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
	AL11969868	A. BUILDING: _____ B. WING _____	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA DEL CAMPO LLC	22455 SW 182 AVE MIAMI, FL 33170

(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
CZ815 SS=I	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ˬ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ˬ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ˬ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The	CZ815		

AHCA Form 3020-0001

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

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CZ815	Continued From page 1 qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an . . . awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently	CZ815		

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CZ815	Continued From page 2 obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or . . . . . with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible	CZ815		

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CZ815	Continued From page 3 to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria	CZ815		

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CZ815	Continued From page 4 relating to retaining [redacted] pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an	CZ815		

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CZ815	Continued From page 5 exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter,	CZ815		

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CZ815	Continued From page 6 terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that three of five sampled staff had an eligible level II background screening result before they provided services to five residents (Staff C, D, and E; Residents #1, 2, 3, 4. 5). Resident #1 repeatedly climbed out from his bedrails while under the care of one of these unqualified staff, suffered a with injury and was intubated after not receiving care for the injury for more than five hours. Findings: Review of the background screening clearinghouse database revealed no eligible level II background screening for Staff C. Review of the background screening clearinghouse database revealed no eligible level II background screening for Staff D. Review of the background screening clearinghouse database revealed no eligible level II background screening for Staff E. Observation on at 1:22 pm revealed that Staff C and Staff D were on duty, caring for residents. A review of the personnel records	CZ815		

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CZ815	Continued From page 7 found none for Staff C or Staff D. There was no documentation of training for Staff C or Staff D. Regarding an incident involving Resident #1 which resulted in the resident having a severe resulting from injuries acquired during a , Staff C stated, "I was working here that morning. There was a male working here and he lived here, he told me he heard a noise in the early morning he went to the see what happened and the door was locked and waited for the owners to get up in the morning. In the morning they opened the door at 7 a.m. we found him on the floor. He was . He was trying to talk but couldn't. There was everywhere and he was badly injured. He had his , looked like it was broken, he also had injuries in his . There was on the walls and on the floor. He looked all beat up, his , where white. Then [Administrator] called rescue, he was we took him to the bathroom to clean him up." (sic) Interviewed on at 1:48 pm, Staff E (caregiver on duty at the time of an incident with Resident #1) stated, " I worked 1 month from to I got fired after that. I worked from 7:00 a.m. -7:00 p.m." On /4023 at 1:50 pm regarding Resident #1's , Staff E further stated,"On the morning he , at around 2:50 a.m. I heard ... noises by the resident's door, I went to see but I couldn't get in because the door was locked. But I didn't hear anything else. This time I texted [the Owner and Administrator] at 2:55 a.m. and at 5:00 a.m. to let them know the resident is still altered and that I heard noises in his bedroom, but I couldn't open it. Later in the morning a little before 7:00 a.m. when they showed up, I told them what happened	CZ815		

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CZ815	Continued From page 8 and that I didn't have a key to open the door, so they opened it and we found him lying under the bed with [illegible] on the floor. That's when I noticed when we tried to pick him up he had difficulties putting [illegible] on one of his [illegible], it looked like he [illegible] it or maybe broke it, he also had an injury on his thumb. At night he would be talking, hitting the walls and moving the bedrails. Yes, I gave the meds to the residents." A review of the personnel records found none for Staff E. There was no documentation of training for Staff E. Class II	CZ815		

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A 000	Initial Comments A complaint investigation (complaint number 2023004014) was conducted at Casa del Campo LLC on through . Deficiencies were identified at the time of survey.	A 000		
A 030 SS=J	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) 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.	A 030		

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and 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.	A 030		

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for 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.	A 030		

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A 030	Continued From page 3 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making 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	A 030		

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A 030	Continued From page 4	A 030		

telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without . . . . , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to

Agency for Health Care Administration

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	AL11969868	A. BUILDING: _____ B. WING _____	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA DEL CAMPO LLC	22455 SW 182 AVE MIAMI, FL 33170

(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 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [redacted] Hotline operated by the Department of Children and Families, and [redacted], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [redacted] or [redacted] 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 ensure that one of five sampled residents received timely, adequate and appropriate health care services (Resident # 1). The resident, who required the use of bed rails, had exited bed without assistance several times and had received no medical follow up, before finally falling and acquiring a [redacted]. The resident received no medical care for the injury for at least five hours after the incident, and was ultimately placed on a [redacted] due to the	A 030		

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A 030	Continued From page 6 severity of his injuries. Findings included: A review of the facility's adverse incident report revealed that on , at around 7:10 am, the caregiver heard a noise coming from Resident #1's room. The report further stated that the caregiver immediately went to assist the resident and found him on the floor. The report stated that the facility owner immediately called 911 while the caregiver assisted the resident. The report stated that the rescue arrived at the facility at around 7:30 am and took the resident to [Hospital]. Review of Resident #1's health assessment dated showed diagnoses of ( ) 's . Activities of daily living showed the resident needed assistance in bathing and , and self-administration of medication, and needed supervision with ambulation, eating, self-care, toileting and transferring. The health assessment stated that Resident #1 had decreased ROM (Range of Motion) and needed special precautions for and . Review of the hospital record showed Resident #1 was admitted to the Hospital on due to . The hospital record stated regarding the resident, "He carries a risk of significant , [and possibly mortality] without appropriate management of his new diagnosis of , , failure on , secondary to , secondary to , male admitted to the hospital on due to a resulting in a , there is a 1.5 cm on	A 030		

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A 030	Continued From page 7 [illegible] and [illegible] over L [illegible] /L [illegible] over R ankle, [illegible] and [illegible] over R ankle/ [illegible]." Further review of the Hospital Records revealed, "MDFR [Local Fire Rescue] patient found on the floor today at ALF (Assisted Living Facility). Last seen normal, last night around 0700 and patient history of [illegible]. Per ALF, patient was found altered under his bed this morning at 7:00 a.m. ALF also stated patient had injured his L (left) [illegible] / [illegible] and his R (right) ankle/ [illegible]. Assessment for ICH ([illegible]), Right [illegible], Imaging demonstrates intra [illegible]. After imaging patient with elevated [illegible] as well as decrease in mental status, concern for ability to protect airway, patient intubated. " [illegible] was performed under emergent conditions." On [illegible] at 1:22 p.m. during an interview, Staff C (caregiver) stated regarding the resident's injuries, "I was working here that morning. There was a male working here and he lived here, he told me he heard a noise in the early morning he went to the see what happened and the door was locked and he waited for the owners to get up in the morning. In the morning they opened the door at 7 a.m. we found him on the floor. He was [illegible]. He was trying to talk but couldn't. There was [illegible] everywhere and he was badly injured. He had his [illegible] looked like it was broken, he also had injuries in his [illegible]. There was [illegible] on the walls and on the floor. He looked all beat up, his [illegible] where white. Then [Administrator] called rescue, he was [illegible] we took him to the bathroom to clean him up." (sic) On [illegible] at 1:48 p.m. during a phone interview, Staff E (unqualified caregiver who was	A 030		

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A 030	Continued From page 8 on duty at the time of the resident's injury) stated regarding Resident #1, "On the morning he , at around 2:50 a.m. I heard the same noises by the resident's door, I went to see but I couldn't get in because the door was locked. But I didn't hear anything else. This time I texted them at 2:55 a.m. and at 5:00 a.m. to let them know the resident is still altered and that I heard noises in his bedroom, but I couldn't open it. Later in the morning a little before 7:00 a.m. when they showed up, I told them what happened and that I didn't have a key to open the door, so they opened it and we found [Resident #1] lying under the bed with on the floor. That's when I noticed when we tried to pick him up he had difficulties putting on one of his , it looked like he , it or maybe broke it, he also had an injury on his thumb. We picked him up and we took him to the bathroom to clean him up. Then rescue arrived right away and took him to the hospital." During further interviews on regarding Resident #1, Staff E stated, "When I got there, I noticed he gets aggressive and was sent to the hospital several times because he gets aggressive. On one occasion he spit on the owner's , another time he got aggressive during lunch time around the rest of the residents sitting at the table, the other thing I noticed was that he was doing good for days after being discharged from the hospitals, but he would get altered again. He always slept with his bedrails up" Staff E further stated that the morning before Resident #1 , "at approximately 4:00 a.m. I heard a noise, but it was a different noise, I felt it was the door, I found him walking around the kitchen, I then walked him to the room and I put him to bed. I went to take a shower before I started the day and when I came out of the	A 030		

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A 030	Continued From page 9 shower, I found him again walking in kitchen. He would sleep in the morning and at night he was up! At night he would be talking, hitting the walls and moving the bedrails. The administrator also had told me he would get up with clothes on or w/o clothes. The lady that trained me told me he would sometimes be found sitting in a chair or laying on the floor. " A review of the personnel records, staff schedule and the facility's roster in the background screening clearinghouse database found no documentation of Staff C or Staff E having an eligible result or any required training. On 10:58 a.m. during an interview with the Administrator regarding Resident #1's , she stated "That morning I found him under the bed, and he had a bump in the of his , the bedrails were in the upright position. I don't know how he went over them. We moved him out of the bedroom, and we took him to the shower, he was ok at that time, I wanted to see his injury, because he was from the of his , so we called his Dr, and he advised us to call rescue. We called rescue at around 7:30 a.m. and rescue came a few minutes later. He was not able to let me know what happened, he has and sometimes visual . He on . He had never done this before, he had 's, so we assisted him with walking, and he also had a walker he used. [Staff C] and I were here at the time of the incident." A review of Resident's #1 record showed progress notes on notes stating "patient became very aggressive, and ambulance was called and takes to [ ] Hospital. Dr. [ ] (primary care provider) was informed."Resident's	A 030		

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A	Continued From page 10 #1 record had notes on . . . . . for progress notes stating "patient became very aggressive, and ambulance was called and takes to [ ] Hospital. Dr. [ ] (primary care provider) was informed." During an interview on . . . . . at 1:30 p.m., Resident's #1's Primary care provider stated the last time he saw Resident #1 was on . . . , . He also stated he had not been notified of any behavioral changes since the last visit. He said that the facility had not notified him that the resident was climbing over the bed rails, or that he was aggressive. He said he received a call from the ALF early in the morning on the day of the incident, but he couldn't remember the exact time, and he advised the Administrator to call rescue. Class I	A 030		
A 079 SS=L	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416	A 079		

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A 079	Continued From page 11 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and .	A 079		

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A 079	Continued From page 12 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct	A 079		

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A 079	Continued From page 13 care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing	A 079		

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A 079	Continued From page 14 home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that sufficient qualified staff were available to provide care and services to five sampled residents (Residents #1, 2, 3, 4. 5). The facility employed three staff who had no documented training or background screening to care for residents. A resident under the care of one of these staff and was gravely injured, receiving no care for approximately five hours. Findings: Observation on at 1:22 pm revealed that Staff C and Staff D were on duty, caring for residents. A review of the personnel records found none for Staff C or Staff D. There was no documentation of training for Staff C or Staff D. Staff C stated that she had been working in the facility for the prior month and that she had not had any official trainings. Staff D stated she had been working in the facility since more than a week earlier and had not had any official trainings Regarding an incident involving Resident #1 which resulted in the resident having a severe resulting from injuries acquired during a , Staff C stated, "I was working here that	A 079		

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A 079	Continued From page 15 morning. There was a male working here and he lived here, he told me he heard a noise in the early morning he went to the see what happened and the door was locked and waited for the owners to get up in the morning. In the morning they opened the door at 7 a.m. we found him on the floor. He was . . . . . He was trying to talk but couldn't. There was everywhere and he was badly injured. He had his . looked like it was broken, he also had injuries in his . . . There was . . . . on the walls and on the floor. He looked all beat up, his , . where white. Then [Administrator] called rescue, he was we took him to the bathroom to clean him up." (sic) Interviewed on at 1:48 pm, Staff E (caregiver on duty at the time of an incident with Resident #1) stated, " I worked 1 month from to ." He stated stated he had been working at the facility for almost 2 months, and also stated he was giving medications to the all the Residents and had not had any official trainings. He stated, "I worked from 7:00 a.m. -7:00 p.m." On /4023 at 1:50 pm regarding Resident #1's , Staff E further stated,"On the morning he , at around 2:50 a.m. I heard ... noises by the resident's door, I went to see but I couldn't get in because the door was locked. But I didn't hear anything else. This time I texted [the Owner and Administrator] at 2:55 a.m. and at 5:00 a.m. to let them know the resident is still altered and that I heard noises in his bedroom, but I couldn't open it. Later in the morning a little before 7:00 a.m. when they showed up, I told them what happened and that I didn't have a key to open the door, so they opened it and we found him lying under the bed with on the floor. That's when I noticed	A 079		

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A 079	Continued From page 16 when we tried to pick him up he had difficulties putting on one of his , it looked like he it or maybe broke it, he also had an injury on his thumb. At night he would be talking, hitting the walls and moving the bedrails. Yes, I gave the meds to the residents." A review of the personnel records found none for Staff E. There was no documentation of training for Staff E. Review of the background screening clearinghouse database revealed no eligible level II background screening for Staff E. A review of resident records showed: Resident #1's health assessment dated showed diagnoses of , ( ) 's Resident 2's health assessment completed on showed diagnoses of , Gait , ASCVD (Atherosclerotic) Activities of daily living showed the resident needed assistance with bathing, , eating, self-care, toileting, and transferring. Residents needs assistance with self-administration of medication, and needed special precautions for . Resident 3's health assessment completed on showed a diagnosis of 's . Nursing /Treatment/ Services Requirements showed the resident was under hospice care and needed special precautions for and . Activities of daily living showed resident needed assistance with bathing,	A 079		

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A 079	Continued From page 17 ..... , and toileting, and total care with eating, self-care, and transferring. The resident needed Medication Administration. Resident 4's health assessment dated showed diagnoses of , , ..., and ..... . The resident needed medication management and assistance with activities of daily living. Resident 5 -the health assessment dated showed a diagnosis of Atherosclerotic ..... of ....., and ..... . The resident had , ... vision and needed assistance with Ambulation, bathing, , eating, self-care, toileting and transferring and self-administration of medication. The resident needed precautions. Class I	A 079		