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
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

(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
{CZ813} SS=C	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090(3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the assisted living facility (ALF) continued to fail to maintain background screening results and signed attestations on file for staff members who provide direct care to residents for 3 of 3 sampled Staff (A, B and C). The findings included: During a survey conducted on [redacted], it was determined the ALF failed to provide documentation showing results of each employee's level 2 background screening and the signed Attestation of Compliance with Background Screening Requirements. During a revisit to the above survey conducted on [redacted] and [redacted], Staff B and/or Staff C were observed providing direct care to both of the ALF's current residents. On [redacted] and [redacted], the following staff files were reviewed: Staff A, hired on [redacted] as a Caregiver and Medication Technician (CG/MT) and referenced in the [redacted] survey report; Staff B, hired on [redacted] as a CG/MT {had a	{CZ813}		

AHCA Form 3020-0001

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

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{CZ813}	Continued From page 1 copy of her background screening on file); and, Staff C, hired on as a CG/MT. With the one exception noted above, none of the three staff files reviewed revealed the required documentation. The ALF remained in non-compliance with this regulation. In a telephone interview conducted on at 2:58 PM, the ALF's Administrator was asked stated she was out of the country on vacation and personal business since . She provided the name and a telephone number for an individual she identified as the acting Manager for the ALF. These concerns were discussed with and acknowledged by the Acting Manager by telephone on at 1:15 PM. Class III	{CZ813}		
{CZ814} SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the , are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee 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. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in	{CZ814}		

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{CZ814}	Continued From page 2 status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic , submission to the Department of Law Enforcement. The registration must include the employee'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 interviews and record review, the assisted living facility (ALF) continued to fail to develop and update the Background Screening Clearinghouse Employee Roster for 4 of 5 sampled ALF staff members (the Administrator, the Administrator's designated relief person, and Staff A, B and C. The findings included: During a survey conducted on , it was determined the ALF failed to maintain an up-to-date employee roster as described above. During a revisit survey conducted on and , the following list of ALF staff members was compiled: 1. The Administrator was hired at the time the license was issued on . 2. The Administrator's designated relief person, whose name was disclosed on a list of emergency telephone numbers posted next to a large bulletin board located in the kitchen.	{CZ814}		

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{CZ814}	Continued From page 3 3. Staff A was hired on . . . . as a Caregiver and Medication Technician (CG/MT), and separated from the ALF on . . . . . . 4. Staff B was hired on . . as a CG/MT. 5. Staff C was hired on . . . . . as a CG/MT. Review of the ALF's record in the Background Screening Clearinghouse, none of these individuals were reflected. There were no employee entries in the ALF's record. In a telephone interview conducted on at 2:58 PM, the ALF's Administrator was asked stated she was out of the country on vacation and personal business since . . . . . . She provided the name and a telephone number for an individual she identified as the acting Manager for the ALF. These concerns were discussed with and acknowledged by the Acting Manager by telephone on at 1:15 PM. Class III	{CZ814}		

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{A 000}	Initial Comments A revisit to the Relicensure survey was conducted at The House of Cares Inc. on . . . . . and . There were uncorrected deficiencies and new deficiencies identified at the time of the revisit.	{A 000}		
{A 054} SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	{A 054}		

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{A 054}	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the assisted living facility (ALF) continued to fail to ensure unlicensed staff who assist residents with self-administration of medications maintain accurate daily medication observation records (MOR) for 1 of 2 sampled Residents (#1). The findings included: During a survey conducted on [redacted], it was determined the ALF failed to update the resident's MOR each time medication was received by the resident. During a revisit to the above survey conducted on [redacted] and [redacted], both Staff B and Staff C were observed providing Resident #1 assistance with self-administration of medications. Review of Resident #1's MOR's revealed the following concerns: 1. An order calling for [redacted] 200 milligrams (MG) twice daily reflected: one dose received on [redacted] and [redacted]; and, three doses received on [redacted]. 2. An order calling for [redacted] 5 MG two tablets daily reflected: two doses received on [redacted] and [redacted]; three doses received on [redacted] and [redacted]; and, four doses received on [redacted]. 3. An order calling for [redacted] 40 MG daily reflected: two doses received on [redacted] and [redacted]; and, three doses received on [redacted],	{A 054}		

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{A 054}	Continued From page 2 . . . . . and . . 4. An order calling for . . . . . 10 MG twice daily reflected: one dose received on , ... and . . . . ; three doses received on , , and ; and, four doses received on . . . . . 5. An order calling for . . . 100 MG twice daily reflected: one dose received on , ... and . . . . ; three doses on , , and ; and, four doses received on . . . . . . 6. An order calling for . . . . 250 MG twice daily reflected: one dose received on , ... and . . . . . 7. An order calling for . . . . . 100 MG twice daily reflected: one dose received on . . . . . and three dosed received on . . . . . . 8. An order calling for Quetipine 50 MG daily was marked for 8:00 AM and 8:00 PM. The MOR reflected: two doses received on . . . . . , , , , , ... , ... , ... and . . . . . . 9. An order calling for , ... 0.5 MG take one tablet every 8 hours as needed for agitation was marked for 8:00 AM and "PM". In interviews with both Staff B and C at the time of observation, both stated they thought they were following the orders. In a telephone interview conducted on . . . . at 2:58 PM, the ALF's Administrator was asked stated she was out of the country on vacation and personal business since . . . . She provided	{A 054}		

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{A 054}	Continued From page 3 the name and a telephone number for an individual she identified as the acting Manager for the ALF. These concerns were discussed with and acknowledged by the Acting Manager by telephone on . . . . . at 1:15 PM. Class III Class III	{A 054}		
{A 056} SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified;	{A 056}		

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{A 056}	Continued From page 4	{A 056}		

for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.
(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they

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{A 056}	Continued From page 5	{A 056}		

were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:
1. Practitioner's name,
2. Resident's name,
3. Date dispensed,
4. Name and strength of the drug,
5. Directions for use; and,
6. Expiration date.
(h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.

This Statute or Rule is not met as evidenced by:
Based on interviews and record review, the assisted living facility (ALF) continued to fail to contact a resident's Health Care Provider (HCP) for revised instructions for a resident receiving "as needed" (PRN) medications for 1 of 2 sampled Residents (#1).

The findings included:

During a survey conducted on . , it was determined the ALF failed to contact the resident's HCP for clarification as described above.

During a revisit to the above survey conducted on . . . . . and . . . . . , both Staff B and Staff C were observed providing Resident #1 assistance with self-administration of medications.

On at 9:15 AM, Staff C was observed to assist Resident #1 with a dose of , .

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{A 056}	Continued From page 6 The MOR reflected instructions to give the medication if it was needed for "agitation". Observation of Resident #1 at that time revealed he was friendly, , and calm. When this writer questioned why he would receive an "as needed" medication when he was not agitated, Staff C stated he needs them to keep him calm. Review of Resident #1's medication records conducted revealed a written HCP order calling for , 0.5 MG take one tablet every 8 hours as needed for agitation. His MOR documented he received doses daily at 8:00 AM and in the "PM". On he received four doses. On he received three doses. At the time of record review, Staff B was asked and stated he has to get the pills on a schedule or he gets agitated and starts yelling and cursing. She stated the pills take an hour to take effect. In a telephone interview conducted at 2:58 PM, the Administrator confirmed Resident #1 needs to take the , routinely, and also needs it on an "as needed" for occasional episodes. She acknowledged a written HCP order is required if he is to receive the medication on a routine basis. In a telephone interview conducted on at 2:58 PM, the ALF's Administrator was asked stated she was out of the country on vacation and personal business since . She provided the name and a telephone number for an individual she identified as the acting Manager for the ALF. These concerns were also discussed with and acknowledged by the Acting Manager by telephone on at 1:15 PM. Class III	{A 056}		

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{A 079} SS=D	58A-5.019(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16- 25 253 26-35 294 36-45 335 46-55 375 56- 65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 58A-5.024(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	{A 079}		

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{A 079}	Continued From page 8 First Aid and . . . . . ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 58A-5.0191(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	{A 079}		

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{A 079}	Continued From page 9	{A 079}		

requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 58A-5.0182, 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 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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 079}	Continued From page 10	{A 079}		

increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 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 observations, interviews and record review, the assisted living facility (ALF) continued to fail to ensure at least one staff member on duty held current certifications in first aid and , , , ( ) at all times for 2 of 2 sampled Staff (B and C). Also, the Administrator was absent from the facility for more than 20 consecutive days with no Manager in place. This has the potential to affect both of the current residents of the ALF.

The findings included:

1. During a survey conducted on , it was determined the ALF failed to ensure at least one staff member on duty held current certifications in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

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{A 079}	Continued From page 11	{A 079}		

both first aid and . During a revisit to the above survey conducted on and the following concerns were identified:
a. On at 7:59 AM, Staff B and Staff C were observed on duty at the ALF. On at 11:55 AM, Staff B was observed on duty at the ALF.
b. Review of Staff B and C's employee files conducted revealed Staff B (hired) had no current certifications in first aid and , and Staff C (hired) did not hold a current certification for first aid.

2. In an interview conducted on at 9:25 AM, Staff B, a Caregiver and Medication Technician, stated the ALF's Administrator is out of the country and she has been providing services on a "live in" basis since (except for through when Staff C stayed here). An emergency telephone numbers list posted in the kitchen area reflected a designated relief person. That individual was called and stated she would have the Administrator call . In a telephone interview conducted on at 12:27 PM, the Administrator was asked and stated she has been out of the country since on vacation and business. When asked about the posted designee, she stated that person was not the designated relief person, and referred to second individual as the designee. She later added, the second person was not available to come to the ALF for the survey but she had a consultant who may be able to assist. On at 3:04 PM, the Administrator provided the consultant's name and telephone number, and stated that person would serve as the Acting Manager for the ALF.

In a telephone interview conducted at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

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{A 079}	Continued From page 12 1:15 PM, the above concerns were discussed with and acknowledged by the AFL's Acting Manager. Class III	{A 079}		
{A 081} SS=D	58A-5.0191( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) 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	{A 081}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

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{A 081}	Continued From page 13	{A 081}		

care to residents. The facility must use its control policies and procedures when offering this training. 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 adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who 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 , neglect, and , , . The facility must use its prevention policies and procedures when offering this training.
(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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

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{A 081}	Continued From page 14 (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 interviews and record review, the assisted living facility (ALF) continued to fail to ensure staff members who provide direct care to residents received required training for 2 of 2 sampled Staff (B and C). The findings included: During a survey conducted on . . . . . , it was determined the ALF failed to provide documentation showing Staff A, hired . . . . . as a Caregiver and Medication Technician (CG/MT), had received the required two hours pre-service orientation, signed by the Administrator and employee, before providing direct care services to residents. Also, there was no documentation showing Staff A received 1 hour of training in control, including universal precautions and facility sanitation procedures before providing direct care services to residents. During a revisit to the above survey conducted on . . . . . and . . . . , no documentation was available for review. Also, during the revisit survey, Staff B and Staff C were observed providing direct care to both of the	{A 081}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

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{A 081}	Continued From page 15 ALF's current residents. Review of their employee records revealed the following concerns: 1. Staff B was hired on as a CG/MT. She had no certifications showing she was a licensed nurse, certified nurse aid or home health aide. There was no documentation showing she received: a. Two hours of pre-service orientation, including resident rights and the facility's license type and services offered by the facility which was signed by both the Administrator and the staff member, prior to providing direct care to residents. b. One hour of training in reporting adverse incidents; facility emergency procedures including chain-of-command and staff roles relating to emergency evacuations; resident rights in an assisted living facility; and, recognizing and reporting resident , neglect and , based on the ALF's written prevention policies and procedures within 30 days of hire. c. One hour of training in safe food handling practices. d. Three hours of training in resident behavior and needs; and providing assistance with activities of daily living. e. Training in the ALF's resident elopement response policies and procedures within 30 days of hire. f. A copy of the ALF's written resident elopement response policies and procedures. g. Documentation she demonstrated an understanding and competency in the implementation of the ALF's resident elopement response policies and procedures. 2. Staff C was hired on as a CG/MT and has a certificate of Home Health Aide training. There was no documentation showing she received:	{A 081}		

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	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

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{A 081}	Continued From page 16 a. Two hours of pre-service orientation, including resident rights and the facility's license type and services offered by the facility which was signed by both the Administrator and the staff member, prior to providing direct care to residents. b. One hour of training in reporting adverse incidents; facility emergency procedures including chain-of-command and staff roles relating to emergency evacuations; resident rights in an assisted living facility; and, recognizing and reporting resident , neglect and , based on the ALF's written prevention policies and procedures within 30 days of hire. c. One hour of training in safe food handling practices. d. Training in the ALF's resident elopement response policies and procedures within 30 days of hire. e. A copy of the ALF's written resident elopement response policies and procedures. f. Documentation she demonstrated an understanding and competency in the implementation of the ALF's resident elopement response policies and procedures. Class III	{A 081}		
{A 083} SS=D	58A-5.0191(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an	{A 083}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

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{A 083}	Continued From page 17 instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the assisted living facility (ALF) continued to fail to ensure at least one staff member on duty held current certifications in first aid and , , ( ) at all times for 2 of 2 sampled Staff (B and C). The findings included: During a survey conducted on , it was determined the ALF failed to ensure at least one staff member on duty held current certifications in both first aid and . During a revisit to the above survey conducted on and the following concerns were identified: 1. On at 7:59 AM, Staff B and Staff C were observed on duty at the ALF. On at 11:55 AM, Staff B was observed on duty at the ALF. 2. Review of Staff B and C's employee files conducted revealed Staff B (hired) had no current certifications in first aid and , and Staff C (hired) did not	{A 083}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

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{A 083}	Continued From page 18 hold a current certification for first aid. In a telephone interview conducted on [redacted] at 2:58 PM, the ALF's Administrator was asked stated she was out of the country on vacation and personal business since [redacted]. She provided the name and a telephone number for an individual she identified as the acting Manager for the ALF. These concerns were discussed with and acknowledged by the Acting Manager by telephone on [redacted] at 1:15 PM. Class III	{A 083}		
{A 084} SS=D	58A-5.0191(6) FAC 429.52 (6), FS Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and	{A 084}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

(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 084}	Continued From page 19	{A 084}		

procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 58A-5.0185, F.A.C., including:
a. Assist with oral dosage forms, , dosage forms, and , , and dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an "as needed" prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication;
g. Recognize the general signs of adverse reactions to medications and report such reactions;
h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

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{A 084}	Continued From page 20 manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of rate, temperature, and rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.	{A 084}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

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{A 084}	Continued From page 21 429.52 (6), FS (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff. The department shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the assisted living facility (ALF) continued to failed to ensure that unlicensed staff who assist residents with self-administration of medications received the required training prior to assisting residents for 2 of 2 sampled Staff (B and C). The findings included: During a survey conducted on , it was determined the ALF failed to provide documentation showing Staff A received the required six hours related to assisting residents with self-administration of medications in an ALF (including two hours related to "updates") by a Registered Nurse or Licensed Pharmacist. Staff A separated from the ALF on . During a revisit to the above survey conducted on and , Staff B and Staff C were observed providing assistance with self-administration of medications to both of the ALF's current residents. Staff B was observed instructing Staff C on how to assist the residents with their medications.	{A 084}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

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{A 084}	Continued From page 22 Review of their employment files conducted during the survey revealed the following concerns: 1. Staff B had no documentation showing she received the training described above prior to assisting residents with self-administration of medications. 2. Staff C had a certificate dated showing four hours of training in "Assisting Patients with Self-Administration of Medication" by a Registered Nurse. There was no documentation she received the required two hours of "updates" nor did she receive the required four hours of continuing education during since . In a telephone interview conducted on at 2:58 PM, the ALF's Administrator was asked stated she was out of the country on vacation and personal business since . She provided the name and a telephone number for an individual she identified as the acting Manager for the ALF. These concerns were discussed with and acknowledged by the Acting Manager by telephone on at 1:15 PM. Class III	{A 084}		
{A 093} SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at:	{A 093}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953

(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 23	{A 093}		

http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible.
(b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.
(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

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{A 093}	Continued From page 24	{A 093}		

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

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{A 093}	Continued From page 25 (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has . . . . . with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the assisted living facility (ALF) continued to fail to plan weekly menus and maintain menus and substitutions on file. This has the potential to affect both of the ALF's current residents. The findings included: During a survey conducted on , it was determined the ALF failed to make accessible all regular and therapeutic menus. During a revisit to the above survey conducted on . . . . . and . . . . . , observations of the ALF's menus revealed no documentation showing menus were planned on a weekly basis. The ALF had four laminated weekly cycle menus that were posted on the wall in the kitchen. There were no cycle menus dated to show weekly menus were	{A 093}		

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{A 093}	Continued From page 26 being planned. In an interview with Staff B on . . . . . at 1:17 PM, she was asked and stated substitutions made to menus were not recorded or maintained (for six months). She did not know of any weekly menus being maintained for six months as required. In a telephone interview conducted on at 2:58 PM, the ALF's Administrator was asked stated she was out of the country on vacation and personal business since . . . . . She provided the name and a telephone number for an individual she identified as the acting Manager for the ALF. These concerns were discussed with and acknowledged by the Acting Manager by telephone on at 1:15 PM. Class III	{A 093}		
{A 161} SS=C	429.275(2) FS; 58A-5.024(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 58A-5.024 (2) STAFF RECORDS. (a) Personnel records for each staff member	{A 161}		

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
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{A 161}	Continued From page 27 must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification; 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 58A-5.019, F.A.C.; 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C.; 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ˬ 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 must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 58A-5.019, F.A.C. This Statute or Rule is not met as evidenced by:	{A 161}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

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{A 161}	Continued From page 28 Based on observations, interviews and record review, the assisted living facility (ALF) continued to fail to maintain required employee records for 2 of 2 sampled Staff (B and C). The findings included: During a survey conducted on , it was determined the ALF failed to provide accessibility to employment records for Staff A. Staff A separated from the ALF on . During a revisit to the above survey conducted on and , Staff B and C were observed providing direct care to both of the ALF's residents. Review of their employee records revealed the following concerns: 1. Staff B was hired on as a Caregiver and Medication Technician (CG/MT). Review of employment file revealed only a background screen and a certificate of training as a Homemaker/Companion. There was no documentation showing all training requirements for an ALF were met; no copy of an application for employment with references; no documentation verifying no signs and symptoms of communicable ; and no documentation of participation in resident elopement response drills. 2. Staff C was hired on as a CG/MT. Review of employment file revealed a certificate of training as a Home Health Aide. There was no documentation showing all training requirements for an ALF were met (except for control); no copy of an application for employment with references; and no documentation of participation in resident elopement response drills.	{A 161}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{A 161}	Continued From page 29 Review of ALF records revealed no written staff work schedules or time sheets for the most current six months. In a telephone interview conducted on . . . . at 2:58 PM, the ALF's Administrator was asked stated she was out of the country on vacation and personal business since . . . She provided the name and a telephone number for an individual she identified as the acting Manager for the ALF. These concerns were discussed with and acknowledged by the Acting Manager by telephone on . . . . . at 1:15 PM. Class III	{A 161}		
{A 162} SS=C	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. . . ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance . . . ; 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in Rule 58A-5.0181, F.A.C.	{A 162}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969176	A. BUILDING: _____ B. WING _____	R 07/18/2019

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{A 162}	Continued From page 30 (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider ' s order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 58A-5.020, F.A.C., if applicable. (e) The resident care record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of 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. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property	{A 162}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{A 162}	Continued From page 31	{A 162}		

disbursed as required in Section 429.27, F.S.
(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.
(m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 58A-5.0181, F.A.C.
(o) The resident's , DH Form 1896, if applicable.
(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:
1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required in this paragraph;
3. The health assessment described in Rule 58A-5.0181, F.A.C.;
4. The resident's contract described in Rule 58A-5.025, F.A.C.; and

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{A 162}	Continued From page 32 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. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 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 observations, interviews and record review, the assisted living facility (ALF) continued to fail to maintain required resident records for 2 of 2 sampled Residents (#1 and #2). The findings included: During a survey conducted on , it was determined the ALF failed to provide accessibility to resident records for Resident #2. During a revisit to the above survey conducted on and , review of resident records revealed the following concerns: 1. Resident #1's demographic information did not include his social security number, Medicare/Medicaid or other insurance policy number(s), or the name, address and telephone number of the resident's health care provider (and case manager if applicable).	{A 162}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{A 162}	Continued From page 33 2. Resident #2's record did not include the name, address and telephone number of the resident's health care provider (and case manager if applicable), or the name, address and telephone number of the resident's next of kin, legal representative, or individual designated by the resident for notification in case of an emergency. In a telephone interview conducted on at 2:58 PM, the ALF's Administrator was asked stated she was out of the country on vacation and personal business since . . . . . She provided the name and a telephone number for an individual she identified as the acting Manager for the ALF. These concerns were discussed with and acknowledged by the Acting Manager by telephone on at 1:15 PM. Class III	{A 162}		