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
	AL11969032	A. BUILDING: _____ B. WING _____	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELINA ALF LLC	4680 SW 154TH PLACE MIAMI, FL 33185

(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
ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	ZZ814		

AHCA Form 3020-0001

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

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ZZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic ⌄ , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to register with the clearinghouse and to maintain the employment or affiliation status for one out of six sampled staff (Staff E). Findings included: On at 11:36 AM Staff B stated that Staff E comes twice a week to check the residents. On at 11:28 AM, Resident # 1 stated that the night before she had been seen by Staff E. A review of the facility's clearinghouse roster revealed that Staff E was not listed as a staff, she was listed on the roster of the sister facility. Unclassified	ZZ814		

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A 000	Initial Comments A wellness monitoring was conducted at Angelina ALF Llc from to . The provider had deficiencies identitifed at the time of the survey.	A 000		
A 007 SS=I	59A-36.006(1) FAC Admissions - Criteria (1) ADMISSION CRITERIA. (a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license: 1. Be at least , . 2. Be free from signs and symptoms of any communicable that is likely tomay be transmitted to other residents or staff. AnHowever, an individual who has , ( ) may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule. In addition, an individual that exhibits signs or symptoms of or has been diagnosed with a , , illness that can be spread through droplet transmission, may be admitted, at the administrator's discretion, if appropriate droplet precautions are implemented by facility staff. Appropriate droplet precautions include recommendations from nationally accepted standards, recommendations from the local county health department, and the facility's prevention and control policies and procedures at the time of the individual's admission. The individual must otherwise be eligible for admission according to this rule. 3. Be able to perform the activities of daily living, with supervision or assistance if necessary. 4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted.	A 007		

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A 007	Continued From page 1 5. Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication. a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact. b. The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident. 6. Not have any special dietary needs that cannot be met by the facility. 7. Not be a danger to self or others as determined by a health care practitioner, or a mental health practitioner licensed under Chapter 490 or 491, F.S. 8. Not require 24-hour licensed professional mental health treatment. 9. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 10. Not have any ␣ or 4 ␣ . A resident requiring care of a ␣ ␣ may be admitted provided that: a. The resident either: (I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or	A 007		

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A 007	Continued From page 2 (II) Resides in a limited nursing services licensed facility and care is provided by the facility pursuant to a plan of care issued by a health care practitioner; b. The condition is documented in the resident's record and admission and discharge logs; and, c. 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. 11. Residents admitted to standard, limited nursing services, or limited mental health licensed facilities may not require any of the following nursing services: a. airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine; b. Assistance with , c. Monitoring of gases, d. Management of post-surgical drainage tubes and vacuum devices; e. The administration of products in the facility; or f. Treatment of surgical or , unless the surgical or and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record. 12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services: a. and , performed in the facility; b. , performed in the facility. 13. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice	A 007		

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A 007	Continued From page 3 services pursuant to Section 429.26(1)(c), F.S.; 14. Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. 15. Be appropriate for admission to the facility as determined by the facility administrator. The administrator must base the determination on: a. An assessment of the strengths, needs, and preferences of the individual; b. The medical examination report required by Section 429.26, F.S.; c. The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and, d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule Chapter 69A-40, F.A.C. (b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable ,, or assistance with routine , care of site , placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves. (c) Nursing staff may not provide training to unlicensed persons, as defined in Section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from , with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement	A 007		

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A 007	Continued From page 4 and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license. (d) Not withstanding any other provisions of this rule, an individual enrolled in and receiving licensed hospice services may be admitted to an assisted living facility pursuant to Section 429.26(1)(d), F.S. (e) Resident admission 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 observation, record review and interview, the facility failed to follow the admission criteria for 4 out of six sampled residents (# 1, # 2, # 3 and # 4), that were observed with Jackson Pratt drains and had ( ) infussions. Also failed to have clear post- , instruction from the healthcare provider. Findings included: A review of residents' records showed that the physician's discharge instructions were blank, only had the name of the resident and the name of the physician, there were no clear instructions for staff or the resident to follow regarding post- , care. According to Mayo Clinic, all surgeries, including cosmetic procedures, come with risks. Complications can include trouble with healing, clots and . On at 11:20 AM observed Resident # 1 with three drains, Resident # 2, # 3 and # 4 with	A 007		

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A 007	Continued From page 5 one drain each. According to the National Library of Medicine Jackson Pratt drains are used to remove fluids that build up in areas of your body after surgery or when you have an . The drain should be empty before it gets full and the content should be measured. On at 11:28 AM Resident # 1 stated that she had had surgery the day before, and confirmed that she had three drains, when questioned who empties the drains she stated that the staff were the ones doing it once they were full, also stated that she had been given a at the facility the night before. On at 11:30 AM Resident # 2 stated that she had surgery the day before, and that she had a drain. On at 11:31 AM Resident # 3 stated that staff empties the drain twice a day or as soon as it is full. On at 11:37 AM Staff B stated that they had an extra service for the residents to have at the facility, when asked the name of the person who came to administered the she stated that it was Staff F but that she did not know her last name. According to the National Library of Medicine there is a lack of high-quality evidence to suggest that high-dose are necessary or offer any health benefit in the absence of a specific deficiency or medical condition. There may be harms from taking high (non-physiological) quantities of some and . Licensed forms of injectable	A 007		

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A 007	Continued From page 6 that are prescription-only medicines should not be advertised to the public and should only be supplied and administered by appropriately qualified healthcare professionals. A review of facility's records showed a written paper dated where the amount of bought by the residents and the payments for each . Class II	A 007		
A 036 SS=E	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use	A 036		

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A 036	Continued From page 7 according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation and record reviews, the facility failed to ensure that staff implemented proper hygiene and standard precautions in accordance with their control policies and procedures for one out of six sampled residents (Resident #1) Findings included: Observation on at 11:54 A.M., Resident #1 was sitting openly in a room using a commode where two other residents were present, Staff B (caregiver) provided access to the room without any notice that the resident was indisposed. Resident #1 requested assistance with transferred to a recliner to Staff B that was observed opening doors, assisting residents with repositioning, entering the kitchen, and going between three resident rooms while wearing the same pair of gloves. Further observation revealed that Staff B collected the commode bucket that Resident #1 had just used and which contained , emptying it, then continuing to work throughout the facility without changing the gloves. A review of the facility control and hygiene program revealed that employees' must be washed for at least 20 seconds using soap and water. 1- Before and after the provision of personal services to residents. 2- After contact with , , , or visible contaminated surface. 3- After contact with objects and surface in	A 036		

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A 036	Continued From page 8 resident's environment. 4- After removing Personal Protective Equipment (gloves, gown, mask, protection. 5- After using the restroom C. Standard precautions must be used there is an exposure to transmissible agents in , no intact skin, and during the provision of personal service. Standard precautions include hygiene, and dependent upon the exposure, use of gloves, gown, mask, protection, or a shield. A review of Staff B's (caregiver) personnel record showed that Staff B received Bloodborne and control training on Class III	A 036		
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:	A 055		

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A 055	Continued From page 9 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 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	A 055		

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A 055	Continued From page 10 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 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 the medications locked at all times. Findings included: On at 11:48 AM observed that the medications boxes in the rooms of Residents # 1,	A 055		

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A	Continued From page 11 # 2, # 3 and # 4 were unlocked and they all contained medications (photographic evidence obtained). A review of medication bottle lables showed: Resident # 1's medications were Cephadroxil ( ), Ondansentron ( ) and (painkiller). Resident # 2's medications were also Cephadroxil ( ), Ondansentron ( ) and (painkiller). Resident's # 3 medications were ( ), ( ), 800 mg ( ), 8 Hr (killer) and SMZ/TMP DS ( ). Resident # 4's medications were PM, 500 mg ( ), (painkiller) and 10 mg (-hipnotic). Resident # 1 shared the room with Resident # 2 and Resident # 3 shared the room with Resident # 4. On at 1:23 PM the Administrator stated, "Correct." Class III	A 055		
A 079 SS=D	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:	A 079		

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A 079	Continued From page 12 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 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	A 079		

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A 079	Continued From page 13 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 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	A 079		

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A 079	Continued From page 14 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 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	A 079		

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A 079	Continued From page 15 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 observation and interview the facility failed to have enough staff to take care of the residents' needs. Findings included: On at 11:18 AM observed Staff B and C [Caretakers] at the facility, Staff B was in the kitchen cooking. Resident's records review showed that Residents # 1, # 2, # 3 and # 4 were at the facility and were status post surgery and required assistance with activities of daily living, also the four residents had drains. On interview on at 11:39 AM, Staff C stated that Staff B is the one who assist	A 079		

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A 079	Continued From page 16 residents, and added, "I work only in the kitchen." Class III	A 079		
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 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	A 165		

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A 165	Continued From page 17 (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 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.	A 165		

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A 165	Continued From page 18 (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. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that a preliminary adverse incident report was reported to the Agency of Health Care Administration (AHCA) within one day, for one out of six sampled residents (Resident #1). Findings included: On at 11:54 A.M., I observed Resident #1. She appeared tired, uncomfortable, and quiet. Her , looked pale, and she seemed to be in , due to her , condition. On At 1:57 P.M. observed Staff B (caregiver) holding her personal phone and standing next to Resident #1 recliner giving information to the emergency response, five minutes later, was observed that a rescue truck arrived at the facility.	A 165		

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A 165	Continued From page 19 A review of the Agency Intake Report System (AIRS) showed that there was no adverse incident report filed by the facility for Resident #1 Class III	A 165		
AN277 SS=I	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of	AN277		

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AN277	Continued From page 20 practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to have a contract or application for employment and to maintain documentation of the qualifications of the nurse providing limited nursing services at the facility (Staff E). Findings included: On at 11:36 AM Staff B stated that Resident # 1 was feeling weak and that she had called Staff E [Registered Nurse] for her yesterday and that she had checked everybody. She stated that Staff E comes twice a week. On at 11:28 AM, Resident # 1 stated that the night before she had been seen by Staff E. A review of the facility's roster revealed that Staff E was not listed as a staff. A review of facility records showed that they had a contract with Staff D to provide limited nursing services and kept her documentation at the facility. There was no documentation regarding Staff E. On at 1:39 PM Staff D stated, "I have a contract with them, I am PRN (as needed)." Stated that the facility had not called her regarding Resident # 1 being weak and pale, and that the last time she was at the facility was last week. Class II	AN277		

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AN278	Continued From page 21	AN278		
AN278 SS=D	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a record of all residents receiving limited nursing services and to maintain progress notes for each resident who receives limited nursing services from facility staff for four out of six sampled residents (Resident # 1, # 2, # 3 and # 4). Findings included: On at 11:36 AM Staff B stated that Resident # 1 was feeling weak and that she had called Staff E [Registered Nurse] for her yesterday and that she had checked everybody. She stated that Staff E comes twice a week.	AN278		

Agency for Health Care Administration

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AN278	Continued From page 22 On at 11:28 AM, Resident # 1 stated that the night before she had been seen by Staff E. A review of limited nursing services records showed no progress notes regarding services provided to each resident and the outcome. Class III	AN278		