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 |
|---|---|---|---|
| | AL11965612 | A. BUILDING: _____ B. WING _____ | 06/30/2026 |

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| MATHISON RETIREMENT CENTER | 3637 WEST HIGHWAY 390 PANAMA CITY, FL 32405 |

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| ZZ000 | Initial Comments<br><br>An unannounced biennial licensure survey, including a review of the limited nursing services license, an emergency environmental control review and a review of the comprehensive emergency management plan, was conducted at Mathison Retirement Center located in Panama City on 6/29/26 - 6/30/26. Deficient practice was identified at the time of the survey. | ZZ000 | | |
| ZZ816 | 408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation<br><br>408.809 Background screening; prohibited offenses.-<br>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check unless the person's fingerprints are enrolled in the Federal Bureau of Investigation's national retained print arrest notification program. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit fingerprints electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints shall be retained by the Department of Law Enforcement under s. | ZZ816 | | |

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943.05(2)(g) and (h) and enrolled in the national retained print arrest notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.

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59A-35.090 Background Screening.
(d) Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, July 2024, herein incorporated by reference, must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if arrested for any disqualifying offense. The Attestation of Compliance is available at https://www.flrules.org/Gateway/reference.asp?No=Ref-17724, and available from the Agency for Health Care Administration's website at: https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-central-services/background-screening/additional-information/regulations.
(e) An administrator or chief financial officer must be screened and qualified prior to appointment to the position.
(3) Results of Screening and Notification.
(a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal.
(b) If a Level 2 criminal history is incomplete, correspondence will be sent to the individual being screened requesting the arrest report and court disposition information. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section

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| ZZ816 | Continued From page 3<br>435.06(3), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to ensure a signed Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, was completed upon hire for 1 of 4 sampled staff. (Staff D)<br><br>The findings include:<br><br>A review of Staff D's (Registered Nurse) employee file revealed an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 that was not signed or dated by staff D.<br><br>An interview was conducted with the facility Administrator on 6/29/26. She stated she was unable to locate a signed attestation of compliance with background screening requirements for staff D.<br><br>Unclassified | ZZ816 | | |
| ZZ875 SS=D | 430.5025(4 & 7-9) Alzheimer disease/dementia; Training<br><br>(4) Employees of covered providers must complete the following training for Alzheimer's disease and related forms of dementia:<br>(a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have Alzheimer's disease or related forms of dementia.<br>(b) Within 30 days after beginning employment, each employee who provides personal care to or | ZZ875 | | |

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has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department.
1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of dementia, how to identify the signs and symptoms of dementia, and skills for communicating and interacting with persons with Alzheimer ' s disease or related forms of dementia. A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion.
2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies.
3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider.
(c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care

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center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with Alzheimer's disease or related forms of dementia, in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of dementia-specific training. Such training must include, but is not limited to, understanding Alzheimer's disease and related forms of dementia, the stages of Alzheimer's disease, communication strategies, medical information, and stress management.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning technology. For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with

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guidance, support, or hands-on experience to help develop and refine the employee's skills for caring for a person with Alzheimer's disease or a related form of dementia. The continuing education must cover at least one of the topics included in the dementia-specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning technology chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year.

(f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request.

2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.

(7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant.

(8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board.

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| ZZ875 | Continued From page 7<br><br>(9) Each person employed, contracted, or referred to provide services before July 1, 2023, must complete the training required in this section before July 1, 2026. Proof of completion of equivalent training completed before July 1, 2023, shall substitute for the training required in subsection (4). Each person employed, contracted, or referred to provide services on or after July 1, 2023, may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6).<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to ensure all employees received basic written information about interacting with persons who have Alzheimer's disease or related forms of dementia upon hire. The facility also failed to, within 30 days after beginning employment, insure all employees who provide personal care to or have regular contact with persons who have Alzheimer's disease or related forms of dementia completed a 1-hour training program provided by the Department of Elder Affairs for 1 of 3 sampled staff. (Staff C)<br><br>The findings include:<br><br>On 6/29/26, a review of Staff C's (licensed practical nurse) employee file revealed a hire date of 4/13/26. The file contained no documentation to indicate taht Staff C received basic written information about interacting with persons who have Alzheimer's disease or related forms of dementia upon hire. There was also no documentation to indicate that, within 30 days after beginning employment, Staff C completed a 1-hour training program. | ZZ875 | | |

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| ZZ875 | Continued From page 8<br><br>An interview was conducted with the Administrator on 6/30/26 at 1:40 PM. She stated the facility did not have evidence that Staff C was provided written information upon hire and watched the 1-hour training video from the Department of Elder Affairs.<br><br>Class III | ZZ875 | | |
| A 000 | Initial Comments<br><br>An unannounced biennial licensure survey, including a review of the limited nursing services license, an emergency environmental control review and a review of the comprehensive emergency management plan, was conducted at Mathison Retirement Center located in Panama City on 6/29/26 - 6/30/26. Deficient practice was identified at the time of the survey. | A 000 | | |
| A 032 SS=D | 59A-36.007(7) FAC Resident Care - Elopement Standards<br><br>59A-36.007<br>(7) ELOPEMENT STANDARDS.<br>(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 | A 032 | | |

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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 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,

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| A 032 | Continued From page 10<br><br>4. The continued care of all residents within the facility in the event of an elopement.<br>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to ensure all direct care staff participated in a minimum of 2 elopement drills per year for 2 of 2 sampled staff. (Employee A and B)<br><br>The findings include:<br><br>Review of Employee A's (medication technician) employee file revealed a hire date of 2/7/23.<br>Review of Employee B's (medication technician) employee file revealed a hire date of 9/9/19.<br>Review of the facility's elopement drills for the last year revealed Employees A and B did not participate in these drills.<br><br>An interview was conducted with the facility's Human Resource Director on 6/30/26 at 1:15 PM. She stated she did not have evidence that staff A and B participated in any elopement drills in the past year.<br><br>Class III | A 032 | | |
| A 052 SS=D | 429.256(3-5); 59A-36.008(3) Medication - Assistance with Self-Admin<br><br>429.256<br>(3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled | A 052 | | |

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container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen 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 hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth.
(d) Applying topical 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 nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.
(4) Assistance with self-administration of medication does not include:
(a) Mixing, compounding, converting, or calculating medication doses, except for

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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 cavity of the body.
(d) Administration of parenteral preparations.
(e) The use of irrigations or debriding agents used in the treatment of a skin condition.
(f) Assisting with rectal, urethral, or vaginal preparations.
(g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.
(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
(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 18 years of age or older, trained to assist with self administered medication pursuant to the training

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requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.
(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.
(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.
(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to 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,

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| A 052 | Continued From page 14<br>or family member upon leaving the facility, with this fact noted in the resident's medication record, or<br>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.<br>(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.<br>(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.<br>(h) All trained staff must adhere to the facility's infection control policy and procedures when assisting with the self-administration of medication.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, resident interview, staff interview, and record review, the facility failed to ensure residents who receive assistance with self-administration of medications are observed to ensure they ingest the medications for 1 of 1 sampled residents. (Resident #1)<br><br>The findings include:<br><br>An observation of Resident #1 was conducted on 6/29/26 at 11:42 AM. The resident was in his room alone and a cup of 8 pills sitting on his rollator in front of him. During an interview at this time, the resident stated the staff left the medications there but did not recall what staff brought the medications or when.<br><br>An interview was conducted with Staff H (licensed practical nurse) on 6/29/26 at 11:46 AM. She observed the medications on the residents | A 052 | | |

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| A 052 | Continued From page 15<br><br>rollator and stated he took his medications this morning. (Photographic evidence obtained.) She then confirmed they were a morning dose of medications and stated they may have been sitting there for a couple of days.<br><br>A review of Resident #1's medical record revealed a health assessment dated 12/31/25 indicating that the resident required assistance with self-administration of medications.<br><br>Class III | A 052 | | |
| A 078 SS=D | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.<br>1. Evidence of a negative tuberculosis examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of communicating tuberculosis. | A 078 | | |

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2. If any staff member has, or is suspected of having, a communicable disease, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease.
(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.
(d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility must:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,
2. Maintain time sheets for all staff.
(f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.

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| A 078 | Continued From page 17<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to maintain documented evidence of an annual negative tuberculosis (TB) examination for 2 of 3 sampled staff. (Staff A and B)<br><br>The findings include:<br><br>Review of Staff A's (Medication Technician) employee file revealed a hire date of 2/7/23 with the last negative TB examination documented on 1/22/24.<br><br>Review of Staff B's (another Medication Technician) employee file revealed a hire date of 9/9/19 with the last negative TB examination documented on 6/26/23.<br><br>An interview was conducted with the Administrator on 6/30/26 at 11:21 AM. She confirmed Staff A and B did not have a TB examination in the last year.<br><br>Class III | A 078 | | |
| A 084 SS=D | 59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt<br><br>59A-36.011<br>(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 | A 084 | | |

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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 infection control, and 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, topical dosage forms, and topical ophthalmic, otic and nasal 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

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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 insulin syringes that are prefilled with the proper dosage by a pharmacist and insulin pens 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 nebulizers;
j. Use a glucometer to perform blood glucose testing;
k. Assist residents with oxygen nasal cannulas and continuous positive airway pressure (CPAP) devices, excluding the titration of the oxygen levels;
l. Apply and remove anti-embolism stockings and hosiery;
m. Placement and removal of colostomy bags, excluding the removal of the flange or manipulation of the stoma site; and,
n. Measurement of blood pressure, heart rate, temperature, and respiratory 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

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| A 084 | Continued From page 20<br><br>training may be provided online.<br>(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.<br><br>429.52<br>(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 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<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to ensure unlicensed employees who provide assistance with self-administration of medications obtained 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 annually for 2 of 2 sampled employees (Staff A and B) and failed to maintain documentation of the initial 6 hour training regarding assistance with self-administered medications for 1 of 2 sampled staff (Staff A).<br><br>The findings include: | A 084 | | |

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| A 084 | Continued From page 21<br><br>Review of Staff A's (Medication Technician) employee file revealed a hire date of 2/7/23. The file contained no evidence of 2 hour annual training during the last annual period regarding providing assistance with self-administered medications and safe medication practices in an assisted living facility. There was also no documentation of the initial 6 hour training regarding assistance with self-administration of medications.<br><br>Review of Staff B's (Medication Technician) employee file revealed a hire date of 9/9/19. The file revealed an initial 6 hour training regarding self-administration of medications on 11/4/19, but no evidence of a 2 hour annual training during the last 12 months regarding providing assistance with self-administered medications and safe medication practices in an assisted living facility.<br><br>An interview was conducted with the Human Resources Director on 6/30/26 at 1:13 PM. She stated she could not locate Staff A's initial medication training and does not have evidence of the most recent 2 hour medication training for either Staff A or B.<br><br>Class III | A 084 | | |
| A 165 SS=D | 429.23(1-4 & 6-10) FS Risk Mgmt & QA<br><br>429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.-<br>(1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident | A 165 | | |

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reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.
(2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means:
(a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in:
1. Death;
2. Brain or spinal damage;
3. Permanent disfigurement;
4. Fracture or dislocation of bones or joints;
5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;
6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or
7. An event that is reported to law enforcement or its personnel for investigation; or
(b) Resident elopement, if the elopement places the resident at risk of harm or injury.
(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident.
(4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the

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portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident.
(6) Abuse, neglect, or exploitation must be reported to the Department of Children and Families as required under chapter 415.
(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.
(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.
(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.

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| A 165 | Continued From page 24<br>(10) The agency may adopt rules necessary to administer this section.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, staff interview, and policy review, the facility failed to report a resident elopement to the Agency for Health Care Administration Incident Reporting Systems (AIRS) for 1 of 1 sampled resident. (Resident #13)<br><br>The findings include:<br><br>On 06/30/26 at approximately 11:00 AM, a record review of the facility elopement book revealed Resident #13 had an elopement incident report that was completed by the Director of Nursing on 05/16/26. The incident report revealed that around 6:00 PM, Resident #13 walked off the sidewalk onto the uneven ground to the backside of our building. She was noted to be outside the memory gate with a small amount of blood on her lip and nose. She was brought inside the memory gate to sit on the back porch for assessment.<br><br>On 06/30/26, a medical record review revealed Resident #13 was admitted to the facility on 02/26/26. A progress note dated 05/15/26 at 9:29 PM indicated, at 6:02 PM, Nurse I was notified that Resident #13 was missing and, at 6:02 PM, Nurse I and Staff J (Med Tech) began looking for the resident. Eventually Staff K and L (both med techs) joined the search. After a few minutes, Nurse I received a call from Staff L stating Resident #13 was found on the outside of the fence of the memory care porch. Nurse I assessed her and found small scratches on her nose and lip consistent with scratches from a | A 165 | | |

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| MATHISON RETIREMENT CENTER | 3637 WEST HIGHWAY 390 PANAMA CITY, FL 32405 |

| (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 |
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branch. Resident #13 also had twigs and grass in her hair and on her clothing, along with grass stains on her pants. Resident #13 denied falling even though asked multiple times. The Director of Nursing and Administrator notified Resident #13's daughter about the incident. The resident was moved to the locked memory care on 06/11/26 unit due to stating she was trying to leave to get to her old home.

A review of the resident's health assessment dated 06/11/26 revealed she has diagnoses including vascular dementia, anxiety, sundowning (a condition in which there can be increased confusion and agitation, typically around late afternoon or evening) , cerebrovascular disease, venous insufficiency, and high blood pressure.

On 06/30/26 at approximately 11:30 AM, an interview was conducted with the Administrator, who stated that she did not report the elopement because she did not think it was an adverse event.

Class III