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
	AL11911336	A. BUILDING: _____ B. WING _____	05/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KIMBERLY PLACE	26315 NORTHERN CROSS ROAD PUNTA GORDA, FL 33983

(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 An unannounced relicensure, emergency power plan, health facility reporting system, generator, and visitation form survey was conducted on [redacted] at Kimberly Place, an assisted living facility in Punta Gorda, Florida. The following is a description of the deficiencies.	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 [redacted] syringe that is prefilled with the proper dosage by a pharmacist and an [redacted], 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 [redacted] or placing the dosage in another container and helping the resident by lifting the container to his or her [redacted].	A 052		

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A 052	Continued From page 1 (d) Applying [illegible] medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a [illegible], including removing the cap of a [illegible], opening the unit dose of [illegible] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [illegible]. (4) Assistance with self-administration of medication does not include: (a) Mixing, [illegible], converting, or [illegible] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a [illegible] of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of	A 052		

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A 052	Continued From page 2 dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.	A 052		

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A 052	Continued From page 3 (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving 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, and staff interview, the facility failed to ensure failed to perform hygiene before and after medication assistance when assisting 3 (Residents #1, #2, and #3) of 3 residents reviewed for medication pass.	A 052		

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A 052	Continued From page 4 The findings included: Observation during medication assistance on at 11:00 a.m., the Medication Technician (MT) was observed going to the medication cart and unlocked it. The MT opened the med cart pulled the medication card for Resident #1 out and laid it on the top of the medication cart, opened the Medication Observation Record (MOR), put on her gloves without performing hygiene and gathered the medication card a medication cup from the top of the medication cart and poured a cup of water and went to the resident who was in the main lounge. The MT assisted the resident with the medications. The MT put the medication card in the med cart, removed her gloves and tossed them and the medication cup and water cup into the trash. The MT picked up a pen from the top of the med cart and marked in the MOR the medication she had assisted the resident to take. The MT locked the cart and went on to do other job duties without performing hygiene. Observation during medication assistance on at 12:00 p.m., the MT unlocked the medication cart. The MT opened the MOR and turned the page to Resident #2 The MT removed the resident's medication card and laid it on the top of the medication cart. The MT put on a clean pair of gloves without performing hygiene and poured a cup of water, picked up a med cup off the top of the medication cart and picked up the medication card and took the water, med cup and medication card to the resident sitting in a recliner in the main lounge area. The MT assisted the resident take the medication The MT took the used water cup and the used pill cup and the medication card and	A 052		

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A 052	Continued From page 5 returned to the medication cart. The MT removed the gloves and tossed them and the water cup and pill cup into the trash. The MT put the medication card in the med cart. The MT picked up a pen from the top of the medication cart and marked off that the medication had been taken in the MOR and locked up the med cart. The MT then turned around and went to the lounge to assist another resident to get up from his chair. The MT reached under the arms of the resident and assisted the resident to stand on his . . . . The MT then moved the resident's walker sitting next to the chair in front of the resident for use. The MT returned to the medication cart, opened the MOR for Resident #3. The MT removed the medication card and laid it on the top of the medication cart. The MT poured a cup with water and pulled a medication cup from the top of the medication cart. The MT then put on gloves without performing . hygiene . The MT then gathered the cup of water, medication cup and medication card and went to the main lounge where the resident was sitting and assisted the resident with medication. The MT gathered up the used medication cup, water cup and medication card and returned it to the medication cart. The MT then tossed the cup of water and medication cup into the trash and then removed the gloves and put them in the trash. The MT put the med card away. The MT picked up a pen from the top of the medication cart and marked off the medication the MT assisted the resident to take in the MOR. MT shut the MOR . The MT then returned to her other duties as a resident care giver without performing hygiene. On at 12:30 p.m., during an interview the Administrator revealed that the facility had no policy and procedure for medication assistance.	A 052		

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A 052	Continued From page 6 The Administrator revealed that the medication technicians were told to follow the instructions that were taught in the 6-hour training class. The Administrator elaborated saying that the medication technicians according to the 6-hour training class should start the medication assistance by doing hygiene and putting on clean gloves. The medication technician is to inform the residents of what medication they were taking then pop the medication into a med cup, it to the resident and watch the resident take the medication. The medication technician would then mark in the MOR that the medication was taken. The Administrator continued by saying the Medication technicians should be either washing with soap and water or using sanitizer between each resident they are assisting. The Administrator also said it is her expectation that the medication technician would use proper hygiene procedures of washing or using sanitizer between each resident when assisting residents with their medication.	A 052		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.	A 078		

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A 078	Continued From page 7 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing	A 078		

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A 078	Continued From page 8 agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . . . . . and evidence of freedom from ( ) documented annually thereafter for 1 (Staff C) of 3 employee records reviewed. The findings included: Record review of Staff C's employee file revealed a hire date of as a caregiver. Staff C's file contained no evidence of documentation of a statement from a health care provider indicating Staff C was free from signs or symptoms of communicable . On at 12:37 p.m., The Administrator confirmed no documentation of evidence of a statement signed by the healthcare provider indicating Staff C was free from signs and symptoms including . Class III	A 078		

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A 081	Continued From page 9	A 081		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) 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. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (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.	A 081		

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A 081	Continued From page 10 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 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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this	A 081		

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A 081	Continued From page 11 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 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	A 081		

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A 081	Continued From page 12 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 record review and interview, the facility failed to ensure employees completed 3 hours of assistance with daily living (ADL) and behavioral needs training, 1 hour of in-service training for Recognizing/Reporting /Neglect, control, Elopement Response training, 2 hours of preservice orientation prior to interacting with residents based on facility policy and procedures as required by Florida Administrative Code within 30 days of employment for 1 (staff C) of 3 employee records reviewed. The findings included: Record review for Staff C revealed a hire date of as a resident aide. Staff C's employee record contained documentation of a certificate of completion for 1 hour of training for Elopement Inservice on , 1 hour of training for Control on and 2 hours of Preservice Orientation completed on through ALFBoss training an online computer-based training system. The training completed was not based on facility policy and procedures. Further review revealed no evidence of documentation of completion of the required 1-hour training for Preventing/recognizing /neglect training, 3 hours of ADL and	A 081		

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A 081	Continued From page 13 Behavioral needs training. On . . . . at 12:40 p.m., the Administrator stated the staff training is done online through ALF boss training which is done via the computer and the instructor online is not affiliated with the facility or the facility policies and procedures. The training is not based on the facility policies and procedures. The Administrator reviewed the elopement, control training certificates and confirmed they do not meet regulations as they were not done based on facility policies and procedures per regulations and there is no documentation of training, and ADL training completed within 30 days as required for Staff C in her record. Class III	A 081		
A 090 SS=D	59A-36.011(11) FAC Training - . . . . . . (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . . within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C.	A 090		

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
	AL11911336	A. BUILDING: _____ B. WING _____	05/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KIMBERLY PLACE	26315 NORTHERN CROSS ROAD PUNTA GORDA, FL 33983

(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 090	Continued From page 14 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure employees completed 1 hour of training ( ) based on facility policy and procedures as required by Florida Administrative Code within 30 days of employment for 1 (Staff C) of 3 employee records reviewed. The findings included: Record review for Staff C revealed a hire date of as a Resident Aide. Staff C's employee record contained documentation of a certificate of completion for 1 hour of training for Inservice ( ) on , through ALFBoss training, an online computer-based training system, the training completed was not based on facility policy and procedures. On at 12:40 p.m., the Administrator stated the staff training is done online through ALF boss training which is done via the computer. The instructor online is not affiliated with the facility and or facility policies and procedures and does not teach the training based on the facility policies and procedures. The Administrator reviewed the training certificate and confirmed it does not meet regulations as it was not done based on facility policies and procedures. Class III	A 090		