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
	AL11911035	A. BUILDING: _____ B. WING _____	R 07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANNE'S RESIDENCE	11855 QUAIL ROOST DRIVE MIAMI, FL 33177

(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 revisit to a re-licensure survey was conducted at St Anne's Residence on and concluded on . Deficiencies were identified at the time of the survey. A Class I deficiency was found at Tags A-0010, A-0025, A-0027 and A-0079. A Class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, , , or to a resident receiving care in a facility. The Class I noncompliance started on , Resident # 19 had eight (8) within five (5) months resulting in to the , above the , right , , and a where she (Resident #19) spent nine days in the hospital from through . The facility delayed medical care for more than four hours before sending Resident #19 out to the hospital on , the day she was diagnosed with a . The facility failed to reassess the resident for continuing residency criteria. On arrival at the facility of Agency Representatives on , there were only three direct care staff for a census of 41 residents.	{A 000}		
{A 010} SS=J	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is	{A 010}		

AHCA Form 3020-0001

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

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{A 010}	Continued From page 1	{A 010}		

responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility:
(a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party.
(b) A facility may admit or retain a resident who requires the use of assistive devices.
(c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.
(d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing

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{A 010}	Continued From page 2	{A 010}		

supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:
a. Move, turn, or reposition without total physical assistance;
b. Transfer to a chair or wheelchair without total physical assistance; or
c. Sit safely in a chair or wheelchair without personal assistance or a physical .
2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days.
3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days.

(2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.

(3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility.

59A-36.006
(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for

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{A 010}	Continued From page 3	{A 010}		

admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:
(a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.
(b) A resident requiring care of a , may be retained provided that:
1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,
2. The condition is documented in the resident's record; and,
3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility.
(c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that

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{A 010}	Continued From page 4 the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to discharge one (Resident #19) out of 24 sampled residents who did not meet the continued residency criteria and needed a higher level of care after multiple with serious injuries. The facility failed to determine the appropriateness of residence for Resident #19 in the facility. The facility failed to ensure Resident #19 was evaluated to determine her strengths and needs to be retained in the facility.	{A 010}		

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{A 010}	Continued From page 5 Findings: A review of Resident #19's progress notes showed no documentation that the resident was evaluated by a primary care physician after eight , including two with serious injuries on and . A review of Resident #19's hospital records dated showed Resident #19 suffered a hematoma from a and was hospitalized for six days. A review of Resident #19's progress notes showed no documentation that the resident was evaluated after her on to determine continued residency after discharge from the hospital on . However, Resident #19 remained in the facility. A review of Resident #19's hospital records dated showed Resident #19 had multiple with in which stitches were required and was discharged the same day. However, the facility failed to ensure the appropriateness of residency by a health care provider after this . A review of Resident #19's emergency medical services ( ) showed the resident slipped and going to the bathroom and suffered and was transported to the hospital. However, the resident was never evaluated to determine continued residency. A review of Resident #19 progress notes dated revealed the resident was found on the floor with complaint of , , but the resident was never referred to a primary care physician to be	{A 010}		

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{A 010}	Continued From page 6 assessed. A review of Resident #19's progress notes dated revealed a and no evaluation to determine if the resident was appropriate for continued residency. Interviewed on at 11:34 AM during an exit conference, the Administrator stated that the facility did not have a policy. The Administrator stated further that she had tried to admit Resident #19 to rehabilitation and she (Administrator) had to bring her (Resident #19) to the facility because she refused , , , . The Administrator stated that she was going to have given Resident #19 a 45-day discharge letter. A review of Resident #19's health assessment dated showed diagnoses of , , and . The physical status showed ambulates with ambulatory device (rollator). The status showed awake, alert, and oriented two times. The nursing status showed assistance with activities of daily living. The resident had precautions. The activities of daily living showed independent with eating, and supervision with ambulation, transferring, and assistance with bathing, , self-care and toileting. Class I	{A 010}		
{A 025} SS=J	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	{A 025}		

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{A 025}	Continued From page 7 ᵕ , 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 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	{A 025}		

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{A 025}	Continued From page 8 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 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 review and interview, the facility failed to provide personal supervision for one (Resident #19) out of 24 sampled residents with multiple which resulted in a and a right and right . The facility failed to ensure the activities of daily living were met while on the premises, including the general health and safety of Resident #19 to prevent unwitnessed . The facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention for Resident #19. Findings: A review of Resident #19's progress notes revealed eight (8) , including three unwitnessed on , , and , falling twice (&) on the same day on two separate occasions, and falling on two consecutive days (&). However, the facility failed to provide an intervention to prevent Resident #19's frequency of since the resident needed supervision and assistance.	{A 025}		

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{A 025}	Continued From page 9 A review of Resident #19 hospital records dated revealed the resident was present at the emergency due to frequent and was diagnosed with a . The hospital stated: "Per the patient's son, she (Resident #19) had been evaluated at another hospital the previous day ( ) following a , underwent full-body imaging, and was discharged." However, the facility never documented or reported a on . A review of Resident #19's hospital records dated revealed the resident arrived at the emergency department after sustaining a with a right and right earlier this morning at the assisted living facility. A review of Resident #19's hospital records dated revealed at 10:55 PM: "One hundred-year-old female multiple status post mechanical patient with mild as to what happened noted with to right no post no loss of [ ] no other complaints." A review of Resident #19's progress notes dated revealed: "[Resident #19] found (3:00 AM) sitting floor next to the recliner unable to state how she . No complaint of , . Assisted to bathroom and to bed. Resident found (7:15 AM) sitting on floor next to her bed. No visible injuries. However, resident complained of ." However, it was not documented or reported how long Resident #19 was on the floor before being found. A review of the facility's unusual occurrence record for Resident #19 documented the resident	{A 025}		

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{A 025}	Continued From page 10 was found on the floor at 2:30 AM on . However, Resident #19's progress notes documented 3:00 AM. A review of Resident #19's progress notes dated revealed: "around 4:00 AM resident was found sitting on floor next to recliner. No apparent injuries. No complaint of . Resident trying to sit in recliner. Message left for son. At 7:30 AM while making rounds on resident, certified nursing assistant (CNA) noticed resident attempting to stand up. Before CNA could make it, resident forward hitting on the nightstand. Resident had glasses on which caused to right side of . Rescue called." However, it was not reported or documented how long Resident #19 was on the floor before she was found initially. A review of Resident #19's progress notes dated documented: "[Resident #19] found on the floor next to her bed with to right side of the . Rescue called. First aid provided. Son made aware." In addition to Resident #19's on at 10:55 PM, after Resident #19 was discharged from the hospital on and returned to the facility at 7:30 AM according to her (Resident #19) progress notes, Resident #19 was later found on the floor with above left . According to Resident #19 progress notes dated showed the resident at the front entrance after she tripped, and on Resident #19 to her while attempting to put her shoes on and complained of . However, Resident #19 needed assistance with . Interviewed on at 10:15 AM when	{A 025}		

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{A 025}	Continued From page 11 asked about who assessed Resident #19 was assessed, she was found on the floor after a on at 4:00 AM, the Risk Manager stated that it was their nurse for their nursing home before putting the resident to bed. However, a review of Resident #19's record found no assessments notes showing Resident #19 was assessed. The Risk Manager stated further that they did not have any notes. Interviewed on at 10:42 AM when asked what the plan was since Resident #19 had multiple , Staff G (Caregiver) stated that [Resident #19] was assigned a one to one. Interviewed on at 11:34 AM when asked if there was a policy, the Administrator stated that they did not have a policy and, but they have a process. However, the Administrator failed to explain what the process was and deferred the question to Staff B (License Practical Nurse). Interviewed on at 11:35 AM Staff B stated that if a patient , the resident will be assessed. Staff B stated further, "If I am here, I assess the resident. In the morning, we have a post incident meeting the following day." When asked what the intervention for Resident #19 with multiple was, Staff B stated that to increase rounds Interviewed on at 11:37 AM the Administrator stated that Resident #19's son was super involved when asked about an intervention plan for the resident. However, the Administrator failed to provide an intervention plan. A review of Resident #19's health assessment dated showed diagnoses of	{A 025}		

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{A 025}	Continued From page 12 , , and . The physical status showed ambulates with ambulatory device (rollator). The status showed awake, alert, and oriented two times. The nursing status showed assistance with activities of daily living. The resident had precautions. The activities of daily living showed independent with eating, and supervision with ambulation, transferring, and assistance with bathing, , self-care and toileting. Class IBased on record review and interview, the facility failed to provide personal supervision for one (Resident #19) out of 24 sampled residents with multiple which resulted in a and a right and right . The facility failed to ensure the activities of daily living were met while on the premises, including the general health and safety of Resident #19 to prevent unwitnessed . The facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention for Resident #19. Findings: A review of Resident #19's progress notes revealed eight (8) , including three unwitnessed on , , and , falling twice (&) on the same day on two separate occasions, and falling on two consecutive days (&). However, the facility failed to provide an intervention to prevent Resident #19's frequency of since the resident needed supervision and assistance. A review of Resident #19 hospital records dated revealed the resident was present at	{A 025}		

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{A 025}	Continued From page 13 the emergency due to frequent and was diagnosed with a . The hospital stated: "Per the patient's son, she (Resident #19) had been evaluated at another hospital the previous day ( ) following a , underwent full-body imaging, and was discharged." However, the facility never documented or reported a on . A review of Resident #19's hospital records dated revealed the resident arrived at the emergency department after sustaining a with a right and right earlier this morning at the assisted living facility. A review of Resident #19's hospital records dated revealed at 10:55 PM: "One hundred-year-old female multiple status post mechanical patient with mild as to what happened noted with to right no post no loss of [ ] no other complaints." A review of Resident #19's progress notes dated revealed: "[Resident #19] found (3:00 AM) sitting floor next to the recliner unable to state how she . No complaint of , . Assisted to bathroom and to bed. Resident found (7:15 AM) sitting on floor next to her bed. No visible injuries. However, resident complained of ." However, it was not documented or reported how long Resident #19 was on the floor before being found. A review of the facility's unusual occurrence record for Resident #19 documented the resident was found on the floor at 2:30 AM on . However, Resident #19's progress notes documented 3:00 AM.	{A 025}		

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	AL11911035	A. BUILDING: _____ B. WING _____	R 07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANNE'S RESIDENCE	11855 QUAIL ROOST DRIVE MIAMI, FL 33177

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{A 025}	Continued From page 14 A review of Resident #19's progress notes dated revealed: "around 4:00 AM resident was found sitting on floor next to recliner. No apparent injuries. No complaint of , . Resident trying to sit in recliner. Message left for son. At 7:30 AM while making rounds on resident, certified nursing assistant (CNA) noticed resident attempting to stand up. Before CNA could make it, resident forward hitting on the nightstand. Resident had glasses on which caused to right side of . Rescue called." However, it was not reported or documented how long Resident #19 was on the floor before she was found initially. A review of Resident #19's progress notes dated documented: "[Resident #19] found on the floor next to her bed with to right side of the . Rescue called. First aid provided. Son made aware." In addition to Resident #19's on at 10:55 PM, after Resident #19 was discharged from the hospital on and returned to the facility at 7:30 AM according to her (Resident #19) progress notes, Resident #19 was later found on the floor with above left , . According to Resident #19 progress notes dated showed the resident at the front entrance after she tripped, and on Resident #19 to her while attempting to put her shoes on and complained of , . However, Resident #19 needed assistance with . Interviewed on at 10:15 AM when asked about who assessed Resident #19 was assessed, she was found on the floor after a on at 4:00 AM, the Risk Manager	{A 025}		

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{A 025}	Continued From page 15 stated that it was their nurse for their nursing home before putting the resident to bed. However, a review of Resident #19's record found no assessments notes showing Resident #19 was assessed. The Risk Manager stated further that they did not have any notes. Interviewed on at 10:42 AM when asked what the plan was since Resident #19 had multiple , Staff G (Caregiver) stated that [Resident #19] was assigned a one to one. Interviewed on at 11:34 AM when asked if there was a policy, the Administrator stated that they did not have a policy and, but they have a process. However, the Administrator failed to explain what the process was and deferred the question to Staff B (License Practical Nurse). Interviewed on at 11:35 AM Staff B stated that if a patient , the resident will be assessed. Staff B stated further, "If I am here, I assess the resident. In the morning, we have a post incident meeting the following day." When asked what the intervention for Resident #19 with multiple was, Staff B stated that to increase rounds Interviewed on at 11:37 AM the Administrator stated that Resident #19's son was super involved when asked about an intervention plan for the resident. However, the Administrator failed to provide an intervention plan. A review of Resident #19's health assessment dated showed diagnoses of , , and . The physical status showed ambulates with ambulatory device (rollator). The status	{A 025}		

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{A 025}	Continued From page 16 showed awake, alert, and oriented two times. The nursing status showed assistance with activities of daily living. The resident had precautions. The activities of daily living showed independent with eating, and supervision with ambulation, transferring, and assistance with bathing, , self-care and toileting. Class I	{A 025}		
A 027 SS=J	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , , and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on observation and record review, the facility failed to make medical arrangements for health care for more than four (4) hours for one (Resident #19) out of 24 sampled residents after falling twice in one day on two separate occasions and placed in bed. The facility failed to make medical arrangements to be reassessed by a health care provider for Resident #19 after seven .	A 027		

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A 027	Continued From page 17 Findings: A review of Resident #19's progress notes dated documented that Resident #19 was found from an unwitnessed on the floor sitting next to the recliner at 3:00 AM, assisted to the bathroom and placed to bed, and later found again on the floor at 7:15 AM complaining of a . However, more than four hours elapsed before calling fire rescue from the initial and Resident #19 was never assessed by a nurse before putting the resident to bed after the initial at 3:00 AM. A review of Resident #19's hospital records dated showed the resident suffered an and hematomas from the and spent six (6) days in the hospital before being discharged on . According to the Cleveland Clinic, hematoma is a type of near your that can happen after a injury. Symptoms like a and slurred speech can develop right after the injury or days to months later. hematomas can be life-threatening, so it's crucial to see a healthcare provider whenever you have a injury. A review of Resident #19's progress notes dated showed Resident #19 had an unwitnessed at 4:00 AM and was placed in bed and then three and half hours later again at 7:30 AM. However, more than three hours elapsed from the initial unwitnessed before a call was made to fire rescue, and Resident #19 was never assessed by a nurse before putting the resident to bed after the	A 027		

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A 027	Continued From page 18 initial at 4:00 AM. A review of Resident #19 hospital records dated found: "Patient [was] female with a history of who comes in the emergency department (8:17 AM) today after sustaining a right and right status post trip and earlier this morning at her nursing home. Per emergency medical services ( ) no loss of or use reported by nursing home staff." A review of Resident #19's records showed Resident #19 falling seven (7) times (X 2, and X2) before arrangement for health care to be reassessed by a primary care physician on . Interviewed on at 12:02 PM during the exit conference, the Administrator stated that she (Administrator) understood delaying care for unwitnessed was serious. Interviewed on at 10:15 AM when asked about who assessed Resident #19after her on , the Risk Manager stated that a nurse from the facility's nursing home came over and assessed Resident #19 before putting her (Resident #19) to bed. When asked for the assessment notes for Resident #19 before putting Resident #19 to bed, the Risk Manager stated that there were no notes. The Cleveland Clinic states that can be minor, like nicks from shaving or paper cuts. But when they are larger or deeper, they can be much more serious. Recognizing when a is self-treatable and when they need	A 027		

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A 027	Continued From page 19 professional medical care can make a big difference for you or someone you care for. Class I	A 027		
{A 055} SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require	{A 055}		

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{A 055}	Continued From page 20 central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are	{A 055}		

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{A 055}	Continued From page 21 still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep medications locked at all times. Findings included: On during tour of the facility observed at 7:45 AM in # inside one of the drawers a bottle of 500 mg, there were 4 pre-poured in a med cup, there was also a of 10 C pellets. At 7:55 AM in # observed on top of a counter a container of medicated rub and a bottle of extra-strength. At 8:03 AM in # observed on top of a counter a bottle of solution, 2 bottles of Oral Solution, a bottle of 70 %, a bottle of prescribed 15 mg and a bottle of 2 mg. At 8:05 AM in # observed a bag of drops. On at 12:25 PM the Administrator stated that she had told the staff many times to check	{A 055}		

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{A 055}	Continued From page 22 the rooms for medications and that she also had spoken to the residents. Class III	{A 055}		
{A 079} SS=J	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents	{A 079}		

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{A 079}	Continued From page 23	{A 079}		

serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and
( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and .
6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.
7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement.
8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day

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{A 079}	Continued From page 24 operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the	{A 079}		

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{A 079}	Continued From page 25 fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure adequate and sufficient staffing for the scheduled and unscheduled needs for one (Resident #19) out of 40 sampled residents who multiple times and only three employees on duty with a census of 40 residents. Resident #19 sustained injuries with	{A 079}		

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{A 079}	Continued From page 26 and a and hospitalized for six days. Findings: A review of the staff schedule dated for the overnight shift from 11:00 PM-7:00 AM showed only three employees on schedule with 40 residents, including Resident #19 when she (Resident #19) was found on the floor at 3:00 AM on /206 and again at 7:15 AM. A review of Resident #19's hospital records dated showed the resident sustained a and was discharged from the hospital on . A review of the staff schedule dated for the overnight shift from 11:00 PM-7:00 AM showed only three employees on schedule with 40 residents, including Resident #19 when she (Resident #19) was found on the floor at 4:00 AM on . A review of the staff schedule dated for the morning shift from 7:00 AM-3:30 PM showed only two staff on schedule with 40 residents, including Resident #19 when she (Resident #19) was found on the floor at 8:00 AM. According to Resident #19's hospital records dated showed the resident suffered a right and right . A review of the staff schedule dated for the evening shift from 3:00 PM to 11:30 PM showed only three staff on schedule when Resident #19 was found on the floor 10:55 PM with 40 residents.	{A 079}		

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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 079}	Continued From page 27 A review of Resident #19's emergency medical services records ( ) revealed Resident #19 was found on the floor from a and the resident had to the right side of the . A review of the facility's records relating to activities of daily living for a census of 40 residents showed the following at the time of Resident #19's on , and : 13 residents needed assistance with ambulation, six (6) with bathing, four (4) with ⎵, four (4) with eating, 13 with toileting, 20 with self-grooming, and 15 with transferring. Residents needing supervision showed the following: nine (9) with ambulation, two (2) with bathing, two (2) with ⎵, eight (8) with eating, one (1) with self-care, and four (4) with toileting, and seven (7) with transferring. Residents needed total care showed: four (4) with ambulation, four (4) with bathing, four (4) with ⎵, four (4) with eating, four (4) with self-grooming, five (5) with toileting and four (4) with transferring. However, the facility only had three staff on duty for 40 residents, including residents that needed supervision, assistance and total care. A review of all the residents' health assessments found 35 out of the 40 residents had a precautions. A review of the staffing schedule dated for the 7AM-3PM, 3PM-11PM, & 11PM-7AM showed only three employees per shift for a census of 40 residents. In addition to only having three employees on each shift, the scheduled showing Staff Q (Caregiver) working doubles from 7AM-3PM and 3PM-11:00PM on . Interviewed on at 11:42 AM when	{A 079}		

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{A 079}	Continued From page 28 asked if staffing was an issue, Staff B License Practical Nurse stated that staffing was not issue. Staff B stated further that the facility would increase rounds as an intervention prevent . Interviewed on at 11:45 AM when asked how many employees were on duty when Resident #19 was found on the floor on , the Administrator stated that there were three employees with a census of 40, including four hospice residents. A review of Resident #19's health assessment dated showed diagnoses of , , , and . The physical status showed ambulates with ambulatory device (rollator). The status showed awake, alert, and oriented two times. The nursing status showed assistance with activities of daily living. The resident had precautions. The activities of daily living showed independent with eating, and supervision with ambulation, transferring, and assistance with bathing, , self-care and toileting. Class I	{A 079}		
{A 162} SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of	{A 162}		

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{A 162}	Continued From page 29 other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ◡ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ◡ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ◡ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer,	{A 162}		

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{A 162}	Continued From page 30 assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH	{A 162}		

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{A 162}	Continued From page 31 Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have an accurate health assessment of one out of 24 sampled residents (Resident # 19). Findings included: A review of Resident # 19's record showed the most recent health assessment, completed on , had the resident diagnosed with and recent hematoma. The previous health assessment completed on had the resident diagnosed with deficiency, and . On at 11:51 AM the Director of Nursing	{A 162}		

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{A 162}	Continued From page 32 stated that she will call the doctor. At 12:20 PM the Administrator stated that the doctor had omitted the rest of the diagnoses. Class III	{A 162}		
A 058 SS=D	429.42( ) FS; 59A-36.023(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 59A-36.023(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III	A 058		

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A 058	Continued From page 33 deficiency directly relating to facility medication practices as established in Rule 59A-36.008, F.A.C., is documented by agency personnel pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of a class I or class II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility is required to employ the consultant services or a licensed registered nurse or pharmacist who will provide onsite quarterly	A 058		

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A 058	Continued From page 34 consultations until it is determined that such consultation services are no longer required. The facility had an uncorrected class III deficiency of Medication-storage and disposal. Findings included: On at 7:45 AM in # observed inside one of the drawers a bottle of 500 mg, there were 4 pre-poured in a medication cup, there was also a of 10 C pellets. At 7:55 AM in # observed on top of a counter a container of medicated rub and a bottle of extra-strength. At 8:03 AM in # observed on top of a counter a bottle of solution, 2 bottles of Oral Solution, a bottle of 70 %, a bottle of prescribed 15 mg and a bottle of 2 mg. At 8:05 AM in # observed a bag of drops. On at 12:23 PM the Administrator stated that she will bring the registered nurse that trained the staff after last survey. Further stated that she had spoken to the staff and to the residents regarding the medications in the room and provided them with lock boxes to keep their medications locked, but they did not listen. Class III	A 058		
{A 165} SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as	{A 165}		

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{A 165}	Continued From page 35 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 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. ; 2. or , damage; 3. Permanent ; 4. or 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	{A 165}		

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{A 165}	Continued From page 36 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 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) , neglect, or , 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	{A 165}		

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{A 165}	Continued From page 37 are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to file three (3) adverse incidents reports for one (Resident #19) out of 24 sampled residents after emergency medical services ( ) to transport resident for a higher level of care. The facility failed to file adverse incidents reports within one business day of the occurrence through the agency's online portal and within 15 days a completed report. Findings: A record review of Resident #19's progress notes dated revealed the resident tripped at the front of the facility and with and was transferred to the hospital. A review of the adverse incidents reporting systems database found no recorded incident regarding a on . A review of Resident #19's progress notes dated revealed the resident was found on the floor with to the right side of the and rescue was called. A review of the adverse incidents reporting systems database found no recorded incident regarding a on . A review of Resident #19's record dated	{A 165}		

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{A 165}	Continued From page 38 showed Resident #19 was found on the floor with to the right side of . A review of Resident #19's progress notes dated revealed the resident was found on the floor at 3:00 AM and 7:15 AM and rescue was called. However, a review of the adverse incident reporting systems database found no incident of a with injuries of a A review of Resident #19's records dated revealed Resident #19 was found lying in bed suffering from and was transported to the hospital for further evaluation. Interviewed on at 12:26 PM the Administrator stated that she only filed an adverse incident for [Resident #19's] on Class III	{A 165}		