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
	AL11965123	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD ASSISTED LIVING FACILITY, I	1851 WEST TEN MILE ROAD CANTONMENT, FL 32533

(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 Standard Biennial Survey was conducted on - at Laurelwood Assisted Living Facility. At the time of the survey, deficiencies were identified. biennial	A 000		
A 028 SS=D	58A-5.0182(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities shall offer supervision of or assistance with activities of daily living as needed by each resident. Residents shall be encouraged to be as independent as possible in performing ADLs. This Statute or Rule is not met as evidenced by: Based on observation and interview the assisted living facility failed to encourage 1 out of 6(resident #5) sampled residents to be as independent as possible in performing Activities of Daily Living (ADL's). Findings Include: 1) In a phone interview with the daughter-in-law of resident #5 on - at approximately 11:31 AM, she stated resident #5 just needs assistance. She stated resident #5 will not pick up a fork, she is fed. She stated she can eat finger foods. She stated when she was at home she did it on her own. She stated it is just the fork, she stated she will eat cereal with a spoon by herself. She stated resident #5 moved to the facility on -. 2) Observations on at approximately 11:54 AM, found staff #2 feeding resident #5 her lunch in the dining . Observations found staff #2 had the utensils in her hand and would pick up the food and bring to the mouth of	A 028		

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A 028	Continued From page 1 resident #5. 3) In an interview with the administrator on [redacted] at approximately 1:00 PM, she acknowledged the findings and stated if it is a finger food, resident #5 can do it herself but most of the time she does not. She stated resident #5 prefers not to do it {feed herself}. Class III	A 028		
A 029 SS=D	58A-5.0182(5) FAC Resident Care - Nursing Services (5) NURSING SERVICES. (a) Pursuant to Section 429.255, F.S., the facility may employ or contract with a nurse to: 1. Take or supervise the taking of vital signs; 2. Manage pill-organizers and administer medications as described under Rule 58A-5.0185, F.A.C.; 3. Give prepackaged enemas pursuant to a physician ' s order; and 4. Maintain nursing progress notes. (b) Pursuant to Section 464.022, F.S., the nursing services listed in paragraph (a) may also be delivered in the facility by family members or friends of the resident provided the family member or friend does not receive compensation for such services. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the assisted living facility failed to ensure a licensed nurse take or supervise the taking of vital signs. Findings Include:	A 029		

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A 029	Continued From page 2	A 029		

1) In an interview with staff #2 on - at approximately 9:25 AM, she stated she would check the residents' sugar. She stated she would write it down and if it is high she will call the nurse or call the administrator. She stated she is not a nurse.

2) In an interview with the administrator on - at approximately 11:49 AM, she stated she takes the of the residents and the nurses do it too. She stated she is a Certified Nursing Assistant. She stated it depends how often she does it, she stated maybe once a month.

3) Observations on - at approximately 11:51 AM found cuff behind the dining next to employee files.

4) Record review of staff #2's personnel file revealed her application was dated . Record review revealed staff #2 was not a licensed nurse.

5) Record review of the administrator's personnel file revealed her application was dated . Record review revealed the administrator was a CNA {License # CNA56719}, effective -, but was not a licensed nurse.

6) In an interview with the administrator on - at approximately 1:00 PM, she acknowledged the findings and stated she will ask the nurses that come into the facility to take . She stated she used to do it when she was in the nursing home.

Class III

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A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin	A 052		

(3) ASSISTANCE WITH SELF-ADMINISTRATION.
(a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least [illegible], trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S.
(b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container.
(c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.
(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;

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A 052	Continued From page 4	A 052		

2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications through intermittent positive pressure breathing machines or a .
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.

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A 052	Continued From page 5 (g) , , or preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on observations, record review and interview the Assisted Living Facility failed to appropriately provide assistance with self-administration to 3 of 6 residents (#1, #2, and #4). Findings include: 1) On about 8:16 AM the Administrator was observed assisting Resident# 1, with self-administration of his medications including (_____) 40 MG Tablet (TAB) 2) A review of resident# 1's medication label revealed- ( ) 40 MG TAB Take 1 tablet daily for 90 days. If daily weight increase (greater than) > 3 lbs Give with Resident #1's Medication Observation Record (MOR) revealed ( ) 40 mg tab Take 1 tablet daily . The MOR was initialed with by the Administrator from 1- 2013 indicating the medication was given to the resident at 8 AM and 5 PM (twice daily instead of once daily). There was no evidence of a daily weight being assessed in resident #1's records. The administered to resident # 1	A 052		

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A 052	Continued From page 6	A 052		

required judgment or discretion from a licensed nurse, the Administrator is a Certified Nursing Assistant (CNA).
3) A review of resident's #1's Health Assessment (1823) form signed and dated by an Advanced Registered Nurse Practitioner (ARNP) on indicated resident #1 needed Medication Administration.
4) In an interview with resident #4 on at approximately 8:50 AM, she stated she takes medications four times a day. She stated her sister in law will make up her medications for daily, two weeks at a time, and the staff will give her the container {pill organizer}. She stated the administrator gives out medications and gets it out and fixes it up but sometimes the workers will pass it out.
5) Record review of the administrator's personnel file revealed her application was dated . Record review revealed the administrator was a CNA {License # CNA56719}, effective - , but was not a licensed nurse.

6) On about 8:52 AM an interview was conducted with the Administrator. She confirmed she is a Certified Nursing Assistant (CNA) She confirmed resident #1's weight was not assess that morning. She stated resident #1's family brought the medications to the facility and "we just give it". The Administrator reported she has been giving resident #1's ( ) medication for 24 days at 8 AM and 5 PM. She stated resident #1 was just admitted on and his medications were brought from home. The Administrator then drew a line on the MOR by the 5 PM timeframe starting at forward. The Administrator stated sometimes doctors don't know what to check on the 1823 form but resident #1 can take his medications with assistance.

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A 052	Continued From page 7 7) On about 9:10 AM observed the Administrator take a small cup of medications and cup of water to resident #2 sitting at the dining . The Administrator poured resident #2's medications out the cup into her hands. Resident #2 then took her medications. The Administrator did not read the labels in the presence of resident #2. Class III	A 052		
A 077 SS=D	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least ; 2. If employed on or after , 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.	A 077		

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A 077	Continued From page 8	A 077		

(b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must:
1. Be at least ; and
2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on personnel record review and interview, the assisted living facility's administrator failed to provide documentation of a high school diploma or general equivalency diploma (G.E.D.) and failed to complete the CORE training requirement of receiving 12 hours of continuing education, biennially, pursuant to Rule 58A-0191, F.A.C..

Findings Include:

1) Record review of the administrator's personnel record revealed her application was dated

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A 077	Continued From page 9 . Record review revealed the administrator lacked a high school diploma or G.E.D.. Record review found the administrator only received the following training's in the past two years; two hour medication updated on , one hour food in-service training on , and two hour continued education for administrators on 9-21-12. Record review revealed the administrator only received five hours of training within the past two years and was seven hours short of the twelve hour requirement. 2) In an interview with the administrator on - at approximately 1:00 PM, she acknowledged the findings and stated she has a Bachelor's degree and will have it for next time. Class III	A 077		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including . Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable	A 078		

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A 078	Continued From page 10	A 078		

_____, he/she shall be removed from duties until the administrator determines that such condition no longer exists.
(b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview the assisted living facility failed to ensure personnel records contained verification of freedom from communicable for 4 out of 5 (staff #1 - #4) sampled staff members and failed to ensure freedom from ..... (...) was documented on an annual basis for 2 out of

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A 078	Continued From page 11	A 078		

5 (staff #1 and staff #2) sampled staff members.

Findings Include:

1) Record review of staff #1's personnel file revealed she did not have an application. Record review revealed staff #1 lacked a statement from a health care provider that she was free from any signs or symptoms of a communicable . Record review on - revealed staff #1 had a test completed on .

2) In an interview with staff #1 on - at approximately 10:56 AM, she stated she has been working at the facility since 2011.

3) Record review of staff #2's personnel file revealed her application was dated . Record review on - revealed staff #2 had a test completed on and failed to have a statement from a health care provider showing that she was free from any signs or symptoms of a communicable .

4) Record review of staff #3's personnel file revealed her application was dated - . Record review revealed her test was completed on - but failed to have a statement from a health care provider showing that she was free from any signs or symptoms of a communicable .

5) Record review of staff #4's personnel file revealed her application was dated . Record review revealed her test was completed on - but failed to have a statement from a health care provider showing that she was free from any signs or symptoms of a communicable .

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A 078	Continued From page 12 6) In an interview with the administrator on [redacted] at approximately 1:00 PM, she acknowledge the findings. Class III	A 078		
A 079 SS=D	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 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 residents over 95 add 42 staff hours per week. 2. At least one staff member who has access to facility and resident records in case of an emergency shall be within 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. 3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night. 4. At least one staff member who is trained in First Aid and [redacted], as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at	A 079		

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A 079	Continued From page 13	A 079		

all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least [illegible] must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.
7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator 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.
8. 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, shall 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 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The

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	AL11965123	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD ASSISTED LIVING FACILITY, I	1851 WEST TEN MILE ROAD CANTONMENT, FL 32533

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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facility shall also be required to 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 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.

1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and 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, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.

3. 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 Section 429.41, F.S., and 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.

(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.

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(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview the assisted living facility failed to ensure staffing standards were met. The facility failed to ensure a staff with First Aid was in the facility at all times. The facility failed to follow their staffing pattern.

Findings Include:

1) Observation on - at approximately 7:33 AM found staff #1 answered the door to the facility. Observations found the administrator was not present at the facility. Observations found staff #1 called the administrator to notify her of our presence.

2) Observations on - at approximately 7:42 AM found the administrator arrived through the rear door of the facility.

3) Record review of the facility's staffing schedule for 2013 revealed the administrator was scheduled on - from 7:30 AM to 5:00 PM. Record review of the staffing schedule for 2013 revealed staff #3 was scheduled to work alone at the facility on the following dates: , 6, 8, 12, 13, 26, 27, and 29.

4) Record review of staff #3's personnel file revealed her application was dated - . Record review revealed staff #3 completed

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A 079	Continued From page 16 training on and expired on - but lacked any documentation of receiving any training's on First Aid. 5) In an interview with the administrator on - at approximately 1:00 PM, she acknowledged the findings and stated staff #3 is going to school to be a medical assistant. Class III	A 079		
A 081 SS=D	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who	A 081		

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have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident [illegible] neglect, and [illegible].
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.
1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

This Statute or Rule is not met as evidenced by:
Based on observation, personnel record review, and interview the assisted living facility failed to ensure that 1 out of 5 (staff #1) sampled staff

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members have the required in-service training within 30 days of employment.

Findings Include:

1) Observations on - at approximately 7:33 AM found staff #1 answered the door to the facility

2) Personnel record review found that staff #1 did not have an application. Record review revealed that staff #1 did not have any documentation of having the following in-services training:

1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents.

1 hour in-service training within 30 days of employment that covers the following subjects:

- Incident Reporting
- Emergency Preparedness and Evacuation
- Elopement Response

3 hours of in-service training within 30 days of employment that covers the following subjects:

- Resident behavior and needs.
- Providing assistance with the activities of daily living.

3) Observations on - at approximately 8:17 AM found staff #1 arrive the kitchen and began to prepare breakfast for the rest of the residents while the administrator give out medications. Observations found staff #1 was not wearing a hair net nor washed her hands prior to preparing food for the residents.

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A 081	Continued From page 19 4) In an interview with staff #1 on - at approximately 8:19 AM, she stated before she came to the kitchen she was giving residents showers, doing the garbage, and making the beds. 5) Observations on - at approximately 10:23 AM found staff #1 playing catch with a ball with the residents in the living . 6) In an interview with staff #1 on 0 - at approximately 10:56 AM, she stated she has been working at the facility since 2011. 7) Observations on - at approximately 11:14 AM, found staff #1 setting up the dining for lunch. 8) In an interview with the owner on - at approximately 11:15 AM, she stated staff #1 began working at the facility in of 2012. 9) In an interview with the owner on - at approximately 1:00 PM, she acknowledged the findings and stated she will do the training's for staff #1. Class III	A 081		
A 082 SS=D	58A-5.0191(3) FAC Training - / (3) / (/). Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must	A 082		

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A 082	Continued From page 20	A 082		

complete a one-time education course on and , including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule.

This Statute or Rule is not met as evidenced by:
Based on observation, personnel record review, and interview the assisted living facility failed to ensure that 1 out of 5 (staff #1) sampled staff members have the required ( ) and ( ) training within 30 days of employment.

Findings Include:

1) Observations on - at approximately 7:33 AM found staff #1 answered the door to the facility.

2) Observations on - at approximately 10:23 AM found staff #1 playing catch with a ball with the residents in the living .

3) Personnel record review found that staff #1 did not have an application. Record review revealed that staff #1 did not have any documentation of having the required and training within 30 days of employment.

4) In an interview with staff #1 on - at approximately 10:56 AM, she stated she has been working at the facility since 2011.

5) Observations on - at approximately

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A 082	Continued From page 21 11:14 AM, found staff #1 setting up the dining for lunch. 6) In an interview with the owner on - at approximately 11:15 AM, she stated staff #1 began working at the facility in of 2012. 7) In an interview with the owner on - at approximately 1:00 PM, she acknowledged the findings and stated she will do the training's for staff #1. Class III	A 082		
A 085 SS=D	58A-5.0191(6) FAC Training - Nutrition & Food Service (6) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility ' s food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. A certified food manager, licensed dietician, registered dietary technician or health department sanitarians are qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the assisted living facility failed to ensure 2 out of 3 (administrator, staff #1) staff members obtain, annually, a minimum of two hours continuing education in topics pertinent to nutrition and food services.	A 085		

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Findings Include:

1) Observations on - at approximately 7:55 AM found the administrator in the kitchen preparing breakfast for the residents.

2) Observations on - at approximately 8:17 AM found staff #1 preparing breakfast for the remaining residents who was not served up until that point in time. Observations found the administrator stopped preparing breakfast to assist with self-administration of medication.

3) Personnel record review of the administrator's personnel record revealed her application was dated . Record review on - revealed the administrator last completed food in-service training on .

4) Personnel record review found that staff #1 did not have an application. Record review revealed that staff #1 did not have any documentation of having any food in-service training's.

5) In an interview with staff #1 on - at approximately 10:56 AM, she stated she has been working at the facility since 2011.

6) In an interview with the owner on - at approximately 11:15 AM, she stated staff #1 began working at the facility in of 2012.

7) In an interview with the administrator on - at approximately 1:00 PM, she acknowledge the findings.

Class III

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A 090	Continued From page 23	A 090		
A 090 SS=D	58A-5.0191(11) FAC Training - Do Not Orders	A 090		

(11) TRAINING.
(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding within 60 days after the effective date of this rule.
(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment.
(c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on personnel record review and interview the assisted living facility failed to ensure that 5 out of 5 (administrator, staff #1 - #4) sampled staff members have the required ( ) training within 30 days of employment.

Findings Include:

1) Record review of the administrator's personnel file revealed her application was dated . Record review revealed the administrator had no documentation of completing training.

2) Record review found that staff #1 did not have an application. Record review revealed that staff

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A 090	Continued From page 24 #1 did not have any documentation of having training. 3) Record review of staff #2's personnel file revealed her application was dated . Record review revealed staff #2 did not have any documentation of having training. 4) In an interview with staff #2 on - at approximately 9:25 AM, she stated she does not know really what a is. She stated it was "don't take their orders." 5) Record review of staff #3's personnel file revealed her application was dated - . Record review revealed staff #3 did not have any documentation of having training. 6) Record review of staff #4's personnel file revealed her application was dated . Record review revealed staff #3 did not have any documentation of having training. 7) In an interview with the administrator on - at approximately 10:56 AM, when she was asked about training, she stated "we have to take that now? 8) In an interview with the administrator on - at approximately 1:00 PM, she acknowledge the findings and stated training is new to her. Class III	A 090		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards	A 093		

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(2) DIETARY STANDARDS.
(a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program.
(b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows:
1. Protein: 6 ounces or 2 or more servings;
2. Vegetables: 3 5 servings;
3. Fruit: 2 4 or more servings;
4. Bread and starches: 6 11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and
7. Water.
(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and

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preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein

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A 093	Continued From page 27	A 093		

food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the assisted living facility failed to ensure dietary standards were met. The facility failed to ensure all menus were reviewed annually and failed to

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965123	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD ASSISTED LIVING FACILITY, I	1851 WEST TEN MILE ROAD CANTONMENT, FL 32533

(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 093	Continued From page 28	A 093		

ensure no more than 14 hours shall elapse between the end of an evening meal and the beginning of a morning meal.

Findings Include:

1) Observations on [redacted] at approximately 7:59 AM, found the first plate of breakfast being served.

2) Record review of the facility's menu was posted on the refrigerator in the kitchen. Record review revealed the facility used a four week cycle for their menu. Record review revealed the facility's menu was signed by a Licensed Dietician on [redacted].

3) In an interview with the administrator on [redacted] at approximately 8:27 AM, she stated she has to renew the menus. She stated it will be done in time of her license renewal. She stated she is ordering a new one.

4) In an interview with the administrator on [redacted] at approximately 8:35 AM, she stated breakfast is served at 7:30 AM, lunch at 11:30 AM, and dinner at 4:30 PM.

5) In an interview with the administrator on [redacted] at approximately 1:00 PM, she acknowledged the findings and stated she knows she needs to update the menu and will call the lady.

Class III

A 161 SS=D	58A-5.024(2) FAC Records - Staff (2) STAFF RECORDS.	A 161		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965123	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD ASSISTED LIVING FACILITY, I	1851 WEST TEN MILE ROAD CANTONMENT, FL 32533

(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 161	Continued From page 29	A 161		

(a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable including . In addition, records shall contain the following, as applicable:
1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.;
2. Copies of all licenses or certifications for all staff providing services which require licensing or certification;
3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.;
4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and
5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C.
(b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C.
(c) The facility shall maintain the facility ' s written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD ASSISTED LIVING FACILITY, IN	1851 WEST TEN MILE ROAD CANTONMENT, FL 32533

(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 161	Continued From page 30 This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed to ensure 1 out of 5 (staff #1) sampled staff members had an employment application with references furnished. Findings Include: 1) Record review of staff #1's personnel file revealed she did not have an application. 2) In an interview with staff #1 on - at approximately 10:56 AM, she stated she has been working at the facility since 2011. 3) In an interview with the owner on - at approximately 11:15 AM, she stated staff #1 began working at the facility in of 2012. 4) In an interview with the administrator on at approximately 1:00 PM, she acknowledged the findings. Class III	A 161		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965123	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD ASSISTED LIVING FACILITY, II	1851 WEST TEN MILE ROAD CANTONMENT, FL 32533

(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 162	Continued From page 31	A 162		

other health insurance
8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and
9. Name, address, and phone number of health care provider, and case manager if applicable.
(b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C.
(c) Any health care provider ' s 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) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.
(e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C.
(f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.
(g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.
(h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965123	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD ASSISTED LIVING FACILITY, I	1851 WEST TEN MILE ROAD CANTONMENT, FL 32533

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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(j) For a facility whose owner, administrator, or 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 under Section 429.27, F.S.
(k) For any facility which 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 under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for ( ) Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, 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 under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:
1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required under

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD ASSISTED LIVING FACILITY, I	1851 WEST TEN MILE ROAD CANTONMENT, FL 32533

(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 162	Continued From page 33	A 162		

this subsection;
3. The medical examination described in Rule 58A-5.0181, F.A.C.;
4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and
5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.
(p) Except for resident contracts which must be retained for 5 years, all resident records shall 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 shall be provided a copy of their resident records upon departure from the facility.
(q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview the facility failed to have a physician order for 1 out of 6 (resident # 5) sampled residents.

Findings Include:

1) In an interview with the administrator on at approximately 12:38 PM, she stated resident #5 has a on her She stated it is not even open. She stated it is all treated. She stated she had the nurse from home health coming here. She stated she had the before she came to the facility. She stated

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A 162	Continued From page 34 she does not have any documentation on it. 2) Record review of resident #5's file revealed there was no documentation of a physician order for a and/or home health for resident #5. Record review only found documentation from the home health that it was being treated. Record review lacked any documentation of the type. 3) In an interview with the administrator on at approximately 1:00 PM, she acknowledged the findings. Class III	A 162		
A 167 SS=D	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or	A 167		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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deposit payments and the refund policy for such advance or deposit payments.
(g) A refund policy which shall conform to Section 429.24(3), F.S.
(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect.
(k) A provision that residents must be assessed upon admission pursuant to subsection

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.
(l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule.
(m) The facility ' s policies and procedures related to a properly executed

This Statute or Rule is not met as evidenced by:
Based on record review and interview the Assisted Living Facility lacked provisions in residents contract for a 30 days rate increase and a 45 days' notice of discharge for 3 of 6 sampled residents (#1, #4, and #7).

Findings include:

1) A record review of resident #1 and # 7's (Husband and wife) contract reveal: contract dated and signed and the rate amount indicated $3600.00 per month. There were no provision included in their contract for a 30 days rate increase or a 45 days' notice of discharge.
2) A record review of resident #4's contract revealed contract dated and the rate amount indicated $2100.00 per month. There were no provisions included in her contract for a 30 days rate increase notice or a 45 days' notice of discharge.
3) On an interview with the Administrator was conducted about 12:30 PM. She stated she would send a notice a mouth in advance to resident ' s Power of Attorney before a rate

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 167	Continued From page 37 increase. The Administrator reported she would send a discharge notice 30 to 45 days before a discharge of a resident. The Administrator then reviewed the resident's contract and confirmed the provisions were not included in the contracts. Class III	A 167		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Laurelwood Assisted Living Facility, Inc
1851 West Ten Mile Road
Cantonment, FL 32533

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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