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
	AL11964914	A. BUILDING: _____ B. WING _____	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLISLE NAPLES	6945 CARLISLE COURT NAPLES, FL 34109

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A relicensure, extended congregate care, emergency power plan monitoring and health facility reporting system survey was conducted at Carlisle Naples on through . Deficiencies were identified at the time of the survey.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her .	A 052		

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A 052	Continued From page 1 (d) Applying , 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 , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of	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 interview, the facility failed to orally advise residents of the names and doses of the medication they were assisted with for 4 (Residents #11, #1, #13, and #12) out of 4 residents observed for medication pass.	A 052		

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A 052	Continued From page 4 The findings included: On at 2:07 p.m. observed Medication Technician (MT) Staff G assist Resident #11 with one (1) medication in the apartment. Staff G did not tell the resident the dose of the medication. On at 2:13 p.m., observed MT Staff G assist Resident #1 with one (1) medication in the apartment. Staff G did not tell the resident the dose of the medication. On at 2:15 p.m., Staff G said she was trained to tell the residents the doses of the medication when she performs medication assistance, but she did not. She said she did not know why. On at 7:48 a.m., observed MT Staff C assist with medications for Resident #1. Staff C entered the resident's room and said she had the , pill and pills. Staff C assessed the , . There were 8 medications in the cup. The resident swallowed the medications. Staff C exited the room. Staff C did not tell the resident the names or doses of the medications. On at 7:57 a.m., observed Staff C assist with medications for Resident #13. Staff C entered the room, the resident was in bed, and the staff asked her to sit up in bed. Staff C handed the resident the cup of 5 medications. Staff C did not tell the resident the names or the doses of the medication. On at 8:05 a.m., observed Staff C assist with medications for Resident #12. Staff C removed the medication from the containers and	A 052		

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A 052	Continued From page 5 placed them in the paper cup. There were 7 medications in the cup, including 2 of the B. Staff C handed the cup to the resident and said the pills contained B. Staff C did not tell her the names of the other 6 medications in the cup. The resident swallowed the medications, got up and went to the dining room with her son. On at 8:14 a.m., Staff C said she had been a medication technician for 3 years and completes a refresher every year. She said they trained her to tell the residents the names of the medication. She did not say they trained her to tell the doses of the medication. Staff C said she did not orally advise the residents of the names or the doses of the medications she assisted with. She said the residents could be and if she tells them the medications, they ask her again. She said if they ask what the pills are she will tell them. On at 4:54 p.m., the Director of Assisted Living (DOAL) said there were no resident waivers excluding the medication technicians from orally advising the residents of their medications and doses. The DOAL said they should be telling them. Class III .	A 052		
A 093 SS=E	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans,	A 093		

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A 093	Continued From page 6 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.	A 093		

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A 093	Continued From page 7 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the	A 093		

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A 093	Continued From page 8 purposes of ⌄ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to have menus reviewed, signed, and dated by a licensed or registered dietician and have portion sizes available for all resident menus. The findings included: Policy: SRG-FS-207 Subject: Corporate Dietician Menu Review "A four-week menu from the previous month will be scanned by the first week of each quarter and sent to the corporate office for dietician review and signing. 1. On , during record review, it was revealed that the facility daily breakfast and lunch menu was signed by a Registered Dietician (RD) but not dated. Further review showed a weekly	A 093		

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A 093	Continued From page 9 dinner menu dated through and an alternative menu without RD signature or date. **Photographic Evidence Obtained** 2. On , during record review, there was no documentation of portion sizes for any of the provided menus. On at 12:25 p.m., during an interview, the Executive Chef said that his menus are not nutritionally analyzed. He said that he remembers a time when he had to have portion sizes on the menu but he said that it was changed because the company wanted to look less like a nursing facility or a hospital and have a different look for residents. On , during record review, an email was shown between the Executive Chef and the Corporate Director of Food Services stating that portion sizes were not available for the menus. ** Photographic Evidence Obtained ** On at 2:20 p.m., during an interview, the Director of Assisted Living (DOAL) acknowledged that the menus were not signed and dated by a Registered Dietician per regulation. The DOAL said that she wasn't sure if there were portion sizes available and that Chef would be the person to talk to about it. Class III .	A 093		

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A 152	Continued From page 10	A 152		
A 152 SS=E	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not	A 152		

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A 152	Continued From page 11 be . This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that all existing architectural, mechanical, electrical, and structural systems are maintained in good working order per 434.4.2.1 of the Florida Building Code (FBC) "When outside temperatures are 65F (18C) or below, an indoor temperature of at least 72F (22C) shall be maintained in all areas used by residents during hours when residents are awake." The findings included: On , observation of the posted hours revealed the dining room is open for residents between the hours of 7:00 a.m. and 7:00 p.m. On at 12:28 p.m., during a tour of the dining room, the air temperature was observed to be 67.4F. On at 9:37 a.m., during a tour of the activities and library area, adjacent to the main dining room, the air temperature was observed to be 68.1F. On at 9:41 a.m., during a tour of the activities and library area, adjacent to the main dining room, the air temperature was observed to be 67.6F. **Photographic Evidence Obtained** On at 10:17 a.m., during an interview in the dining room, Resident #16 said it was freezing in here. She said it has been over	A 152		

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A 152	Continued From page 12 several days. She said she did not tell anyone, but she does not feel well. On at 12:32 p.m., during a tour of the third-floor hallway outside of Room B302, it was revealed that the air temperature was observed to be 69.8F. On at 1:50 p.m., during an interview, the Director of Maintenance (DOM) said that the residents don't like the heat and would rather be than hot and said that he does have access to turn the heat up. On at 2:15 p.m., during an interview, Resident #10 said that the temperature has been brutally in the hallway the past few days. On at 2:40 p.m., the fire alarm went off in the building. On at 2:45 p.m., during an interview, the DOM said that he turned on the heat in the common areas and it caused the alarm to go off. On at 3:20 p.m., the fire alarm went off in the building. On at 3:30 p.m., Naples Fire Department arrived on scene and reset the alarm. On at 3:35 p.m., during an interview, the DOM said that the Director of Assisted Living (DOAL) asked him to put the heat on in the entire building as the heating system is in two parts. He said that one side of the building burnt out and has to be repaired. He said he would have someone come in and fix the problem right away. On at 3:55 p.m., during an interview,	A 152		

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A 152	Continued From page 13 Resident #8 said he has told the DOAL at the first of this year 2026, that it was too in the building outside of his room. He said he goes to dining 3 times a day and it is very in there. On at 4:15 p.m., during an interview, the Director of Assisted Living said that someone asked them to turn on the heat and the smell is from the fact that we don't use it that often. She said that it really hasn't been for this long since I've been here. She stated "We really never have to turn on the heat but once everything off things should be ok." On at 4:25 p.m., during an observation of the third floor electrical room, it was revealed that the ductwork leading from the air handler was completely separated from the main vent to that portion of the building. **Photographic Evidence Obtained** On ,record review from worldweather.com, an online weather platform, showed that high temperature on in Naples, Florida was 57 F and on the high temperature was 64 F. ** Photographic Evidence Obtained** Class III .	A 152		
A 167 SS=D	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility	A 167		

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CARLISLE NAPLES	6945 CARLISLE COURT NAPLES, FL 34109

(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 167	Continued From page 14 must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or ˬ of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or , ˏ facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf;	A 167		

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A 167	Continued From page 15 (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related to a properly executed DH Form 1896, . (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations	A 167		

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A 167	Continued From page 16	A 167		

that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative.

429.24 FS
(1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration.

(2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase.

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A 167	Continued From page 17 Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or . . . (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract.	A 167		

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A 167	Continued From page 18 (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's or relocation due to , hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to provide a resident contract listing specific services, supplies, and accommodations to be provided by the facility to the resident including	A 167		

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A 167	Continued From page 19 extended congregate care (ECC) services that the resident may elect to receive for 1 (Residents #3) of 2 residents reviewed for ECC services. The findings included: 1. Resident #3's contract dated , page 8, Under Accomodations: Personal Assistance and Care: ... "Your Personal Assistance and Care Services are included in your Level of Care Fee unless otherwise indicated...The Service Plan will describe the Personal Assistance and Care Services to be provided to you at the Community. The Service Plan will also outline specifics such as who will provide the services and what, when, how and how often they will be provided, while reflecting your assessed needs and choices." Resident #3's contract page 9, Under Limites Nursing Services: "...we provide limited nursing services to residents for assessment, monitoring of residents' vital functions and conditions, delegation and health care counseling and teaching. We will also provide or arrange intermittent or temporary direct nursing services, subject to the limitations and Additional Charges described below and in Sections 4.b. and 7.a. Resident #3's contract page 10-11, Under Excluded Health-Related Services: "4.b...Resident acknowledges and agrees that the nursing services provided at the Community are limited in nature and specifically do not include -on or 24-hour personal or direct nursing care and where so required, such direct nursing will be arranged to an outside provider on a temporary basis only and will be subject to an additional charge." Resident #3's contract page 13, Under Residency	A 167		

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A 167	Continued From page 20 Qualifications: Transfer, Substitotion or Absence from Residence: "7.a...the community is not designed to provide higher levels of care than are required or permitted for ALF's [Assisted Living Facilities], such as, -on or 24-hor personal or direct nursing care, sustained Medication Management or care for serious , mental or emotional disoders, or other excluded services described in Sections 4.a or 4.b. or elsewhere in this agreement..." Resident #3's contract page 24, Under Confidentiality, Examination of Records: "H Licensed Staff: The Community's staffing includes a licensed nurse. Please note, however, that our nurse may not be located full time at the Community and our nurses' primary function is to assess residents and help coordinate care." 2. The facility policy for Extended Congregate Care dated , revised revealed under "Procedure:. . . #5 Nursing staff providing extended congregate care services may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures, provided the nursing services are d. a service that can be safely, effectively, and efficiently provided in the facility..." and are "f. in accordance with the resident's service plan?" 3. Record review of Resident #3's service plan dated revealed on page 4 Under 10. Toileting: " - . [resident's name] has a , , and is under ECC charting and evaluation. . . [Resident] does not like the [drainage] bag changed to a bag and prefers to leave the night bag on. . . [Home Health company name] also with	A 167		

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A 167	Continued From page 21 maintenance of . , , on a monthly basis, including changing of the ." Resident #3's provider order dated revealed updated ECC orders to "Drain bag daily at 7 a.m. and 8 p.m. and PRN [as needed] as resident requires." Resident #3's , . Monthly Nursing Assessment signed by the Advanced Practice Registered Nurse (APRN) on revealed Resident #3 "continues with ECC services for management of , , . . . Nursing assists with emptying and changing collection bags in the a.m. and p.m. Last change of , pubic on . . . {patient} continues with care for managed by the home health agency." 4. The Home Health Services ALF Communication forms revealed the following: On the home health agency nurse applied a new . . , anchor and changed the . , pubic tubing. On . . the home health agency nurse changed the , pubic and irrigated with 200 cubic centimeters (cc) of normal . On the home health agency nurse changed the , pubic and irrigated with 200 cc or normal . On . . the home health agency nurse changed the , pubic and irrigated with 150 cc normal . ; new bag attached. On the home health agency nurse changed the " ," . . and irrigated with 100cc normal . On the home health agency nurse changed the , pubic , anchor and drainage bag. On the home health agency nurse noted	A 167		

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A 167	Continued From page 22 the would be changed next week on Wednesday. On at 3:55 p.m., the Director of the Assisted Living (DOAL) said the facility nurses are responsible for the ECC ordered care listed in the individual service plan. The service plan level reflects the amount of care the resident requires and receives. The DOAL said facility nurses empty the , , drainage bags when the resident permits. She said facility nurses do not change or insert the , pubic tubing. The Home Health Agency changes/inserts the , pubic . The DOAL said facility nurses perform emergency first aid care. She said after that, the resident contracts with the home health agency for care nursing services. She said the home health agency nurse is in the facility almost daily for care and other residents not enrolled in ECC services. On at 2:55 p.m., LPN Staff B said she provides coverage, first aid. She said something like changes, routine care and maceration would be performed by the home health agency nurse. She said she never changed a , pubic . She said for the ECC services the nurses monitor the patency and clean around the insertion site. The nurses monitor for redness, foul odor, but do not change the , pubic . She said for Resident #3 she would assess and look for problems and change the drainage bag if needed. She said the facility nurses do not irrigate the drainage tubing or anything like that and they do not change the , pubic tubing. She said for , the nurses do the initial first aid and then they see the provider and depending on the order	A 167		

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A 167	Continued From page 23 the home health agency nurse handles the care nursing services. Class III .	A 167		
AE201 SS=D	59A-36.021(2) FAC 429.07(3)(b)5, FS ECC - Policies 58A-5.030 (2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through extended congregate care services must promote resident independence, dignity, choice, and decision-making. The facility must develop and implement specific written policies and procedures that address: (a) Aging in place; (b) The facility's residency criteria developed in accordance with the admission and discharge requirements described in subsection (4), and extended congregate care services listed in subsection (7); (c) The personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions to provide the services including their relationship to the facility; (d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff; (e) Identifying potential unscheduled resident service needs and mechanisms for meeting those needs including the identification of resources to meet those needs; (f) A process for mediating conflicts among residents regarding choice of room or apartment	AE201		

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AE201	Continued From page 24 and roommate; and, (g) How to involve residents in decisions concerning the resident. The services must provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions, a family member or other resident representative must be consulted. Choices must include at a minimum whether: 1. To participate in the process of developing, implementing, reviewing, and revising the resident's service plan, 2. To remain in the same room in the facility, except that a current resident transferring into an extended congregate care services may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed, 3. To select among social and leisure activities, 4. To participate in activities in the community. At a minimum the facility must arrange transportation to such activities if requested by the resident; and, 5. To provide input with respect to the adoption and amendment of facility policies and procedures. 429.07(3)(b), FS 5. A facility that is licensed to provide extended congregate care services is exempt from the criteria for continued residency set forth in rules adopted under s. 429.41. A licensed facility must adopt its own requirements within guidelines for continued residency set forth by rule. However, the facility may not serve residents who require 24-hour nursing supervision. A licensed facility that provides extended congregate care services must also provide each resident with a written copy of facility policies governing admission and	AE201		

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AE201	Continued From page 25 retention. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the Extended Congregate Care (ECC) Policy failed to address the personal and supportive services the facility intends to provide, how the services will be provided and the identification of staff positions to provide the services including their relationship to the facility; the nursing services the facility intends to provide, the identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff for 2 (Residents #3 and #5) of 2 residents reviewed for ECC services. Furthermore, completing only a portion of the care required for an ECC service while requiring the resident to hire a Third Party Provider for the remained of the service, allows for insurance fraud as they insured is paying for the cost of care while the patient is paying for the same service. The findings included: The facility policy for Extended Congregate Care dated , revised revealed under "Procedure: . . . #5 Nursing staff providing extended congregate care services may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures, provided the nursing services are d. a service that can be safely, effectively, and efficiently provided in the facility..." and are "f. in accordance with the resident's service plan?" The ECC policy above did not address:	AE201		

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AE201	Continued From page 26 a) Aging in Place. b) The facility's residency criteria developed in accordance with the admission and discharge requirements described in subsection (4) [Admission and Continued Residency], and extended congregate care services listed in subsection (6) [Service plan]. c) The personal and supportive services the facility intends to provide, how the services will be provided and the identification of staff positions to provide the services including their relationship to the facility. d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff 1. On at 3:55 p.m., the Director of the Assisted Living (DOAL) said there is 1 nurse on each shift to provide nursing services. The DOAL said the facility nurses are responsible for the ECC ordered care. The nursing services are included in the individual service plan. The DOAL said the facility nurses are emptying the , , drainage bags for Residents #3 and #5. She said the facility nurses do not change or insert the , pubic tubing. The DOAL said Resident #3 has the , pubic changed by the home health agency nurse. She said Resident #5 has the , pubic changed at the , , office. She said , , is in the ECC services. The facility nurses will adjust the , , according to the order. Resident #3's provider order dated revealed an updated ECC order to drain bag daily at 7:00 a.m. and 8:00 p.m. and as needed as resident requires.	AE201		

Agency for Health Care Administration

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AE201	Continued From page 27 Resident #5's provider order dated revealed updated ECC orders for monthly changes to be completed by . Empty/drain bag as needed and document in ECC binder. On at 1:15 p.m., the Executive Director reviewed the ECC policy and said that was the only ECC policy the facility had. On at 3:55 p.m., the DOAL was notified of the concerns regarding the ECC policy. She said that was the only policy for ECC they had. Class III .	AE201		