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
	AL11968814	A. BUILDING: _____ B. WING _____	06/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ALLEGRO AT BOYNTON BEACH, LLC	11450 HAGEN RANCH ROAD BOYNTON BEACH, FL 33437

(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 An unannounced Relicensure survey was conducted on [redacted] and [redacted] at The Allegro at Boynton Beach, LLC. The facility had deficiencies identified at the time of the visit.	A 000		
A 010 SS=D	429.26(1&9) FS; 58A-5.0181(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (9) A [redacted] ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of	A 010		

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A 010	Continued From page 1 the resident are being met. 58A-5.0181 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions	A 010		

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A 010	Continued From page 2 are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to determine the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in	A 010		

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A 010	Continued From page 3 the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered for 3 of 3 Residents reviewed. (Specifically, Resident # 5, # 6 and # 11). The findings included: On . . . . . at 10:30 AM, an interview was conducted with the Director of Nursing (DON). She provided a census that highlighted Residents with special care needs. Resident # 5 was identified as requiring . . injection. Resident # 6 was identified as requiring a . a) On a review of the Florida Health Assessment form (AHCA form 1823) dated was conducted for Resident # 5. It was revealed that the Resident suffers from . . II, and . . The Nursing/Treatment/ . . , , and services requirements section does not address Management. The resident is a . . . . . adult, who resides in the Memory Care Unit. He is unable to make informed decisions regarding his care, treatment and services. He requires a higher level of care in the Memory Care Unit. On . . . . . at 12:20 PM, an observation and interview was conducted with Resident # 5. It was noted that Resident # 5 resided in the Memory Care Unit. The Memory Care Unit Supervisor was present at this time. She indicated all residents of this unit suffered from some . . . . . During the interview with Resident # 5, he was asked if he received a . . . . . diet. He responded: "Of course I do, didn't I tell you, I'm !" A review of the residents Florida Health Assessment form, (1823 form) indicates that he receives a regular diet.	A 010		

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A 010	Continued From page 4 He stated he did not know how much he gets. He says the Nurse helps him, and he sticks himself. He did not know the scheduled time of his injection. A review of the Medication Observation Record dated shows the resident has a physician order for Flatus Soloist 100 unit/ml (/latrine) bedtime 1 ml sc inject 5 units daily. Good for 28 days after removing from the refrigerator. - 9 PM. b) On at 12:30 PM, an observation and interview was conducted with Resident # 6. He was also observed in the Memory Care unit for those residents who suffer from , . These residents require additional oversight and supervision. He was asked if he took care of his . He responded: "What's a , ?" "I don't think I have a " "Maybe I'm paying for it!" A review of the AHCA form 1823 for Resident # 6 was conducted. The form was dated . The form shows that Resident # 6 suffers from , and Insufficiency. Under the section of Nursing/Treatment/ , service requirements indicated: needs assisting. The 1823 form does not mention a , . On at 12:45 PM, an interview was conducted with the Director of Nursing (DON) and the Licensed Practical Nurse (LPN). They confirmed that Resident # 5 injected his own . They both stated that the Medication Technicians (Med Techs) recorded the daily for the resident. The DON stated that the Med Techs are instructed to call 911, if the LP is not on duty or call the LPN if she is present,	A 010		

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A 010	Continued From page 5 because they are not able to make medical assessments within their scope of practice. The LPN indicated the normal levels were in the range of 100-130. A review of the ␣ levels was conducted. The following dates reveal the ␣ was out of range: = 136 ␣ = 153, ␣ = 56, ␣ = 84, = 83, and = 137. A review of the Resident's medical record does not reflect any mention of actions taken in the progress notes, on the dates when the ␣ ␣ levels were out of range. On at 12:55 PM, an interview was conducted with the DON and the LPN regarding the response received from Resident #6 about the lack of knowledge he had regarding his ␣ ␣. The LPN indicated that she does not check for positioning. She stated that the Resident visits his Urologist monthly. She stated they do not obtain notes from those visits regarding status. They indicated that the resident was admitted with the ␣. A review of the medical record was conducted. There was no mention of the ␣ Care or follow-up reports with the Urologists. c) During an interview with Resident #11 at 10:15 AM on ␣ it was revealed that the resident is receiving Home Health Service for care for a ␣ from when the resident had a ␣ in the room off of the sofa. During the interview with Resident #11 the Home Health ␣ care nurse was present at the time stated that the was healing. Resident #11 further stated that she self-medicates and showed the surveyor that the	A 010		

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A 010	Continued From page 6 medications are kept in a box on the shelf in the living room area. The resident also stated that she manages her own [illegible] and that it is continuous [illegible] and that she recently started getting continues [illegible] a little over a month prior. Review of Resident #1's 1823 form dated for [illegible] revealed that the resident has a medical history and diagnosis of [illegible] and under special precautions it states [illegible]. The resident is independent with all activities of daily living (ADL's) except for bathing and [illegible] in which the resident requires assistance. There was no documentation on the form that the resident is [illegible] dependent with 24 hour continous [illegible], or that the resident is recieving services from a Home Health Agency. During an Interview with the Director of Nursing (DON) on [illegible] at 10:00 AM regarding Resident #11's 1823 form it was stated that the resident had a new 1823 form but it couldn't be found in the file and that the one in there should be current and up to date. The DON was given the opportunity, to locate the documentation or fax the physician to obtain the documentation and made no attempt to obtain the requested information. Review of the observation notes for Resident #11 from [illegible] to [illegible] revealed the following: 1) [illegible] - Resident #11 was admitted to the facility being [illegible] dependent. 2) [illegible] - It was documented by the nurse that Home Health came to teach the Resident	A 010		

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A	Continued From page 7 #11 how to use her [illegible]. 3) [illegible] - It was documented that Resident #11 reported to the Activities Director that she was afraid to [illegible] asleep during the night because she was [illegible]. The activities director advised the resident to call 911 herself. 4) [illegible] - Resident #11 was diagnosed with exacerbation of [illegible] and [illegible]. 5) [illegible] - Resident #11 was sent to the hospital again due to [illegible]. Resident #11 was evaluated and sent [illegible] to the facility on [illegible] with continuous (24 hr) [illegible]. During an additional interview with the DON at 12:50 PM on [illegible] regarding how the facility meets the residents care needs for the continuous [illegible] and the residents [illegible] saturation levels. It was stated that there is not a nurse here on all shifts and that the direct care staff are not licensed to conduct assessments on the resident, her [illegible] or the machine of something happens to her during the night. The DON was unsure if the resident was requires the monitoring of [illegible] gasses, and confirmed that the facility does not have the equipment or the staff trained to care for the resident in the event of an emergency where the resident goes into [illegible] distress such as on the date of [illegible]. In the emergency situation the resident was responsible for calling emergency services herself, and the facility never followed up with the care of the resident or had Resident #11 reassessed to determine if the resident continued to meet the criteria to live in an ALF, and failed to ensure that upon return from the hospital, the facility could provide the required supervision and oversite to meet the residents care needs upon	A 010		

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A 010	Continued From page 8 significant change. During an interview with the Administrator, the DON, and the Corporate Nurse on at 4:00 PM, the findings were discussed and acknowledged, no additional information was provided for review On at 03:55 PM, an interview was conducted with the Administrator, DON, and Vice President of Operations. They were advised of the findings. Class III	A 010		
A 025 SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and	A 025		

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A 025	Continued From page 9 services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide appropriate and adequate supervision and maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services for 3 of 3 Residents observed (Resident # 5, # 6 & #11).	A 025		

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A 025	Continued From page 10 The findings included: a) On at 10:30 AM, an interview was conducted with the Director of Nursing (DON). She provided a census that highlighted Residents with special care needs. Resident # 5 was identified as requiring injection. Resident # 6 was identified as requiring a . On at 12:20 PM, an observation and interview was conducted with Resident # 5. It was noted that Resident # 5 resided in the Memory Care Unit. The Memory Care Unit Supervisor was present at this time. She indicated all residents of this unit suffered from some . During the interview with Resident # 5, he was asked if he received a diet. He responded: "Of course I do, didn't I tell you, I'm !" A review of the residents Florida Health Assessment form (AHCA form 1823) indicates that he receives a regular diet. He stated he did not know how much he gets. He says the Nurse helps him, and he sticks himself. He did not know the scheduled time of his injection. A review of the AHCA form 1823 dated revealed that Resident # 5 suffers from II. The section on or behavioral status shows 's . The Nursing/Treatment/ Service requirements shows that the resident receives medication management. It does not mention that resident has been deemed to self-administer injections. A review of the Medication Observation Record dated shows the resident has a physician order for Flatus Soloist 100 unit/ml	A 025		

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A 025	Continued From page 11 (/) bedtime 1 ml sc inject 5 units daily. Good for 28 days after removing from the refrigerator. b) On at 12:30 PM, an observation and interview was conducted with Resident # 6. He was also observed in the Memory Care unit for those residents who suffer from . These residents require additional oversight and supervision. He was asked if he took care of his . He responded: "What's a ?" "I don't think I have a " "Maybe I'm paying for it!" A review of the AHCA form 1823 for Resident # 6 was conducted. The form was dated . The form shows that Resident # 6 suffers from , and Insufficiency. Under the section of Nursing/Treatment/ service requirements indicated: needs assisting. The 1823 form does not mention a . On at 12:45 PM, an interview was conducted with the Director of Nursing (DON) and the Licensed Practical Nurse (LPN). They confirmed that Resident # 5 injected his own . They both stated that the Medication Technicians (Med Techs) recorded the daily for the resident. The DON stated that the Med Techs are instructed to call 911, if the LP is not on duty or call the LPN if she is present, because they are not able to make medical assessments within their scope of practice. The LPN indicated the normal levels were in the range of 100-130. On at 12:55 PM, an interview was conducted with the DON and the LPN regarding	A 025		

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A 025	Continued From page 12 the response received from Resident #6 about the lack of knowledge he had regarding his [illegible]. The LPN indicated that she does not check for positioning. She stated that the Resident visits his Urologist monthly. She stated they do not obtain notes from those visits regarding status. They indicated that the resident was admitted with the [illegible]. A review of the medical record was conducted. There was no mention of the [illegible] Care or follow-up reports with the Urologist. On [illegible] at 03:55 PM, an interview was conducted with the Administrator, DON, and Vice President of Operations. They were advised of the findings. c) During an interview with Resident #11 at 10:15 AM on [illegible] it was revealed that the resident is receiving Home Health Service for [illegible] care for a [illegible] from when the resident had a [illegible] in the room off of the sofa. During the interview with Resident #11 the Home Health [illegible] care nurse was present at the time stated that the [illegible] was healing. Resident #11 further stated that she self-medicates and showed the surveyor that the medications are kept in a box on the shelf in the living room area. The resident also stated that she manages her own [illegible] and that it is continuous [illegible] and that she recently started getting continues [illegible] a little over a month prior. Review of Resident #1's 1823 form dated for [illegible] revealed that the resident has a medical history and diagnosis of [illegible] and under special precautions it states [illegible]. The resident is independent with all activities of daily living (ADL's) except for bathing and [illegible] in which the resident requires assistance.	A 025		

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A 025	Continued From page 13 Review of the observation notes for Resident #11 from [redacted] to [redacted] revealed the following: 1) [redacted] - Resident #11 was admitted to the facility being [redacted] dependent. [redacted] - It was documented by the nurse that Home Health came to teach the Resident #11 how to use her [redacted]. [redacted] - It was documented that Resident #11 reported to the Activities Director that she was afraid to [redacted] asleep during the night because she was [redacted]. The activities director advised the resident to call 911 herself. [redacted] - Resident #11 was diagnosed with exacerbation of [redacted] and ([redacted]). [redacted] - Resident #11 was sent to the hospital again due to [redacted] Resident #11 was evaluated and sent [redacted] to the facility on [redacted] with continuous (24 hr) [redacted]. During an interview with the Director of Nursing (DON) at 12:50 PM on [redacted] regarding how the facility meets the residents care needs for the continuous [redacted] and the residents [redacted] saturation levels It was stated that there is not a nurse here on all shifts and that the direct care staff are not licensed to conduct assessments on the resident, her [redacted] or the machine of something happens to her during the night. The DON was unsure if the resident was requires the monitoring of [redacted] gasses, and confirmed that the facility does not have the equipment or the staff trained to care for the resident in the event of an emergency where the resident goes into	A 025		

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A 025	Continued From page 14 [redacted] distress such as on the date of [redacted]. In the emergency situation the resident was responsible for calling emergency services herself, and the facility never followed up with the care of the resident or had Resident #11 reassessed to determine if the resident continued to meet the criteria to live in an ALF, and failed to ensure that upon return from the hospital, the facility could provide the required supervision and oversite to meet the residents care needs upon significant change. The DON could not provide any explanation to where the care staff where when the resident went into [redacted] distress, in the emergency situation, and prevention measures put in place to prevent re-occurrence. The facility also did not document, or follow up with additional supervision regarding the residents to ensure prevention measures were put in place to prevent re-occurrence. During an interview with the Administrator, the DON, and the Corporate Nurse on at 4:00 PM, the findings were discussed and acknowledged, no additional information was provided for review. Class III Class III Ex B:	A 025		
A 030 SS=B	58A-5.0182(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures	A 030		

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A 030	Continued From page 15 58A-5.0182 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities;	A 030		

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A 030	Continued From page 16 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.-	A 030		

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A 030	Continued From page 17 (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility.	A 030		

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A 030	Continued From page 18 (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other	A 030		

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A 030	Continued From page 19 person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident ' s access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27(1)(a), FS Property and personal affairs of residents.-	A 030		

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A 030	Continued From page 20 (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . , . . . or . . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to follow their established grievance procedure to facilitate the residents ' exercise of this right. The findings included: A copy of the grievance policy dated 11/18/2011 was reviewed. The title of the policy is Operations, Resolving Resident Grievances Resident Grievance Form, Customer Service Tracking Log. It revealed the facility policy stating all grievances will be tracked by the Resident grievance log. Residents are: Encouraged to voice grievances, Ensured confidentiality in voicing grievances, and Provided a process for resolving grievances with the Facility. The packet reveals a Resident Grievance form that must be	A 030		

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A 030	Continued From page 21 completed by the Administrator or designee. It provides for the name, apartment number for the resident, the date, name of the person filing the grievance, the nature of the grievance, name of person involved in grievance, name of witness, if any and recommendations. The signature of person completing the form is required along with the date that the outcome was conveyed. The packet also includes a Customer Service Grievance Log with all of the above grievance form information, including the action taken to resolve grievance. (See policy). On [redacted] at 02:45 PM, an interview was conducted with the Administrator. He stated he had not been an Administrator in this state for very long. He stated that he had not been completing the grievance log since he had been there. At this time, a side-by-side interview and observation was conducted with the Administrator. It was revealed that the log book was empty. Therefore, the facility was unable to verify receipt and resolution of all concerns and complaints received from the residents and/or legal guardians. On [redacted] at 03:55 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class	A 030		

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A 052	Continued From page 22	A 052		
A 052 SS=D	429.256( ); 58A-5.0185 (3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive	A 052		

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A 052	Continued From page 23 airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with , bags. (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 by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) , , or , preparations. (g) 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. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. 58A-5.0185 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be 18	A 052		

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A	Continued From page 24 , ... g . or older, trained to assist with self administered medication pursuant to the training requirements of rule 58A-5.0191, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill	A 052		

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A 052	Continued From page 25 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. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), 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. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that Unlicensed Staff follow the proper process and procedure for assistance with self-administration of medication, for 1 of 3 Staff observed (Staff D). The findings included: On at 08:45 AM, a review of the Medication Observation Record (MOR) revealed the following medications were prescribed by the facility physician to Resident # 7 and # 8. On at 08:55 AM, an observation was	A 052		

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A 052	Continued From page 26 made of the medication assistance pass with Staff D. Staff D works as a Medication Technician (Med Tech). She is an Unlicensed Staff member. She assisted Resident # 7 with the following medications: , , Esctalepram, Lactose, , , Fluctcasone, Probiotic, , Memathine , and , . On at 09:10 AM, an observation was made of the medication assistance pass with resident # 8. She received the following medications: Omitriptyline, , , Metrolprolol, , Glimperide, Asprin, , , and , . During the observation, it was revealed that Staff D did not dispense the medications from their original packaging in front of the Residents # 7 and # 8. Staff D also failed to announce the names of the medications in the presence of the residents. On at 10:30 AM, an interview was conducted with the Director of Nursing. She acknowledged the findings. Class III	A 052		