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
	AL11969509	A. BUILDING: _____ B. WING _____	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAKESIDE AT AMELIA ISLAND	649 AMELIA ISLAND PARKWAY FERNANDINA BEACH, FL 32034

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CZ841 SS=F	408.823( ) FS In-person Visitation (1) This section applies to , centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the , , licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and	CZ841		

AHCA Form 3020-0001

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

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CZ841	Continued From page 1 providers may not require an essential caregiver to provide such care. (c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects: 1. End-of-life situations. 2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support. 3. The resident, client, or patient is making one or more major medical decisions. 4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . 5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident, client, or patient who used to talk and interact with others is seldom speaking. 7. For hospitals, childbirth, including labor and delivery. 8. . . . . patients. (d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section,	CZ841		

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CZ841	Continued From page 2 providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on a review of facility policies, observation of the facility website, and interview with staff, the facility failed to establish visitation policies and procedures that met the requirements and failed to post the policies in an accessible location on its website. This has potential to affect all residents who receive outside visitors. The findings include: A review of facility records found a policy titled "COVID-19 Care and Containment/Outbreak Response Plan" (not dated). Review of the facility's website at "https://www.arborcompany.com/locations/florida/amelia-island" found it included a "Visitor Safety Policies" link. Neither of the policies addressed the designation of staff to monitor for adherence to the policy. An interview was conducted with the Administrator on at 5:05 pm. She acknowledged the requirements for what needed to be included in the policy and that it was to be posted on the company website within 24 hours of establishment. Class III	CZ841		
A 000	Initial Comments A change of ownership and complaint survey	A 000		

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A 000	Continued From page 3 (complaint number 2022010780) was conducted at The Lakeside at Amelia Island from 11/03/2022 to . . . . . Deficiencies were identified at the time of the survey.	A 000		
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, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an . . syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication 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.	A 052		

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A 052	Continued From page 4 (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 . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or 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 of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or 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.	A 052		

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A 052	Continued From page 5 (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 SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] 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	A 052		

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A 052	Continued From page 6 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 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, interview, and record review, the facility failed to assist with self-administration of medication according to the limitation placed on unlicensed staff, for 7 of 9 residents sampled for medication practices. The findings include:	A 052		

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A 052	Continued From page 7 1. On [redacted] at 12:12 pm, Employee A, obtained medication for Resident #8 from the medication cart. She measured 4 grams of [redacted] 1% gel using measuring ruler provided with the medication. She then obtained one tablet of [redacted] 5-325mg and popped in the medication cup. She proceeded to take both medication to the resident who was seated in the dining are in the company of other residents having lunch. Employee A gave Resident #8 both medications. Resident #8 took the [redacted] 5-325mg tablet by [redacted] and placed the [redacted] gel in a basket attched to her walker. Employee A returned to the cart and signed the medication observation record (MOR). Record review of Resident #8's physician orders revealed orders for [redacted] Gel 1%, apply to the affected area as directed four times a day. The medication label revealed instructions for [redacted] Gel 1%, apply to the affected area as directed four times a day. No dosage instructions were provided. Photographic evidence obtained. In another observation on [redacted] at 12:20 pm, Employee A was observed obtaining medication for Residents #9 , #12, #15, #16, #17, #18, #19 respectively. She prepared the medication one at a time and took the medications to the residents who were in the dining area. Employee A did not advise the medication name or dosage, and medication packages were not opened and dispensed in their presence. In an interview on [redacted] at 12:50 pm, Employee A confirmed that residents were not informed what medication or dosages they were recieving. When asked about Resident #8's [redacted] 1% gel, she opened the medication cart and confirmed that the medication did not	A 052		

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A 052	Continued From page 8 have any dosage. She added that she has always give 4 grams. She also confirmed that she had left dispensed gel with the resident to apply herself in her room. In interview at 1:01 pm, the Memory Care Director confirmed that the for Resident #8 did not have the dosage. He confirmed that the residents observed earlier did not have a waiver to to opt out to being orally advised of the medication name and dosage. In an interview on at 1:00 pm , the Resident Services Director ( ) confirmed that during assistance with self-administration of medication, residents should be informed of the medication name and dosage. 2. During observation of assistance with self-administration of medication observation on at 12:24 pm Employee A, Medication Technician (Med tech), obtained a pre measured syringe of , sulphate 100/5 ml -0.5 milliliters (ml) and took it to the Resident #12 who was in the dining area with her son. She pushed the medication in the syringe in the resident's . She mentioned that the medication would not be given since resident did not have . Employee A continued to prepare the medication for the next resident without signing off the book. Review of the Resident #12's physician orders revaled orders for ( ) 0.125mg take one tablet every 4 hours for . Photographic evidence obtained. During an observation on at 12:34 pm, Med Tech A obtained one tablet of , 50	A 052		

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A 052	Continued From page 9 mg for Resident #17. She crushed and mixed the medication in apple sauce, walked to the resident who was seated in at the dining area having lunch, and fed her the apple sauce containing the medication. On . . . . at 12:42 pm Employee A obtained a pre- measured syringe of 0.5 ml of . , ... solution 100 mg/5 ml. She Went to Resident #19's room and administered the medication to the resident. After performing . . hygiene, Med Tech A progressed to the next resident without signing off the . . . . . book. In an interview with Med Tech A at 11/3/22 at 12:50 pm she confirmed residents were not informed what medication they were getting. She admitted that she gave medication to some residents in their mouths. She said , "but they cannot do it themselves." When asked the policy said, she stated that she was not instructed on what to do . She was then asked about signing off the . . . . . Book and she said that she signs before the end of her shift and not after giving the medication. In an interview on . . . . . at 1:01 pm, The Memory Care Director was the asked about the residents that could not participate in assistance with self administration of medication . He said that the Med Tech was supposed to call him to give the medications to these residents because they require medication administration. In an interview on . . . . at 1:00 pm , the Residents Services Director (. .) confirmed that medication for the residents that required administration should be done by the Memory Care Director since he was a Licensed Practical Nurse (LPN).	A 052		

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A 052	Continued From page 10 Class III	A 052		
A 081 SS=E	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). (b) New staff must complete the preservice	A 081		

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A 081	Continued From page 11	A 081		

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.
(c) Staff who provide direct care to residents, who

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A 081	Continued From page 12 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: Based on a review of employee records and	A 081		

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A 081	Continued From page 13 interview with staff, the facility failed to ensure employees received required training, with all required elements and within the designated timeframe, for 2 of 5 sampled employees whose files were reviewed (Employees A and B). The findings include: A personnel file review for Employee A found she was hired as a Medication Technician on . Further review found she had only received 1 hour of training in activities of daily living (ADL) on . She had a 5 hour General Orientation on , however it did not cover the facility's services or license type and had no signature by the Administrator. While she received training in nutrition on , there was no training in the safe handling of food. Employee A was observed assisting with resident food trays on at 12:00 pm. Personnel file review for Employee B found she was hired as a Medication Technician on . She received a 5 hour General Orientation training on , however it did not cover the facility's services or license type and had no signature by the Administrator. An interview with the Resident Care Director (RCD) was conducted on at 4:30 pm. She was advised information was missing and said she did a lot of those trainings herself. She was surprised they were not in the files. The RCD acknowledged the missing training documentation and said she would look and send anything they had via email. Information was received via email on which contained training materials for Employees A and B, but it did not include the missing ADL and food service trainings, or complete orientation documentation.	A 081		

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
	AL11969509	A. BUILDING: _____ B. WING _____	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 081	Continued From page 14 Photographic evidence obtained. Class III	A 081		
A 089 SS=E	429.178 FS /Other - Special Care 429.178 Special care for persons with or other related .- (1) A facility which advertises that it provides special care for persons with 's or other related . must meet the following standards of operation: (a)1. If the facility has 17 or more residents, have an awake staff member on duty at all hours of the day and night; or 2. If the facility has fewer than 17 residents, have an awake staff member on duty at all hours of the day and night or have mechanisms in place to monitor and ensure the safety of the facility's residents. (b) Offer activities specifically designed for persons who are , (c) Have a physical environment that provides for the safety and welfare of the facility's residents. (d) Employ staff who have completed the training and continuing education required in subsection (2). (2)(a) An individual who is employed by a facility that provides special care for residents who have or other related , and who has regular contact with such residents, must complete up to 4 hours of initial -specific training developed or approved by the department. The training must be completed within 3 months after beginning employment and satisfy the core training requirements of s. 429.52(3)(g).	A 089		

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A 089	Continued From page 15 (b) A direct caregiver who is employed by a facility that provides special care for residents who have [redacted] or other related [redacted] and provides direct care to such residents must complete the required initial training and 4 additional hours of training developed or approved by the department. The training must be completed within 9 months after beginning employment and satisfy the core training requirements of s. 429.52(3)(g). (c) An individual who is employed by a facility that provides special care for residents with [redacted] or other related [redacted], but who only has incidental contact with such residents, must be given, at a minimum, general information on interacting with individuals with [redacted] or other related [redacted], within 3 months after beginning employment. (3) In addition to the training required under subsection (2), a direct caregiver must participate in a minimum of 4 contact hours of continuing education each calendar year. The continuing education must include one or more topics included in the [redacted]-specific training developed or approved by the department, in which the caregiver has not received previous training. (4) Upon completing any training listed in subsection (2), the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different facility. The employee or direct caregiver must comply with other applicable continuing	A 089		

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A 089	Continued From page 16 education requirements. (5) The department, or its designee, shall approve the initial and continuing education courses and providers. (6) The department shall keep a current list of providers who are approved to provide initial and continuing education for staff of facilities that provide special care for persons with 's . . . . . or other related . . . . . . (7) Any facility more than 90 percent of whose residents receive monthly optional supplementation payments is not required to pay for the training and education programs required under this section. A facility that has one or more such residents shall pay a reduced fee that is proportional to the percentage of such residents in the facility. A facility that does not have any residents who receive monthly optional supplementation payments must pay a reasonable fee, as established by the department, for such training and education programs. (8) The department shall adopt rules to establish standards for trainers and training and to implement this section. This Statute or Rule is not met as evidenced by: Based on a review of employee records and interview with staff, the facility failed to ensure 2 of 3 sampled employees whose training was reviewed (Employees B and C) received the required or other related . . . . . training, out of a total of 5 employees whose records were reviewed. The findings include: A personnel file review for Employee B found she was hired as a Medication Technician on . . . . . Further review of the file found she received 4	A 089		

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A 089	Continued From page 17 hours of . . ◡ . . Care Training Level 1 on ; however, she did not receive an 4 additional hours within 9 months of hire, as required. A review of Employee C's file found she was hired as a Medication Technician on . . . . . She received 4 hours of ◡ Care Training Level 1 on . . . . . , but did not receive an additional 4 hours of training. An interview with the Resident Care Director (RCD) was conducted on . . . . . at 4:30 pm. She was advised of the missing training. The RCD acknowledged the missing training documentation and said she would look and send anything they had via email. An email correspondence was received on but additional training certificates in . . . . . care or . . . . . from an approved curriculum were not included. Photographic evidence obtained. Class III	A 089		