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
	AL11970307	A. BUILDING: _____ B. WING _____	01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELEN CARE FACILITIES AT DR PHILLIPS, LLC	5757 CEDAR PINE DR ORLANDO, FL 32819

(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
CZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	CZ821		

AHCA Form 3020-0001

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

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CZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	CZ821		

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CZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up	CZ821		

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CZ821	Continued From page 3 to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on the facility reviews and interviews the facility failed to electronically submit to the agency a preliminary report within 1 business day of incident and a full report within 15 days of the incident for 1 of 1 sampled resident. (#1) Findings: Review of Resident #1's record revealed a facility admission on . A . 1823 Health Assessment Form indicated a medical history of Type 2 , , , mild and was not identified as an elopement risk. A review of an incident report dated submitted to the Agency for Health Care Administration (AHCA) stated an outcome resident elopement. The narrative stated Resident #1 stepped into our patio/backyard area like he does basically every day. He usually just sits in the covered area to get fresh air. He was acting normally throughout the day but around 3pm. Unlicensed caregiver A, the caregiver on duty, went into our other resident's	CZ821		

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CZ821	Continued From page 4	CZ821		

bedroom/bathroom to assist in bringing her to the bathroom. Unlicensed caregiver A recalled seeing Resident #1 in the patio before going into the bathroom. Unlicensed caregiver A took it upon himself to make sure Resident #1 was ok outside. At that time, he could not see Resident #1 outside. Unlicensed caregiver A then came inside the house to see if Resident #1 was in his room. He was not there either. Checking again outside, then his room again and throughout the whole house. Resident #1 was nowhere to be found. Around 3:19 pm, unlicensed caregiver A called the Administrator to let her know Resident #1 was nowhere to be found and it seemed that he could have climbed over the fence. This was assumed because there was a hollow and paver stacked on top of each other by the fence, possibly tall enough for Resident #1 to climb over. At 5pm, Resident #1 just showed up out of nowhere in the patio. The authorities asked Resident #1 questions about where he went and why. He said he went to "Walmart", and he got there by hitch hiking. They called EMT (emergency medical transport) to come because Resident #1 had scrapes on his and on his . Resident #1 stated that he "climbed over the fence".

A review of the incident report dated submitted to the Agency for Health Care Administration (AHCA) stated an outcome resident elopement. The report status history revealed the preliminary report was submitted to the Agency on at 11:15 am followed by the full report submitted on at 9:27 am.

On at 3:18 pm, the Administrator stated, I was unable to submit the Adverse Incident Report on day one because I did not

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CZ821	Continued From page 5 have access to the reporting system. I didn't update the law enforcement box as they did not give me a report because the resident came . I didn't know I still needed to report it. Resident #1 admitted that he climbed over the fence to the police. The facility failed to submit a day one report to the Agency on Tuesday, of Resident #1's elopement and event that was reported to law enforcement. On at 3:55 pm, the Administrator confirmed the findings. (photographic evidence obtained) Unclassified	CZ821		
A 000	Initial Comments A complaint investigation #2024015261 and generator monitoring was conducted at Belen Care Facilities at Dr. Phillips. LLC on . The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If	A 025		

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A 025	Continued From page 6 an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making . , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as	A 025		

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A 025	Continued From page 7	A 025		

needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to provide adequate supervision to 1 of 1 sampled resident who eloped from the facility by maintaining a general awareness of the resident whereabouts and to ensure safety through proactive measures to minimize the potential for and injuries (#1).

Findings:

Review of Resident #1's record revealed a facility admission on . A 1823 Health Assessment Form indicated a medical history of Type 2 , , mild and was not identified as an elopement risk.

A review of an incident report dated stated an outcome resident elopement. The narrative stated Resident #1 stepped into our patio/backyard area like he does basically every day. He usually just sits in the covered area to get fresh air. He was acting normally throughout the day but around 3pm. Unlicensed caregiver A, the caregiver on duty, went into our other resident's bedroom/bathroom to assist in bringing her to the bathroom. Unlicensed caregiver A recalled seeing Resident #1 in the patio before going into the bathroom. Unlicensed caregiver A took it upon himself to make sure Resident #1 was ok outside.

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A 025	Continued From page 8 At that time, he could not see Resident #1 outside. Unlicensed caregiver A then came inside the house to see if Resident #1 was in his room. He was not there either. Checking again outside, then his room again and throughout the whole house. Resident #1 was nowhere to be found. Around 3:19 pm, unlicensed caregiver A called the Administrator to let her know Resident #1 was nowhere to be found and it seemed that he could have climbed over the fence. This was assumed because there was a hollow and paver stacked on top of each other by the fence, possibly tall enough for Resident #1 to climb over. At 5pm, Resident #1 just showed up out of nowhere in the patio. The authorities asked Resident #1 questions about where he went and why. He said he went to "Walmart", and he got there by hitch hiking. They called EMT (emergency medical transport) to come because Resident #1 had scrapes ˬ on his and on his . Resident #1 stated that he "climbed over the fence". A review of Resident #1's progress notes did not reveal any documentation or investigation of Resident #1's elopement or prior attempts. The facility's undated Elopement Policy stated It is the standard of this facility that each Resident is free to travel in the community, as long as there are no documented ˬ or physical that would prevent them from doing so safely. If there are, then the expectation is that they will be accompanied by either a staff member of the facility or a family member/responsible party or designee. Documentation of the ˬ status of each resident should be included in the Admission Paperwork (as part of the 1823) or admission assessment done at or before admission. Changes in status in physical abilities,	A 025		

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A 025	Continued From page 9	A 025		

safety awareness or functional ˬ status will be documented in the Resident File and should initiate a reassessment. The Elopement Risk Assessment will be utilized to document any changes. The facility will also complete the Risk Assessment bi-annually.

On at 12:50 pm, an attempt was made by phone to contact Resident #1's POA and additional family member. No responses received and voice messages were left for a call .

On at 1:20 pm, unlicensed caregiver A stated this was not the first time Resident #1 tried to leave. Unlicensed caregiver A stated unlicensed caregiver B saw him on the first attempt a couple of weeks prior to this incident with his ˬ lifted (on the white fence on the side of house by the generator). Unlicensed caregiver A stated Resident #1 said he was just watching the people. The other attempt was when a delivery from Home Depot of bricks on a pallet was left on the inside of the white fence. He climbed to the top of the pallet and tried to go over the fence. Unlicensed caregiver B brought him into the backyard. She asked him to come inside but he said he was going to stay on the patio. He would get frustrated saying, "I'm calling my brother, my friend, I need to go to church or to the store. Then he asked if I knew how to call a cab or uber. On that day that he left I knew he probably called a friend because he had his own cell phone. I saw him on the patio that day and then he was not there. I saw a piece of wood with a rope, and I think he used a ladder to climb over the brick wall. It was not even a few minutes of me helping the other resident. Afterwards, I started searching inside and out when I could not find him. I called the Administrator, and she called the police. The

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A 025	Continued From page 10 police came to the facility to look for him. Resident #1 returned to the facility climbing over the brick wall as if he never left. On at approximately 1:30 pm, unlicensed caregiver A retrieved a rope from the garage and escorted the surveyor to the backyard to reenact what he believed to be the steps taken by Resident #1's elopement. He stated Resident #1 had his own personal rope like this and used it to climb into the backyard over the brick wall just showing up. Unlicensed caregiver B was contacted by phone to ask about Resident #1. On at 1:47 pm, unlicensed caregiver B stated, I'm not able to understand English and asked if the information could be texted to her. The staff stated, I don't recall that (referring to Resident #1's attempts to leave) and if she saw him climbing the fence. Unlicensed caregiver B stated Resident #1 was always sitting on the patio and no one ever told me that he eloped. Unlicensed caregiver B was asked if she observed the resident attempting to climb over the white fence located on the side of the house near the generator. She replied unlicensed caregiver A would know more about it. Can you ask him?" On at 2:25 pm, the Administrator stated, Resident #1 tried to jump over the fence where there were pallets stacked by the fence before the elopement, maybe 2 weeks before. I had already given 45 days' notice. Resident #1 had tried 2 -3 times before attempting to jump over the fence. I can't risk it. The first attempt he got in the car with his brother. He looked like he was just going outside to talk to him. The 2nd	A 025		

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A 025	Continued From page 11 time it was one of his friends. He called his friend to pick him up. I told him on the phone he couldn't leave. It was because his was bad, and he was not responsible enough to monitor. I was just following the POA's orders to not allow him to leave without permission, but he was just leaving anyway. The Administrator was asked what was put in place after the first attempt. On at 3:18 pm, the Administrator stated I issued Resident #1 a 45-day notice after the first attempt to leave the facility. I told his POA he was at risk and was not following the house rules. He eloped 4 days before he was leaving. Review of Resident #1's Notice of Termination of Residency dated stating regrettably, in line with Florida's assisted living regulations, we must inform you of our decision to terminate residency at our facility due to continued failure to follow the Resident Rules & Responsibilities below. The facility reserves the right to issue a discharge notice to a Resident or Resident Representative if exit seeking behaviors present a danger to either the Resident or other Residents in the facility. Your residency at Belen Care Facilities at Dr. Phillps will be terminated effective 45 days from the date of this letter. The Administrator failed to follow the facility's elopement policy by completing an Elopement Risk assessment for Resident #1 after his first attempt to leave the facility. On at 3:55 pm, the Administrator confirmed the findings. (photographic evidence obtained)	A 025		

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A 025	Continued From page 12 Class II	A 025		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being	A 032		

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BELEN CARE FACILITIES AT DR PHILLIPS, LLC	5757 CEDAR PINE DR ORLANDO, FL 32819

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A 032	Continued From page 13 assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to make a daily effort to ensure 2 of 2 sampled residents who were identified as being at risk for elopement had identification (ID) on their person that included their name and the facility's name, address, and telephone number (#1, #2); and failed to have documentation that 4 of 4 sampled staff participated in a minimum of two resident elopement drills each year. (A, B, C, D)	A 032		

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A 032	Continued From page 14 Findings: Review of Resident #1's record revealed a facility admission on . A 1823 Health Assessment Form indicated a medical history of and was not identified as an elopement risk. On review of an Incident Report dated stated an outcome resident elopement identifying Resident #1. The Administrator was asked to provide documentation to reflect the facility's staff made a daily effort to ensure resident #1 had ID on his person. On at 3:18 pm, the Administrator stated, no, Resident #1 didn't have an ID on that included the facilities name or address and there were no checks made. He had his own ID, his driver's license. I requested a new 1823 but he was actually on his way out. I issued Resident #1 a 45-day notice after the first attempt to leave the facility. I told his POA he was at risk. He eloped 4 days before he was leaving. Review of Resident #2's record revealed a facility admission on . A Health Assessment Form (1823) dated indicated a medical history of Secondary , , forgetfulness and was identified as an elopement risk. On at 3:15 pm, observation of Resident #2 revealed an ID on her left . The silver bracelet appeared to be that of a medical alert style which included the resident's engraved information on the underside. The resident was asked if the staff checked daily but	A 032		

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A 032	Continued From page 15 was unable to answer. The Administrator was asked to provide documentation to reflect the facility's staff made a daily effort to ensure resident #2 had ID on her person. On at 3:17 pm, the Administrator stated, no, we don't document, should we? Where do we put it on the Medication Observation Records (MORs)? The facility's undated Elopement Policy stated, as a safety precaution, all Residents will be encouraged to carry identification information on their person and whenever they leave the facility, including but not limited to, a picture ID and a card with the facility number and emergency contact information. Review of personnel records revealed unlicensed caregiver A's hire date , unlicensed caregiver C's hire date , and unlicensed caregiver D's hire date all participated in the drill. Unlicensed caregiver B's hire date and did participate in any 2024 drills. Review of the facility's elopement drill dated , the only one provided revealed no documentation the facility conducted a minimum of two drills for 2024. On at 2:45 pm, the Administrator stated, no, we didn't do a drill after Resident #1 eloped. I did a drill in . I just talked with the staff about what they did right. No, I didn't document anything. The facility's undated Elopement Policy stated, all	A 032		

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A 032	Continued From page 16 staff will participate in a Missing Resident Drill to practice appropriate responses at least two times per year and a record of this drill will be in the Facility Training Records. (photographic evidence obtained) Class III	A 032		
A 034 SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure the use for assistive devices documentation was maintained for 1 of 4 sampled residents (#4).	A 034		

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A 034	Continued From page 17 Findings: On at 9:15 am, observation revealed a resident later identified as Resident #4 sitting in a recliner in the common area with a walker nearby. On at 9:52 am, unlicensed caregiver A stated all the residents in the facility use an assistive device for walking. Review of the facility's revised Assistive Device Policy and Procedures stated, upon admission, the facility will assess any assistive device that the resident may be using. If these devices are used for ambulation (i.e. walker, cane) or movement (wheelchair, scooter), these should be included in the 1823 either prior to or upon admission or within the first 30 days of residency. A review of Resident #4's record revealed a facility admission date of . A 1823 Health Assessment Form indicated a medical history of Prostatic Hyperplasia, , recurrent , Acute Failure, , and intermittent forgetfulness. Resident #4's physical or sensory limitations and special precautions as none. The resident activities of daily living indicates needs supervision for ambulation, toileting, and transferring. There was no documented evidence Resident #4 requires the use of a walker or assistive device. On at 10:45 am, Resident #4 was observed standing utilizing the walker while unlicensed caregiver A stood by.	A 034		

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A 034	Continued From page 18 On at 1:20 pm, unlicensed caregiver A stated, Resident #4 has to use the walker, and he moved into the facility with it. The Administrator was asked if Resident #4 has a physician order for the walker. On at 3:55 pm, the Administrator stated, oh it's not on his 1823? After reviewing the 1823 the Administrator stated I will have to get a new one completed. The Administrator failed to follow the facility's Assistive Device Policy upon admission by ensuring Resident #4's walker was included in the 1823 prior to or within 30 of residency. (photographic evidence obtained) Class III	A 034		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be	A 054		

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A 054	Continued From page 19 immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure residents who require assistance with self-administration of medication maintained a daily medication observation record (MOR) for 3 of 4 sampled residents (#2, #4, #6). Findings: 1, Review of Resident #6's record revealed a facility admission date of A 1823 Health Assessment Form indicated a medical history of , essential primary , major unspecified without behavioral disturbance, personal history of and , alert, awake oriented x1 and needs assistance with self-administration. Review of Resident #6's Medication Observation	A 054		

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A 054	Continued From page 20 Record (MORs) for revealed , 20 mg cpdr take 1 capsule by once daily for ; take on an empty before breakfast at 7:30 am was not administered on and , tab 125 mcg take one tablet by 30 min before breakfast on an empty for and cranberry 425 mg take one capsule by at 8am on and were not administered along with , 0.5 mg tab take one tablet by every night at bedtime (8pm) for . Bicar tab 650 mg take one tablet by twice daily and Iron 65 mg twice a day at 8am and 8pm on and were not administered. On and medications scheduled for 3pm , tab 25 mg take one tablet by every day at 3pm for stabilization and , 20mg take 1 tablet by once day were not administered. Review of the facility's staff schedule revealed unlicensed caregiver C was scheduled on and and assigned to pass meds. 2. Review of Resident #4's record revealed a facility admission date of . A 1823 Health Assessment Form indicated a medical history of Prostatic Hyperplasia, , recurrent , Acute Failure, , , intermittent forgetfulness, and needs assistance with self-administration. Review of Resident #4's Medication Observation Record for revealed , (,) 5mg take 1 tablet by in the morning and before bed and , (,) 15mg take 1 tablet by in the morning and before bed on were not administered. On	A 054		

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A 054	Continued From page 21 10mg 24hr tablet take 1 tablet by 1 time each day, , ( ) 10mg take 1 tablet by 1 time each day, and ( ) 5mg take 1 tablet by 1 time each day in the AM were not administered. On 25mg take tablet at bedtime was not administered. On and 25mg take tablet at bedtime was not administered. On PM , ( ) 5mg take 1 tablet by in the morning and before bed and , ( ) 15mg take 1 tablet by in the morning and before bed was not administered at bedtime. 3. Review of Resident #2's record revealed a facility admission date . An 1823 Health Assessment Form indicated a medical history of , secondary , forgetfulness, intermittent agitation, and needs assistance with self-administration. Review of Resident #2's Medication Observation Record for revealed 50 mcg take 1 tablet by every morning for , , at 7am on and was not administered. On and at 8am 600 mg take 1 tablet by every day for reducing , 25 mg take one tablet by every day for , , 20mg take one tablet by every day for , , , and E 1,000 units take one capsule by every day for nutritional deficiency were not administered. On at 8pm , 15mg take one tablet by every day at bedtime for and 50 mg take one tablet by every night at bedtime for were not administered.	A 054		

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A 054	Continued From page 22 Review of Resident #2's Medication Observation Record for revealed , 15 mg take one tablet by every day at bedtime for and 50 mg take one tablet by every night at bedtime for , on and at 8pm were not administered. 50 mcg take 1 tablet by every morning for at 7am on and were not administered. On and at 8am 600 mg take 1 tablet by every day for reducing , 25 mg take one tablet by every day for 20mg take one tablet by every day for E 1,000 units take one capsule by every day for nutritional deficiency, 400 mg take one tablet every day for nutritional deficiency, and Plus 8.6-50mg take two tablets by every day for , were not administered. Review of the facility's and staff scheduled revealed unlicensed caregiver B was scheduled on , , , , , , , , and and assigned to pass meds for Resident #2 and #4. On at 2:25 pm, the Administrator stated after reviewing the MORs, yes unlicensed caregiver B is new. I just need to work on it, and I guess after every shift. I need to go over it. It's a learning process and I need to watch after every shift. I know the residents are getting the meds. It's just a signing process. The residents have bubble packs, so the meds are missing. As for unlicensed caregiver C she is no longer here and that is why. She was my problem child and could not follow directions.	A 054		

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A 054	Continued From page 23 Review of the facility's undated Medication Policy and Procedures states the facility will be responsible for maintaining accurate records. (photographic evidence obtained) Class III	A 054		
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	A 081		

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A 081	Continued From page 24 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 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,	A 081		

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A 081	Continued From page 25 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 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	A 081		

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A 081	Continued From page 26 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 personnel record reviews and interview, the facility failed to obtain the staff in-service training for 4 of 4 sampled staff (A, B, C, D) within 30 days of employment as required. Findings: On at 2:35 pm, the Administrator was asked to provide the personnel records for the unlicensed staff for review. 1. On at 2:45 pm, the Administrator stated I don't have unlicensed caregiver C's records here. I have a home office and that's where I kept it over there. She no longer works here so I didn't know I needed to keep their files here (referring to the facility). On at 2:50 pm, review of the facility's Background Roster revealed unlicensed	A 081		

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	AL11970307	A. BUILDING: _____ B. WING _____	01/02/2025

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A 081	Continued From page 27 caregiver C's hire date . There was no evidence of documented Inservice training for: a. .50hr Resident Rights b. Elopement Response Training 2. Review of unlicensed caregiver A's record revealed a hire date . A 2-hour certificate for pre-service orientation and all other required in-service trainings dated . There was no evidence of documented Inservice training for: a. Elopement Response Training dated was completed on myalftraining.com and did not indicate the facility trained on their policy and procedures and was not signed by the Administrator. 3. Review of unlicensed caregiver B's record revealed a hire date . A 2-hour certificate for pre-service orientation and all other required in-service training dated . There was no evidence of documentation for service training for: a. .50hr Resident Rights b. Elopement Response Training dated was completed on myalftraining.com and did not indicate the facility trained on their policy and procedures and was not signed by the Administrator. 4. Review of unlicensed caregiver D's record revealed a hire date . There was no documented evidence in service training for: a. .50hr Resident Rights	A 081		

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A 081	Continued From page 28 On at 3:55 pm, the Administrator confirmed the findings and was unable to provide any additional documentation. (photographic evidence obtained) Class III	A 081		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and	A 084		

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A 084	Continued From page 29 ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform	A 084		

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A 084	Continued From page 30 testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed	A 084		

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A 084	Continued From page 31 pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure unlicensed caregivers who provide assistance with self-administration of medications completed the initial 6-hour training. (C) Findings: On at 2:35 pm, the Administrator was asked to provide the personnel record for unlicensed caregiver C for review. On at 2:45 pm, the Administrator stated I don't have unlicensed caregiver C's records here. I have a home office and that's where I kept it over there. She no longer works here so I didn't know I needed to keep their files here (referring to the facility). On at 2:50 pm, review of the facility's Background Roster revealed unlicensed caregiver C's hire date and end date . On at 2:55 pm, the Administrator stated, unlicensed caregiver C provided medications to the residents during her shifts, and she has her 6hr medication training. It's in her folder that is at my home office. On at 3:55 pm, the Administrator confirmed the findings and was unable to provide any additional documentation.	A 084		

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A 084	Continued From page 32 Class III	A 084		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description	A 161		

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A 161	Continued From page 33 given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ⌄ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to ensure the record for 1 of 4 sampled staff contained a copy of the employment application, with references furnished (C.) Findings: On at 2:35 pm, the Administrator was asked to provide the personnel record for unlicensed caregiver C for review. On at 2:45 pm, the Administrator stated I don't have unlicensed caregiver C's records here. I have a home office and that's where I kept it over there. She no longer works here. So, I didn't know I needed to keep their files here (referring to the facility).	A 161		

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A 161	Continued From page 34 On at 2:50 pm, review of the facility's Background Roster revealed unlicensed caregiver C's hire date and end date . There was no documented evidence that unlicensed caregiver C obtained an employment application with references. On at 3:55 pm, the Administrator confirmed the findings and was unable to provide additional documentation. Class III	A 161		
A 200 SS=D	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain	A 200		

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A 200	Continued From page 35 residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the	A 200		

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A 200	Continued From page 36 assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows:	A 200		

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A 200	Continued From page 37 a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (b) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's	A 200		

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A 200	Continued From page 38 compliance with this rule shall amend its plan and submit it to the county emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within 30 days of the approval of the plan from the county emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration to assistedliving@ahca.myflorida.com. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the county emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . , have implemented the plan required under this rule. (b) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.	A 200		

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A 200	Continued From page 39 (c) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of , and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures	A 200		

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(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 200	Continued From page 40	A 200		

are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.
(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.
(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by Chapter 429, Part I, or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines.
(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.
(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.
(b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.
(8) NOTIFICATION.
(a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:
1. Upon the initial submission of the plan to the county emergency management agency that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970307	A. BUILDING: _____ B. WING _____	01/02/2025

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A 200	Continued From page 41 plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. 3. Annual submissions and approvals of the plan do not require notification to residents or their legal representatives unless a significant modification as defined in Rule 59A-36.019, F.A.C., has been made to the plan. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on observation, facility's documentation reviews, and interviews, the facility failed to effectively and immediately activate, operate the alternate power source. Findings: On at 3:15 pm, observations revealed the Administrator preparing to start the fixed generator after opening the valve on the propane tank. The Administrator stated you have to wait a few minutes after opening the valve to allow the propane to go through the line. On at 3:20 pm, after several attempts to start the fixed generator. The Administrator stated the guy was just here and checked it. I'm not sure why it's not starting.	A 200		

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A 200	Continued From page 42 On at 3:27 pm, unlicensed caregiver A stated to the Administrator, oh, when they were just here, they said the battery. I think it needs to be replaced, but I'm not sure. I'll go check it and see if I can start it. On at 3:29 pm, the Administrator stated after placing a call, the generator company is not in the office until . That's the message on the phone. No, the generator is checked monthly by our generator guy the first week of every month. He was here . On at 3:37 pm, unlicensed caregiver A stated after a second attempt. The generator will not start due to the battery's RPM. The generator company will have to change it. On at 3:50 pm, the Administrator provide a copy of the "Emergency Generator Year 2024 schedule which revealed on , stating generator would not start, could be battery." The Administrator stated, "No we're not able to change the battery and will have to wait. On at 3:50 pm, The Administrator provided a copy of the facility's Mutual Aid Agreement dated in the event the facility will be required to evacuate. On at 7:52 pm, the Administrator sent an email and photo to the surveyor stating, "As of yesterday, the battery on our Generator at 5757 Cedar Pine Drive was replaced and it is now working. The snapshot of the photo from Generac Tech Services indicated new battery repair." (photographic evidence obtained)	A 200		

Agency for Health Care Administration

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A 200	Continued From page 43 Class III	A 200		