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
	AL11910963	A. BUILDING: _____ B. WING _____	02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAZEL CYPEN TOWER	5066 NORTHEAST 2ND AVENUE MIAMI, FL 33137

(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 (complaints numbered 2022018995 and # 2023000508) was conducted at Hazel Cypen Tower from through . The provider had deficiencies identified at the time of the survey.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (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 receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice,	A 010		

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A 010	Continued From page 1 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 administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (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 -to-medical examination by a health care practitioner 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 the practitioner's form or 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, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and,	A 010		

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A 010	Continued From page 3 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, 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 an 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	A 010		

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A 010	Continued From page 4 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that one of nine sampled residents (Resident # 3) met the criteria for continued residence. Resident # 3 suffered [redacted], was combative, hitting staff, yelling and touching other residents and being non-complaint. Findings included: Review of Resident # 3's progress notes revealed that: - On [redacted] resident continues to get up during the night without assistance from the hospital bed and keeps going to the to the other bed in the room despite teaching and re-direction. - On [redacted] resident paces around all night last night despite redirection. - On [redacted] staff reported to the nurse that resident is [redacted] and agitated after receiving a shower after dinner. Resident was noted coming out of wheelchair several times, stated, "Lets Go." Resident refused vitals to be done and continues to mumble Let's go. After several attempts not being non complaint into her wheelchair, staff was asked to walk closely with her and monitor her safely due to her not sitting in the wheelchair. Resident is currently 1 to 1 with staff. -On [redacted] at 0800 observed resident stand up from her wheelchair and walk over towards the nursing station and [redacted] in a sitting position. No apparent injury noted. Awake and verbally responsive, no signs of [redacted] or discomfort. - On [redacted] at 15:10 Staff reported that resident was found on the floor in her room, by bedside in sitting position. - On [redacted] at 16:43 resident woke up middle of the night and was walking in the unit. Closed	A 010		

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A 010	Continued From page 5 supervised. - On Resident not sleeping and was pacing around throughout the night shift. Redirection provided and was unsuccessful. Resident breaks and drop everything in her room on the floor. Close supervision in progress. - On received report from CNA resident did not sleep last night and found broken item on the floor and the room a mess. Staff remained with resident. Resident did not sleep regardless of interventions from staff. - On 11:00 AM activity staff offered and tried to take resident outside with other residents but unable resident became combative. - On at 12:45 PM resident yelling and hitting staff when attempt was made to assist with meals. - On resident noted yelling HELPPPP loudly in the dining room area trying to get out of her wheelchair. Staff present to relax and calm her down, but she continues to be non-complaint. - On resident noted yelling at staff and peers in the dining room throughout meals. Other residents had to be moved from the table due to her yelling and touching them inappropriately. - On resident noted yelling and cursing at the staff and her peers in the dining room during breakfast. Resident was redirected several times to her wheelchair to sit down. Nursing was advised to sit close to monitor her. Staff reported that resident attempted several times to hit her when asked to sit down in her chair. - On after staff finished assisted her with dinner and she went to attent to another resident with dinner. Resident start yelling and leave her wheelchair, she grabbed a dinner chair run with it, by the time staff run to assist her she had already lost her balance and got herself on the floor in the dining room closed to her usual seat. - On resident sitting in the dining room	A 010		

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A 010	Continued From page 6 yelling foul words and screaming at staff. resident redirected . . into her chair by staff, refuses to sit at times. - On resident noted yelling HELP HELP HELP throughout breakfast, screaming at staff using profanity and wants to try to get out of chair. Staff present to continue to calm her down. Resident will watch Tv for a few minutes or read then starts . . . . yelling again. Resident note several times getting out of chair. Resident wants to continue to disturb other resident sitting at the same table, therefore resident had to be removed. - On resident noted yelling in the dining room several times disturbing peers at the table. Resident was moved and placed to another table and continued to yells. Paper and crayons given to her and she began to coloring but still continue to scream. - On at 8:20 resident was observed on the floor by . . . of the bed. Resident was restless, moving constantly and trying to grab things. - On resident sitting in the dining room constantly yelling out loud. Resident was asked several times what is wrong but she cannot state what. . . . . . 21:43 Resident was observed in the dining room yelling at staff and peers at dinnertime. Nursing staff reported resident attempted to hit and kicked her while assisting to bed. On . . . . . at 11:25 AM Administrator stated, "I started on , as administrator, I do not know about before. I gave her daughter a 45 days verbally. I met with Resident # 3's daughter on Monday and told her that her mother did not meet criteria. At this time, we are doing one to one with	A 010		

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A 010	Continued From page 7 Resident # 3 and we are covering for that. When I started, we re-evaluated all residents. When Resident # 3 was admitted she could not walk and when we started doing medication management she started to improve and to walk and then became like this and we are not able to provide the care that she needs at the ALF and needs to move to the skilled nursing facility." Class III	A 010		
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 [illegible] or [illegible] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [illegible] or [illegible]. 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 [illegible] 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	A 025		

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A 025	Continued From page 8 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 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, and interview the facility failed to provide appropriate supervision for two out of nine sampled residents (Resident #3 and Resident #4). Resident #3 sustained 3 at the facility from through , and Resident #4 sustained 4 at the facility from through , .	A 025		

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A 025	Continued From page 9 Findings included: Review of the facility's log revealed Resident #4 sustained a at the facility on , , , and and Resident # 3 sustained on , and . Review of Resident #4's progress notes completed on revealed "at 7AM incoming CNA [Certified nursing assistant] called to notify that the resident was found on floor in the bathroom near the toilet when she arrived to her room for assistance. I found the resident sitting on the floor with her legsextended awake, alert, oriented to person and place, disoriented to time. Patient stated 'I am fine, I just slipped from the toilet when I tried to get up.' Resident and daughter instructed on importance of wearing non-skid shoes/socks." Review of Resident #4's progress notes completed on revealed "Around 2pm during rounds, resident observed on floor in sitting position with her against the bed stating 'I slipped from the bed while turning. okay, I just need some help to get up.'" Review of Resident #4's progress note completed on revealed "Resident was found by staff on floor at right side of bed. Resident stated 'I tried to get out of bed and my pushed forward and I on my butt.' Floor was dry and free of clutter. One pair of resident non-skid footwear was found off her beside her on the floor." Review of Resident #4's progress note completed on revealed "Post resident complained of , from her right down	A 025		

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A 025	Continued From page 10 to her . . . . Resident have . . . . above right . . , ice was placed on area and resident was given 2 tabs of . . . 325 mg." During an interview on . . . . . at 11:16AM The Director of Risk Management (Staff C), stated "On . . . . . at 1600 the resident was found on the floor at the right side of the bed by nursing staff. Resident walker was next to her on the floor with footwear on her and the other off her . . . , resident stated 'I had a light . . , my shoe . off my while in bed and I tried to get up to put it . . . on and slipped off the bed onto the floor on my butt.'". Review of Resident #4's health assessment (AHCA Form 1823) completed on . . . . revealed diagnoses of status post Loop , ... recorder, ... x 2, moderate-severe , . . . , moderate- . . . . . , frequent . . . , ... Left . . . . . status post verebral . . . . . accident, and . . . . . The resident had physical limitations of high risk, requires walker, may require assistance with ADL's [Activities of daily living], 1 person assist, and Left sided neglect status post . . . . The resident was a high risk. Further review of the health assessment revealed the resident needed supervision with ambulation (walker), Independent with bathing, . , eating, grooming, toileting, and Assistance with transferring. During an interview on . . . . . at 11:33AM when asked what interventions were put in place after the numerous . , The Director of Resident Care (Staff B) staed "The resident was not wearing	A 025		

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A 025	Continued From page 11 non-skid socks, I talked to the daughter and she brought them, the resident also over-estimates her limits and tries to get out of bed without calling for assistance, the resident is alert and oriented, we increased rounding for staff, after the second out of bed on that's when we noticed the pattern of her having an issue getting out of bed. The daughter ordered a new mattress after the on , we decided to change the box frame in the meantime while we are awaiting the new mattress. Since the box frame switch there has been no other out of the bed from her." Review of Resident # 3's progress notes completed on revealed "0800 observed resident stand up from her wheelchair and walk over towards the nursing station and in a sitting position. No apparent injury noted. Awake and verbally responsive, no signs of , or discomfort. Daughter and hospice made aware of . Will continue to observe the resident." Review of Resident # 3's progress notes completed on revealed "15:10 Staff reported that resident was found on the floor in her room, by bedside in sitting position. No injuries noted. Daughter informed." Review of Resident # 3's progress notes completed on revealed "after staff finished assisted her with dinner and she went to attempt to another resident with dinner. Resident start yelling and leave her wheelchair, she grabbed a dinner chair run with it, by the time staff run to assist her she had already lost her balance and got herself on the floor in the dining room closed to her usual seat. Daughter and hospice notified, no signs of injury at this time."	A 025		

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A 025	Continued From page 12 Review of Resident #3's health assessment (AHCA Form 1823) completed on revealed diagnoses of COVID-19 from to . Biliary , , The resident had physical limitations of generalized , decreased range of motion, uses wheelchair. Nursing/Treatment/ , service requirement: Requires assistance with activites of daily livng. Hospice services. Comfort measures. , , and skin precautions. Required total assistance with toileting and assistance with the rest of her activities of daily living and medication administration. On at 11:25 AM Administrator stated, "I started on , as administrator, I do not know about before. I gave her daughter a 45 days verbally. I met with Resident # 3's daughter on Monday and told her that her mother did not meet criteria. At this time, we are doing one to one with Resident # 3 and we are covering for that. When I started, we re-evaluated all residents. When Resident # 3 was admitted she could not walk and when we started doing medication management she started to improve and to walk and then became like this and we are no able to provide the care that she needs at the ALF and needs to move to the skilled nursing facility." Class III	A 025		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES.	A 030		

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A 030	Continued From page 13 (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, 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	A 030		

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
	AL11910963	A. BUILDING: _____ B. WING _____	02/16/2023

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A 030	Continued From page 14 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical (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 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. 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	A 030		

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A 030	Continued From page 15 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 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.	A 030		

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A 030	Continued From page 16 (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 , , for health care services, the provision of or arrangement of transportation to health care , , , 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 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	A 030		

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A 030	Continued From page 17 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, [illegible], 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 [illegible] Hotline operated by the Department of Children and Families, and, if applicable, [illegible], 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 [illegible] Hotline operated by the Department of Children and Families, and [illegible], 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	A 030		

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A 030	Continued From page 18 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 record review and interview the facility failed to provide a 45 days notice of relocation or termination of residency in writing to the legal representative of one out of nine sampled residents (Resident # 3). Findings included: Review of Resident # 3's progress notes revealed, " Meeting with daughter and executive director, clinical director, hospice SW, NP and this writer. Family was notified resident does not meet the criteria to continue in the memory care unit. Hospice SW and I will assist with the transition to a nursing home." A review of Resident # 3' record revelaed that there was no written 45 days notice of termination of residency or relocation with the reasons for this decision. On at 11:25 AM Administrator stated, "I	A 030		

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A 030	Continued From page 19 started on [redacted] as administrator, I do not know about before. I gave her daughter a 45 days verbally. I met with Resident # 3's daughter on Monday and told her that her mother did not meet criteria. At this time, we are doing one to one with Resident # 3 and we are covering for that. When I started, we re-evaluated all residents. When Resident # 3 was admitted she could not walk and when we started doing medication management she started to improve and to walk and then became like this and we are no able to provide the care that she needs at the ALF and needs to move to the skilled nursing facility." Class III	A 030		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [redacted], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance [redacted], 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C.	A 162		

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A 162	Continued From page 20 (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property	A 162		

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A 162	Continued From page 21	A 162		

disbursed as required in section 429.27, F.S.
(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.
(m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C.
(o) The resident's , DH Form 1896, if applicable.
(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:
1. A log listing the names of residents participating in this arrangement,
2. The resident demographic data required in this paragraph,
3. The health assessment described in rule 59A-36.006, F.A.C.,
4. The resident's contract described in rule 59A-36.018, F.A.C.; and,

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A 162	Continued From page 22 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 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 have an accurate health assessment for one out of nine sampled residents (Resident 4). Findings included: Review of Resident #4's health assessment (AHCA Form 1823) completed on revealed the resident needed assistance with self administration of medication "only , or other prn" and needed medication administration "preferred". Further review revealed the resident was independent with ambulation "walker" and needed supervision with ambulation, and the resident needed supervision with transferring and needed assistance with transferring "may need some assistance." During an interview on at 11:25AM, the Director of Resident Care stated "Her	A 162		

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A 162	Continued From page 23 medications are in the nurse cart, the doctor just wanted to allow her to receive over the counter medications for PRN that's why both are marked on the 1823 [health assessment] The resident uses a walker sometimes, she needs assistance with bathing and transferring but she is pretty independent with everything. . Class III	A 162		