needs of residents residing in the facility's memory care unit for combative and aggressive behavior which included not following the facility's incident reporting policy and procedures, not having an awareness of residents' safety, not notifying residents' health care providers and responsible parties of incidents, and not maintaining residents' record with health care changes and incidents for four (Residents #1, #2, #17, and #20) of four sampled residents that resided in the facility's memory	A 025		

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A 025	Continued From page 2 care unit. Findings Included: During an observation of Residents #1 and #2, conducted on at 02:30pm, Resident #2 approached Resident #1 and the two verbally arguing. Staff K intervened after the arguing commenced and redirected Resident #2 away from Resident #1. Staff J also intervened and stayed with Resident #1 and showed her how to fold clean laundry. During an interview with Staff F, conducted on /2201 at 05:27pm, Staff F stated that on Resident #1 was combative when Resident #2 and Resident #1 got into it and Resident #1 was not listening to staff. Resident #1 hit other residents and staff tried to redirect her and that was when Resident #2 and her got into it. Resident #2 grabbed Resident #1 by the of her , and Resident #1 down when Resident #2 pushed her. Resident #1 was hitting and kicking Staff E when she tried to get the resident into a room. Resident #1 was on the ground and kicked Staff E across her and she bit Staff H and Staff F. Staff F stated that none of the employees attempted to call 911 or Resident #1's primary care provider. During an interview with Staff E conducted on at 05:46pm, Staff E stated that Resident #1 every day and becomes aggressive and will try to bite, kick, and hit other residents and staff. On , Resident #1 tried to bite Staff F and he gave her a big bear hug and Resident #1 butted Staff E and became combative when Resident #2 grabbed Resident #1 by the of her and Resident #1 then bit Resident #2. Resident #2	A 025		

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A 025	Continued From page 3 threw Resident #1 into the linen basket and then onto the floor. The staff got Resident #2 away from Resident #1 and Staff E attempted to assist Resident #1 off the floor and the resident kicked Staff E in the . . . and bit Staff F and Staff H. Resident #1 punched Resident #20 in the and she on the floor and got a cut to the right side under her , . Staff E stated that no one called 911 and no one called Resident #1's primary care provider until the Director of Nursing arrived at the facility. During an interview with Staff D, conducted on at 06:00pm, Staff D stated that Resident #1 hit Resident #20 in the , on when Resident #1 was aggressive and combative. A record review for Resident #1, conducted on , revealed that Resident #1 had a health assessment dated . . . . . and there was no page 2 with this health assessment. One other health assessment form in Resident #1 was not dated and was incomplete and did not include all the required data. Resident #1's health assessment stated that she required a monitoring for safety and wellbeing. There was no care plan found in Resident #1's record and page 5 of the health assessment did not specify care and services provided to the resident for her identified combative and aggressive behaviors or the monitoring of her safety and wellbeing. There was no evidence of additional care and services that the facility had obtained for Resident #1 for her documented combative and aggressive behaviors of hitting, kicking, and biting other residents and staff. There was no documentation of any Resident #1's combative and aggressive behaviors in her record and there was no indication that the facility had notified Resident	A 025		

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A	Continued From page 4	A 025		

#1's primary care provider and responsible party with each incident. Resident #1's had a notation from another agency in her record that stated that the incident of combative and aggressive behavior on stemmed from the resident resided in memory care and and becomes combative and has , ,. There was no evidence of the care and services that the facility provided to Resident #1 for her combative and aggressive sundowning or for her , ,. Resident #1 was admitted to the facility on .

A review of in-house incident report for Resident #1, conducted on , revealed the following:

-Incident report dated at 04:00pm that did not include corrective measures to prevent reoccurrence and the outcome of the incident was not noted when Resident #1 was combative and stealing other residents' clothes and very argumentative and aggressive when approached and the resident got in employee's . There was no evidence that this incident report/incident was reviewed by management, Administrator, or Director of Nursing.

-Incident report dated at 0638pm that did not include actions to prevent recurrence when Resident #1 was standing over Resident #17 while she was on the floor and Resident #2 was on top of Resident #17. There was no formal investigation that was conducted or provided. There was no evidence that the facility notified Resident #1, #2, or #17s responsible parties or primary care providers. The incident report was not signed or reviewed by the Administrator and Director of Nursing. There was no response or instructions provided on the incident report by any

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A 025	Continued From page 5 reviewers of the incident. -Incident report dated . . . . at 09:00pm that did not include the actions taken by staff during the time of the incident or the actions to prevent recurrence when Resident #1 became combative and was mixing napkins in food and when aides took her plate she became combative and kicking them pinching and scratching them and she also kicked the table into another unidentified resident in the . . . . and Resident #1 was also taken other residents' food off their plates and the Medication Technician devised by getting her to to her, unknown place, before getting worse. This incident report was significantly different than other incident reports for this resident and later in this report, it stated that the incident occurred on at 12:15pm. There was no formal investigation that was conducted or provided. There was no evidence that the facility notified Resident #1's responsible parties or primary care provider. The incident report was not signed or reviewed by the Administrator and Director of Nursing. There was no response or instructions provided on the incident report by any reviewers of the incident. Sections 3, 4, 5, and 6 were not completed as required by the facility's policy and procedures. There were no corrective measures identified to prevent reoccurrence of this incident. There was no outcome of the incident described. The Administrator signed the incident report on . . . . . but it was not reviewed by the Director of Nursing as there was no signature of the Director of Nursing. -Incident report dated . . . . . at 09:10am there was no evidence that the facility notified Resident #1's responsible party or health care provider when she had been hitting Staff B and	A 025		

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A 025	Continued From page 6 other staff members for the past four nights and punched Staff B several times and bent her [illegible] and Staff B tried to give Resident #1 her medication and the resident threw feces water on Staff B and tried hitting another resident multiple times. Staff B tried to redirect Resident #1 unsuccessfully to fold laundry and there were no actions taken. There were no actions to prevent recurrence identified. There was no evidence that Resident #1's responsible party or primary care physician were notified. There were no incident reports provided on the other four days that Resident #1 was hitting staff and other residents provided. The incident report was not reviewed by the Director of Nursing or the Administrator as there was no signature of either on the incident report or a response or instructions that were made. -Incident report dated at 08:00pm when Resident #1 would not get out of Staff H's and went and hit another care staff and hit and bit Staff H and kicked another unidentified Medication Technician in the and hit another resident five minutes later. Actions taken immediately stated that Staff H "Restrained (Resident #1) to calm her down". There was no additional care or services that was provided to Resident #1 that was noted in her record to prevent recurrence of the incident. A record review for Resident #2, conducted on [illegible], revealed that Resident #2's record did not contain care and services provided to the resident for his documented aggrieve behaviors. There was no provision of care identified on page 5 of Resident #2's health care assessment form dated identifying the care and services that the resident required for combative and aggressive behaviors.	A 025		

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A 025	Continued From page 7 During an attempt to review the in-house incident reports for Residents #2, #17, and #20 for the incidents that occurred on at 06:38pm and at 08:00pm, conducted on , there was none provided. There was no evidence that the Facility notified Residents #2, #17, or #20's responsible parties or primary care providers of the incidents. There were no measures implemented to prevent recurrence of the incident and the incidents were not documented in the residents' records. During a review of an in-house incident report for Resident #2 on , conducted on , revealed that Resident #2 witnessed Resident #2 grab Resident #1 by the arms and "slanging her to the floor". There was no evidence that Resident #2 and #1's responsible parties or health care providers were notified of the incident. The action to prevent recurrence was to keep the two residents away from each other. There was no evidence that the facility was keeping Resident #2 and #1 away from each. There was no response or instructions provided by the Director of Nursing or Administrator. During an interview with the Administrator, conducted on at 08:00pm, the Administrator agreed that the facility was not following their incident reporting policy and procedures stated that she was unaware of the number of aggressive and combative episodes that Resident #1 had with both staff and residents. The Administrator stated there had been no discussion of Resident #1 needing a higher level of care than the facility could provide. The Administrator agreed that each incident needed to have its own incident report for each	A 025		

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A 025	Continued From page 8 resident involved and that Resident #1 needed four separate incident reports for the incident report dated . At 08:25pm, the Administrator stated that the incident reports were incomplete and did not include all of the required data according to their incident reporting policy and procedures and that the incident report dated was on the wrong form. The indicated that Staff H used the wrong word when she stated that she "restrained (Resident #1) to calm her down" and that restraining residents was not permitted. The Administrator agreed that if incident reports were reviewed, that she would be aware that the facility was not following their incident reporting policy and procedures and would be aware of discrepancies and care and service needs of residents that were having incident reports. The Administrator stated that the facility did not have a committee or risk management to assess facility incident reports or adverse incident reports. Class II	A 025		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication	A 052		

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A 052	Continued From page 9 name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not	A 052		

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A 052	Continued From page 10 include: (a) Mixing, [illegible], converting, or [illegible] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a [illegible] of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH	A 052		

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A 052	Continued From page 11 SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving	A 052		

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A 052	Continued From page 12 the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure proper assistance with self-administration of medications according to the required steps in 429.256 Florida Statutes for three Residents (#1, #5, and #6) of three sampled residents that required assistance with self-administration of medication. Findings Included: During a medication pass observation for Residents #1, #5, and #6 with Staff I, conducted on between 04:42pm and 04:50pm,	A 052		

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A 052	Continued From page 13 revealed the following: -At 04:42pm, Staff I popped pills from Resident #1's medication packs at the medication cart for [redacted], 1mg and 0.5mg. Resident #1 was not present at the medication cart. Staff I carried the pills in a plastic medication cup to Resident #1 sitting in the dining room and stated the medication name by memory and there were no medication labels present. Staff I poured the two pills from the plastic medication cup into Resident #1's [redacted]. -At 04:45pm, Staff I popped pills from Resident #5's medication packs at the medication cart for [redacted], 325mg, Chewable 500mg, [redacted], [redacted], 25-100mg, [redacted] 100mg, 50mg, and D3 tablet 10mcg. Resident #5 was not present at the medication cart. Staff I carried the pills in a plastic medication cup to Resident #5 sitting in the dining room and stated that "these are your 5pm medications" and handed the cup of medications to the resident. There were no medication labels present. -At 04:50pm, Staff I popped pills from Resident #6's medication pack at the medication cart for [redacted], [redacted] 300mg. Resident #6 was not present at the medication cart. Staff I carried the pills in a plastic mediation cup to Resident #6 sitting in the dining room and handed Resident #6 the cup of pills. Staff I did not identify what medications Resident #6 was provided and did not have his medication label present. A record review for Resident #1, conducted on [redacted], revealed that Resident #1 had a health assessment form that was not dated and did not specify the type of assistance that the	A 052		

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A 052	Continued From page 14 resident required for medication administration. A record review for Resident #5, conducted on , revealed that Resident #5 required assistance with self-administration of medications according to her health assessment from dated . . . A record review for Resident #6, conducted on , revealed that Resident #6 required assistance with self-administration of medications according to his health assessment from dated . During an interview with Staff A, conducted on at 11:10am, Staff A agreed that unlicensed Medication Technicians were required to read the medication labels to residents and in front of the resident pop the pill out of the pill packs. Staff A agreed that Staff C only had evidence of a four-hour Medication Technician Training in the employee's record. During an interview with the Director of Nursing, conducted on at 07:15pm, the Director of Nursing stated that was her expectation for unlicensed Medication Technician's to follow their training when assisting residents with their medications. The Director of Nursing stated that unlicensed Medication Technicians were to have resident at the medication cart or in the medication room one at a time and pop pills from medication packs in front of the residents. The Director of Nursing stated that unlicensed Medication Technicians were permitted to assist residents to take their medications by using the over method if needed but were not permitted to administer medications by placing the medications directly	A 052		

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A 052	Continued From page 15 into residents' mouths. Class III	A 052		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).	A 081		

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A 081	Continued From page 16 (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.	A 081		

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A 081	Continued From page 17 (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . ., neglect, and , . The facility must use its . . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by:	A 081		

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A 081	Continued From page 18 Based on record review and interview, the Facility failed to provide direct care staff with the required in-service trainings for a two-hours pre-service orientation and control training prior to providing care and interacting with residents. Furthermore, the facility failed to provide direct care staff with training regarding incident reporting, resident rights, recognizing and reporting , neglect, and within thirty-days of hire for six employees (Staff B, C, D, E, G, and H) of six sampled employees. Findings Included: An employee record review for Staff B, C, D, E, G, and H, conducted on , revealed that Staff B, C, D, E, G, and H's employee records did not contain evidence that the employees had required trainings for a two-hours preservice orientation prior to interacting with residents. Staff G's employee record did not contain evidence that the employee had the required training for control including universal precautions prior to providing care to residents. Staff B, C, D, E, and H's employee records did not contain evidence that they employees had required trainings for incident reporting, resident rights, and recognizing and reporting , neglect, and within thirty days of their date of hire. Staff B was hired on . Staff C was hired on . Staff D was hired on . Staff E was hired on . Staff H was hired on . Staff G was hired on . During an interview with the Administrator, conducted on at 08:25pm, agreed that Staff B, C, D, E, G, and H's employee records did not contain evidence that they had received required trainings which included a	A 081		

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A 081	Continued From page 19 two-hours pre-service orientation and [illegible] control training prior to providing care and interacting with resident and trainings regarding incident reporting, resident rights, recognizing and reporting [illegible], neglect, and [illegible] within thirty-days of hire. Class III	A 081		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques,	A 084		

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A 084	Continued From page 20 including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ;	A 084		

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A 084	Continued From page 21 j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training	A 084		

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A 084	Continued From page 22 provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed ensure that employees assisting residents with medications had the required 6-hour training regarding assistance with self-administration of medications prior to assisting residents with their medications for one unlicensed Medication Technician (Staff G) of six sampled employees. Findings included: A review of the Staff G's employee record, conducted on , revealed that Staff G did not have evidence that she completed a six-hours training regarding assistance with self-administration of medications. Staff G was hired on as a full-time unlicensed Medication Technician for the 03:00pm to 11:00pm shift. During an interview with the Director of Nursing, conducted on at 07:15pm, the Director of Nursing agreed that Staff G did assist residents with their medications. During an interview with the Administrator, conducted on at 08:25pm, the Administrator agreed that Staff G's record did not contain evidence that Staff G completed 6-hours of training regarding assistance with self-administration. Class III	A 084		

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A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , , and , , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training.	A 086		

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A 086	Continued From page 24 (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under	A 086		

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A 086	Continued From page 25 section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with . . . . . or related . . . . . , or 2. Three years of practical experience in a program providing care to persons with . . . . . or related . . . . . , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with . . . . . or related . . . . . . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have employees trained with four-hours training regarding . . . 's . . . . . and related . . . (ADRD) level-I within three months of employment and failed to have employees trained with four-hours of ADRD updates annually for three employees (Staff B, C, and F) of seven sampled employees that	A 086		

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A 086	Continued From page 26 interacted daily with residents with [redacted]'s and [redacted]. Findings Included: A record review for Staff B and C, conducted on [redacted], revealed that there was no evidence in Staff B and C's employee records that the employees completed four-hour of required training for ADRD level-I within three months of employment. Staff B was hired on [redacted]. Staff C was hired on [redacted]. A record review for Staff F, conducted on [redacted], revealed that there was no evidence in Staff F's employee record that the employee completed a four-hour ADRD update annually. Staff F's last annual update was dated [redacted] and there was no other annual update found in Staff F's record. Staff F was re-hired on [redacted]. During an interview with the Administrator, conducted on [redacted] at 08:25pm, the Administrator agreed that Staff B and C did not have evidence that they had completed the required ADRD Level-I training. The Administrator agreed that Staff F did not have evidence they he completed a four-hours ADRD update. Class III	A 086		
A 160 SS=D	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	A 160		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKVIEW TERRACE	7220 BAILLIE DRIVE NEW PORT RICHEY, FL 34653

(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 160	Continued From page 27 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 [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible]. (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	A 160		

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A 160	Continued From page 28 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 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,	A 160		

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A 160	Continued From page 29 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 record review and interview, the facility failed to maintain an up-to-date admission and discharge log with all required admission and discharge data for five Residents (#7, #8, #9, #10, and #11) of five sampled current and former residents. Findings Included: A review of the admission and discharge log, conducted on , revealed that it was not up to date and was missing required admission and discharge data for Residents #7, #8, #9, #10, and #11. -Resident #7 was admitted on with no year noted of her admission or the hospital name that she was admitted from. -Former Resident #8 had no date or place of her admission and was discharged on with no year noted. There was no place noted of where Resident #8 was discharged to. -Resident #9 was admitted on with no year noted of her admission or the hospital name that she was admitted from. -Former Resident #10 was admitted on with no year noted of his admission or the place he was admitted from. Resident #10 was discharged on with no year noted. There was no place where Resident #10 was discharged to or the reason of his discharge. -Former Resident #11 was admitted on with no year noted of her admission or the hospital	A 160		

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A 160	Continued From page 30 that she was admitted from. There was no place where Resident #11 was discharged to or the reason of his discharge. A review of the current resident list, conducted on , revealed that Resident #8, #10, and #11 were not listed as current in-house residents. During an interview with the Administrator, conducted on at 08:00pm, the Administrator agreed that the admission and discharge log was not up to date and was missing required admission and discharge data for Residents #7, #8, #9, #10, and #11. Class III	A 160		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. . . . . ;	A 165		

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A 165	Continued From page 31 2. [illegible] or [illegible] damage; 3. Permanent [illegible]; 4. [illegible] or [illegible] of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) [illegible], neglect, or [illegible] must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be	A 165		

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A 165	Continued From page 32 reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to submit a one-day adverse incident report (AIRs) electronically as required for one Resident (#1) of one sampled resident. Findings Included:	A 165		

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A 165	Continued From page 33 A review of Resident #1's record, conducted on , revealed that there was no documentation related to an incident that occurred on and law enforcement and another State agency investigated on . A review of the AIRs system, conducted on , revealed that the facility had not submitted a one-day AIRs for Resident #1 or #2 when Resident #1 became combative and aggressive and was hitting, kicking, punching, and biting staff and other residents and Resident #2 grabbed Resident #1 by the of the and threw her onto the floor (Reference: A0025). A review of an email dated 11/16/2021 at 08:06am, from the Agency to the Administrator, conducted on , the email stated that the AIRs report that the facility submitted via email, fax, or mail and that the facility must make an online submission which was required for AIRs. During an interview with the Administrator, conducted on at 08:00pm, the Administrator stated that she had submitted a one-day AIRs report for Resident #1's aggressive and combative behavior on and had not submitted the AIRs online. The Administrator stated that she did not read the email in full and did not know that the online submission was required. The Administrator agreed that the facility was not following their incident reporting policy and procedures stated that she was unaware of the number of aggressive and combative episodes that Resident #1 had with both staff and residents. Class III	A 165		