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
	AL11964626	A. BUILDING: _____ B. WING _____	09/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF NAPLES	7801 AIRPORT PULLING ROAD N.E. NAPLES, FL 34109

(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 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document	A 078		

AHCA Form 3020-0001

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

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A 078	Continued From page 1 observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure newly hired staff had a written statement on record within 30 days of hire, completed by a health care provider documenting the individual did not have signs or symptoms of communicable for 1 (Staff D) out of 4 staff records reviewed. The findings included: Record review for Administrator Staff D hired , found no written statement on record within 30 days of hire, completed by a health care provider documenting the individual did not have	A 078		

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A 078	Continued From page 2 signs or symptoms of communicable . . . . There was only an , dated . . . . . indicating Staff D did not have During an interview with the business office manager on . . . . . at 1:35 p.m., she said, "I though the , is good for 5 years. No I didn't know she needed also a physicians statement. She was transferred from another building." Class III	A 078		
A 081	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 081		

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A 081	Continued From page 3 (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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], 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 [illegible], neglect, and [illegible]. The facility must use its [illegible] 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.	A 081		

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A 081	Continued From page 4 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure staff completed required training's within 30 days of employment for 3 (Staff A, E, and F) of 4 staff records reviewed. The facility failed to ensure newly hired staff had pre-orientation in- service training before they had direct contact with residents for 1 (Staff F) of 4 staff records reviewed. The findings included: 1. Record review for Caregiver/Medication Technician Staff A hired , found she lacked the following trainings: Staff A completed 1 hour of control training on and not within 30 days as it is required. Staff A completed only 1 of 3 hours required training in resident behavior and needs and	A 081		

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A 081	Continued From page 5 providing assistance with the activities of daily living. Training was completed on and not within 30 days as it is required. Staff A completed 1 hour in-service training regarding the facility's resident elopement response policies and procedures on and not within thirty (30) days of employment. There was no evidence Staff A was provided with a copy of the facility's resident elopement response policies and procedures. There was no evidence Staff A demonstrated an understanding and competency in the implementation of the elopement response policies and procedures. Staff A did not complete the minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: Reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff A had a 0.75 minute training on record dated titled preventing, recognizing, and reporting . . . . . Also Staff A had a training titled resident rights essential. Training was dated . . . . . Both trainings were not completed within 30 days of employment. Staff A lacked a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: recognizing and reporting resident, neglect, and , ... There was no evidence the facility used its . . . . . prevention policies and procedures as it is required when offering this training since no training agenda was provided. 2. Record review for Director of Resident Care Staff E hired . . . . . , lacked the following trainings: Staff E completed a 1 hour in-service training regarding the facility's resident elopement response policies and procedures on . . . . and not within thirty (30) days of employment. There	A 081		

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A 081	Continued From page 6 was no evidence Staff E was provided with a copy of the facility's resident elopement response policies and procedures. There was no evidence Staff E demonstrated an understanding and competency in the implementation of the elopement response policies and procedures. Staff E did not complete the minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: Reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff E had a 0.50 minute training on record dated titled and neglect. Staff E lacked a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: recognizing and reporting resident , neglect, and . Furthermore, there was no evidence the facility used its prevention policies and procedures as it is required when offering this training since no training agenda was provided. 3. Record review for Caregiver Staff F hired , found she lacked the following trainings: Staff F did not complete 3 hours of required training in resident behavior and needs and providing assistance with the activities of daily living. Staff F did not complete the 1 hour in-service training regarding the facility's resident elopement response policies and procedures. There was no evidence Staff F was provided with a copy of the facility's resident elopement response policies and procedures. There was no evidence Staff F demonstrated an understanding and competency in the implementation of the elopement response policies and procedures. Staff F did not complete the minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: reporting	A 081		

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A 081	Continued From page 7 adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff F had a 0.50 minute training on record dated titled and neglect. Staff F lacked a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects recognizing and reporting resident , neglect, and . There was no evidence the facility used its prevention policies and procedures as it is required when offering this training since no training agenda was provided. Staff F had a 0.50 minute instead of a 1 hour in-service training related to control. Training was completed on . 4. The human resources manager said on at 2:58 p.m., as far as she knew records were complete and no training were missing. Class III	A 081		
A 082	58A-5.0191(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.	A 082		

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A 082	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to obtain training within 30 days of employment for three (Staff A, E, and F) of four staff records reviewed. The findings included: 1. Record review for Caregiver/Medication Technician Staff A hired , found an training dated more than 2 years after Staff A's date of hire. 2. Record review for Director of Resident Care Staff E hired , found an training dated more than 30 days after Staff E's date of hire. 3. Record review for Caregiver Staff F hired found no documentation of training. 4. On at 2:59 p.m., the human resources manager said she was not aware of the regulatory requirement. Class III	A 082		
A 090	58A-5.0191(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident	A 090		

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A 090	Continued From page 9 admissions must receive at least one hour of training in the facility's policy and procedures regarding . . . within 30 days after employment. (c) Training shall consist of the information included in rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure completion of a 1 hour . . ( ) training within 30 days of employment for 2 (Staff A and E) out of 4 staff record reviewed. The findings included: 1. Record review for Caregiver/Medication Technician Staff A found was hired on . . . . Staff A completed training on . 2. Record review for Director of Resident Care Staff E found she was hired on . . . . . Staff record review for Staff E found no documentation of completion of . training. 3. The human resources manager said on at 2:58 p.m., as far as she knew the records were complete and no trainings were missing. Class III	A 090		
A 091	58A-5.0191(12) FAC Training - Documentation & Monitoring	A 091		

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A 091	Continued From page 10 (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to obtain complete training records for 3 (Staff A, E, and F) out of 4 staff records reviewed. The findings included: Record review for Staff A, E, and F found no documentation of training program agendas for	A 091		

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A 091	Continued From page 11 trainings provided. On .. . . . at 12:59 p.m., the human resources manager said staff completed all trainings online. She said she did not have a training agenda. She said none was provided to her and could not further assist. Class III	A 091		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable .. to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, . . . or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested.	A 152		

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A 152	Continued From page 12 (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to maintain a safe living environment for 1 (Resident #17) out of 5 residents sampled. The findings included: During a tour of Resident #17's room on at 4:00 p.m., there were numerous gouges in the door frames and doors, a dark brown carpet in the living room and bedroom with multiple dark brown stains and feces noted on bathroom floor next to the toilet. During an interview with resident #17 on at 4:10 p.m., he reported the carpet needed to be cleaned. During an interview with the maintenance director on at 4:20 p.m., he reported housekeeping cleans resident rooms once a week and he had the rug cleaned 2 weeks earlier. He reported he was not aware of the many gouges on the doors and door frames and stained rug in Resident #17's apartment.	A 152		

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A 152	Continued From page 13 During an interview on at 4:25 p.m., with the executive director who was standing on the carpet in Resident #17's room, she reported she could feel her shoe sticking to the carpet. Class III	A 152		
A 162	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. (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	A 162		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF NAPLES	7801 AIRPORT PULLING ROAD N.E. NAPLES, FL 34109

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A 162	Continued From page 14 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 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	A 162		

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A 162	Continued From page 15 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 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	A 162		

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A 162	Continued From page 16 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 record review and staff interview, the facility failed to maintain a complete demographic sheet for 2 (Resident #16 and #18) out of 2 residents reviewed. The findings included: Record review of the demographic sheet for Resident #16 revealed the health care provider did not have a contact address listed. Record review of the demographic sheet for Resident #18 revealed the health care provider did not have a contact address listed. During an interview with the director of wellness/nursing on _____ at 9:00 a.m., she reported she was not aware the health care provider address was missing from the demographic sheets for both residents. Class III	A 162		
A 164	58A-5.024(4) FAC Records - Inspection Availability (4) RECORD INSPECTION. (a) The resident's records must be available to the resident; the resident's legal representative,	A 164		

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A 164	Continued From page 17 designee, surrogate, guardian, attorney in fact, or case manager; or the resident's estate, and such additional parties as authorized in writing or by law. (b) Pursuant to Section 429.35, F.S., agency reports that pertain to any agency survey, inspection, or monitoring visit must be available to the residents and the public. In facilities that are co-located with a licensed nursing home, the inspection of record for all common areas is the nursing home inspection report. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to allow access to records on a timely manner. The findings included: During the initial entrance interview with the director of resident care (DRC) on . . . . at 9:15 a.m., a list of documents were requested. On around noon the administrator arrived to the facility. She said she was on the east coast for a conference. She said she will make sure all documentation needed will be given on a timely manner. On at 12:15 p.m., the surveyors were told the human resources manager had a scheduled surgery and will be absent for couple of days. The DRC said no one in the facility had access to employee records. On at 8:10 a.m., the human resources manager arrived in the facility. She said she will provide complete staff records as soon as possible. On at around 9:00 a.m., the corporate nurse came to the facility and told surveyors she	A 164		

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A 164	Continued From page 18 is taking over the survey and surveyors needed to talk to her for whatever they needed. On at 12:56 p.m., staff records were received. Records were incomplete since no trainings were included. On at 1:34 p.m., second round of same staff records were received. The files were stillincomplete. Before the end of second business day a list of items missing was given to the DRC. The DRC said all items missing will be provided by the next morning. The surveyors arrived in the facility on at 7:19 a.m., staff and resident records were requested again from the DRC director. On at 5:06 p.m., still no complete employee records found. On at 5:36 p.m., the administrator, along with the corporate nurse, told surveyors they had a computer system called Yardi Voyage software. They said all the information we needed in regards to resident assessments was there. She pointed at the computer screen showing resident's assessments. We asked why we were not given access to software. The administrator said: "Good question. Maybe we can do that in the future." Surveyors were not given access to the computer software and were unable to review complete records for residents while on the premises. Class III	A 164		

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A 000	Continued From page 19	A 000		
A 000	Initial Comments An unannounced relicensure, limited nursing services, and emergency power plan monitoring survey was conducted on through at Harbor Chase of Naples, an assisted living facility in Naples, Florida. The following is description of the deficiencies.	A 000		
A 008	429.26( ) FS; 58A-5.0181(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical	A 008		

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A 008	Continued From page 20	A 008		

examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request.
(6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the

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A 008	Continued From page 21 administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of , require such assistance. 58A-5.0181 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that,	A 008		

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A 008	Continued From page 22 in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's	A 008		

Agency for Health Care Administration

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A 008	Continued From page 23 admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission. (d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.	A 008		

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A 008	Continued From page 24 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain a complete health assessment (1823) for 2 (Resident #16 and #18) out of 2 resident records reviewed. The findings included: Record review of Resident #16 and #18 revealed no address or telephone number were listed for the health care provider who completed the health assessment (1823). During interview on at 9:00 a.m. with the Director of Wellness/Nursing, she reported she was not aware the health assessments were not complete for both residents. Class III	A 008		
A 009	58A-5.0181(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional	A 009		

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A 009	Continued From page 25 costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. The facility rules and regulations that residents must follow as described in rule 58A-5.0182, F.A.C.; 11. The facility policy concerning . . . . . pursuant to section 429.255, F.S., and rule 58A-5.0186, F.A.C., and Advance Directives pursuant to chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in rule 58A-5.030, F.A.C.; 13. If the facility advertises that it provides special care for individuals with 's and related . . . . . , a written description of those special services as required in section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures.	A 009		

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A 009	Continued From page 26 (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of rule 58A-5.025, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided, 3. A copy of the resident's bill of rights as required by rule 58A-5.0182, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the	A 009		

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A 009	Continued From page 27 facility failed to ensure a complete admission packet was available for new admissions to the facility. Failure to provide a complete admission packet leads to a lack of necessary information and may lead to misunderstanding between the resident or their representative and the facility. The findings included: Record review of the facility's admission packet revealed the following information was not included: 1. The daily, weekly or monthly charge for limited nursing services (LNS) and list of all services provided. Per the business office manager on at 4:00 p.m., the facility has an all inclusive contract and they do not charge for LNS. When she was asked if they notified residents currently on home health they can get the same services for no additional cost she said: "no i didn't know, the nurses know that. Ask the nurses. " The director of resident care (DRC) said on at 4:30 p.m. she was not aware of anything that had to do with LNS. She said she was new to the state and did not know a lot about LNS regulations. 2. Personal care services the facility is prepared to provide to residents and additional costs to the resident, if any. 3. Nursing services the facility is prepared to provide to residents and additional costs to the resident, if any. 4. The facility's resident elopement response policies and procedures. 5. policy; 6. Medication storage policy; 7. Reporting , neglect and , policy; 8. Administration scheduled availability,	A 009		

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	AL11964626	A. BUILDING: _____ B. WING _____	09/18/2019

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A 009	Continued From page 28 housekeeping availability; 9. control, sanitation, and universal precaution policy; 10. Third party coordination policy (including coordination of communications) 11. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program The DRC said on . at 3:00 p.m., that she was not aware of the changes of the regulation. She said the admission coordinator provided her with the copy and as far as she knew it was complete. Class III	A 009		

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A 054	Continued From page 29	A 054		
A 054	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 [illegible] 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 [illegible], 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 medication. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain a daily Medication Observation Record (MOR) for 2 (Resident #8 and #12) out of 5 residents reviewed.	A 054		

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A 054	Continued From page 30 The findings included: Record review of Resident #8's MOR revealed a medication ... (...) 20 milligrams (mg.) by ... daily and a medication (proton-pump inhibitor) 40 mg. by ... daily. Both medications were not given on ... through ... and there was no documentation as to why the medications were not given, and no initials to identify which facility staff were attempting to give the medications. Record review of Resident #12's MOR revealed medication ... 5% patch (... medication) apply to affected area in the morning and remove in 12 hours. Documentation by facility staff revealed medication was not given on dates ... through ... There was no documentation by facility staff as to why the medication was not given and no initials to identify which facility staff were attempting to give the medications. During an interview with the Director of Nursing on at 11:10 a.m., she reported she was not aware why medications were not given or why the facility staff were not documenting their initials to identify who was attempting to give the medications. Record review of facility policy: "Standard 7.16 use of Medication Administration Record (MAR), sign your initials in the appropriate date and hour box. If the associate notices that a previous dose of medication was omitted (not signed off) or pills are remaining in unit dose container, an Incident Report is completed."	A 054		

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A 054	Continued From page 31 Class III	A 054		
A 077	429.176 FS; 429.52( ),58A-5.019(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52( ), FS (4) A new facility administrator must complete the required training and education, including the competency test, within 90 days after date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 58A-5.019 Staffing Standards. (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter	A 077		

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A 077	Continued From page 32 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.; and 4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before [illegible], are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule. 5. Satisfy the continuing education requirements pursuant to Rule 58A-5.0191, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [illegible] of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraphs (1)(a)4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to Rule	A 077		

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A 077	Continued From page 33 58A-5.0191, F.A.C.; and 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile [illegible] of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not [illegible], serve as an administrator of any other facility. (e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, [illegible], which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04002.	A 077		

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A 077	Continued From page 34 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility's administrator failed to ensure proof of high school or GED diploma. The findings included: Record review for the facility's administrator (hired) found no documentation of a high school diploma or GED. During an interview with the human resources manager on at 1:00 p.m., she said she was not aware of the regulatory requirement. Class III	A 077		

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A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document	A 078		

AHCA Form 3020-0001

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

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A 078	Continued From page 1 observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure newly hired staff had a written statement on record within 30 days of hire, completed by a health care provider documenting the individual did not have signs or symptoms of communicable for 1 (Staff D) out of 4 staff records reviewed. The findings included: Record review for Administrator Staff D hired , found no written statement on record within 30 days of hire, completed by a health care provider documenting the individual did not have	A 078		

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A 078	Continued From page 2 signs or symptoms of communicable . . . . There was only an , dated . . . . . indicating Staff D did not have During an interview with the business office manager on . . . . . at 1:35 p.m., she said, "I though the , is good for 5 years. No I didn't know she needed also a physicians statement. She was transferred from another building." Class III	A 078		
A 081	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 081		

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A 081	Continued From page 3 (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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], 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 [illegible], neglect, and [illegible]. The facility must use its [illegible] 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.	A 081		

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A 081	Continued From page 4 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure staff completed required training's within 30 days of employment for 3 (Staff A, E, and F) of 4 staff records reviewed. The facility failed to ensure newly hired staff had pre-orientation in- service training before they had direct contact with residents for 1 (Staff F) of 4 staff records reviewed. The findings included: 1. Record review for Caregiver/Medication Technician Staff A hired , found she lacked the following trainings: Staff A completed 1 hour of control training on and not within 30 days as it is required. Staff A completed only 1 of 3 hours required training in resident behavior and needs and	A 081		

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A 081	Continued From page 5 providing assistance with the activities of daily living. Training was completed on and not within 30 days as it is required. Staff A completed 1 hour in-service training regarding the facility's resident elopement response policies and procedures on and not within thirty (30) days of employment. There was no evidence Staff A was provided with a copy of the facility's resident elopement response policies and procedures. There was no evidence Staff A demonstrated an understanding and competency in the implementation of the elopement response policies and procedures. Staff A did not complete the minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: Reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff A had a 0.75 minute training on record dated titled preventing, recognizing, and reporting . . . . . Also Staff A had a training titled resident rights essential. Training was dated . . . . . Both trainings were not completed within 30 days of employment. Staff A lacked a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: recognizing and reporting resident, neglect, and , ... There was no evidence the facility used its . . . . . prevention policies and procedures as it is required when offering this training since no training agenda was provided. 2. Record review for Director of Resident Care Staff E hired . . . . . , lacked the following trainings: Staff E completed a 1 hour in-service training regarding the facility's resident elopement response policies and procedures on . . . . and not within thirty (30) days of employment. There	A 081		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 081	Continued From page 6 was no evidence Staff E was provided with a copy of the facility's resident elopement response policies and procedures. There was no evidence Staff E demonstrated an understanding and competency in the implementation of the elopement response policies and procedures. Staff E did not complete the minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: Reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff E had a 0.50 minute training on record dated titled and neglect. Staff E lacked a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: recognizing and reporting resident , neglect, and . Furthermore, there was no evidence the facility used its prevention policies and procedures as it is required when offering this training since no training agenda was provided. 3. Record review for Caregiver Staff F hired , found she lacked the following trainings: Staff F did not complete 3 hours of required training in resident behavior and needs and providing assistance with the activities of daily living. Staff F did not complete the 1 hour in-service training regarding the facility's resident elopement response policies and procedures. There was no evidence Staff F was provided with a copy of the facility's resident elopement response policies and procedures. There was no evidence Staff F demonstrated an understanding and competency in the implementation of the elopement response policies and procedures. Staff F did not complete the minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: reporting	A 081		

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	AL11964626	A. BUILDING: _____ B. WING _____	09/18/2019

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A 081	Continued From page 7 adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff F had a 0.50 minute training on record dated titled and neglect. Staff F lacked a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects recognizing and reporting resident , neglect, and . There was no evidence the facility used its prevention policies and procedures as it is required when offering this training since no training agenda was provided. Staff F had a 0.50 minute instead of a 1 hour in-service training related to control. Training was completed on . 4. The human resources manager said on at 2:58 p.m., as far as she knew records were complete and no training were missing. Class III	A 081		
A 082	58A-5.0191(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.	A 082		

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A 082	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to obtain training within 30 days of employment for three (Staff A, E, and F) of four staff records reviewed. The findings included: 1. Record review for Caregiver/Medication Technician Staff A hired , found an training dated more than 2 years after Staff A's date of hire. 2. Record review for Director of Resident Care Staff E hired , found an training dated more than 30 days after Staff E's date of hire. 3. Record review for Caregiver Staff F hired found no documentation of training. 4. On at 2:59 p.m., the human resources manager said she was not aware of the regulatory requirement. Class III	A 082		
A 090	58A-5.0191(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident	A 090		

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A 090	Continued From page 9 admissions must receive at least one hour of training in the facility's policy and procedures regarding . . . within 30 days after employment. (c) Training shall consist of the information included in rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure completion of a 1 hour . . ( ) training within 30 days of employment for 2 (Staff A and E) out of 4 staff record reviewed. The findings included: 1. Record review for Caregiver/Medication Technician Staff A found was hired on . . . . Staff A completed training on . 2. Record review for Director of Resident Care Staff E found she was hired on . . . . . Staff record review for Staff E found no documentation of completion of . training. 3. The human resources manager said on at 2:58 p.m., as far as she knew the records were complete and no trainings were missing. Class III	A 090		
A 091	58A-5.0191(12) FAC Training - Documentation & Monitoring	A 091		

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A 091	Continued From page 10 (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to obtain complete training records for 3 (Staff A, E, and F) out of 4 staff records reviewed. The findings included: Record review for Staff A, E, and F found no documentation of training program agendas for	A 091		

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A 091	Continued From page 11 trainings provided. On .. . . . at 12:59 p.m., the human resources manager said staff completed all trainings online. She said she did not have a training agenda. She said none was provided to her and could not further assist. Class III	A 091		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable .. to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, . . . or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested.	A 152		

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A 152	Continued From page 12 (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to maintain a safe living environment for 1 (Resident #17) out of 5 residents sampled. The findings included: During a tour of Resident #17's room on at 4:00 p.m., there were numerous gouges in the door frames and doors, a dark brown carpet in the living room and bedroom with multiple dark brown stains and feces noted on bathroom floor next to the toilet. During an interview with resident #17 on at 4:10 p.m., he reported the carpet needed to be cleaned. During an interview with the maintenance director on at 4:20 p.m., he reported housekeeping cleans resident rooms once a week and he had the rug cleaned 2 weeks earlier. He reported he was not aware of the many gouges on the doors and door frames and stained rug in Resident #17's apartment.	A 152		

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A 152	Continued From page 13 During an interview on at 4:25 p.m., with the executive director who was standing on the carpet in Resident #17's room, she reported she could feel her shoe sticking to the carpet. Class III	A 152		
A 162	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. (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	A 162		

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A 162	Continued From page 14 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 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	A 162		

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A 162	Continued From page 15 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 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	A 162		

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A 162	Continued From page 16 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 record review and staff interview, the facility failed to maintain a complete demographic sheet for 2 (Resident #16 and #18) out of 2 residents reviewed. The findings included: Record review of the demographic sheet for Resident #16 revealed the health care provider did not have a contact address listed. Record review of the demographic sheet for Resident #18 revealed the health care provider did not have a contact address listed. During an interview with the director of wellness/nursing on _____ at 9:00 a.m., she reported she was not aware the health care provider address was missing from the demographic sheets for both residents. Class III	A 162		
A 164	58A-5.024(4) FAC Records - Inspection Availability (4) RECORD INSPECTION. (a) The resident's records must be available to the resident; the resident's legal representative,	A 164		

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A 164	Continued From page 17 designee, surrogate, guardian, attorney in fact, or case manager; or the resident's estate, and such additional parties as authorized in writing or by law. (b) Pursuant to Section 429.35, F.S., agency reports that pertain to any agency survey, inspection, or monitoring visit must be available to the residents and the public. In facilities that are co-located with a licensed nursing home, the inspection of record for all common areas is the nursing home inspection report. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to allow access to records on a timely manner. The findings included: During the initial entrance interview with the director of resident care (DRC) on . . . . at 9:15 a.m., a list of documents were requested. On around noon the administrator arrived to the facility. She said she was on the east coast for a conference. She said she will make sure all documentation needed will be given on a timely manner. On at 12:15 p.m., the surveyors were told the human resources manager had a scheduled surgery and will be absent for couple of days. The DRC said no one in the facility had access to employee records. On at 8:10 a.m., the human resources manager arrived in the facility. She said she will provide complete staff records as soon as possible. On at around 9:00 a.m., the corporate nurse came to the facility and told surveyors she	A 164		

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A 164	Continued From page 18 is taking over the survey and surveyors needed to talk to her for whatever they needed. On at 12:56 p.m., staff records were received. Records were incomplete since no trainings were included. On at 1:34 p.m., second round of same staff records were received. The files were stillincomplete. Before the end of second business day a list of items missing was given to the DRC. The DRC said all items missing will be provided by the next morning. The surveyors arrived in the facility on at 7:19 a.m., staff and resident records were requested again from the DRC director. On at 5:06 p.m., still no complete employee records found. On at 5:36 p.m., the administrator, along with the corporate nurse, told surveyors they had a computer system called Yardi Voyage software. They said all the information we needed in regards to resident assessments was there. She pointed at the computer screen showing resident's assessments. We asked why we were not given access to software. The administrator said: "Good question. Maybe we can do that in the future." Surveyors were not given access to the computer software and were unable to review complete records for residents while on the premises. Class III	A 164		

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A 000	Continued From page 19	A 000		
A 000	Initial Comments An unannounced relicensure, limited nursing services, and emergency power plan monitoring survey was conducted on through at Harbor Chase of Naples, an assisted living facility in Naples, Florida. The following is description of the deficiencies.	A 000		
A 008	429.26( ) FS; 58A-5.0181(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical	A 008		

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A 008	Continued From page 20	A 008		

examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request.
(6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF NAPLES	7801 AIRPORT PULLING ROAD N.E. NAPLES, FL 34109

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A 008	Continued From page 21 administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of , require such assistance. 58A-5.0181 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that,	A 008		

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A 008	Continued From page 22 in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's	A 008		

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A 008	Continued From page 23 admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission. (d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.	A 008		

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A 008	Continued From page 24 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain a complete health assessment (1823) for 2 (Resident #16 and #18) out of 2 resident records reviewed. The findings included: Record review of Resident #16 and #18 revealed no address or telephone number were listed for the health care provider who completed the health assessment (1823). During interview on at 9:00 a.m. with the Director of Wellness/Nursing, she reported she was not aware the health assessments were not complete for both residents. Class III	A 008		
A 009	58A-5.0181(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional	A 009		

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A 009	Continued From page 25 costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. The facility rules and regulations that residents must follow as described in rule 58A-5.0182, F.A.C.; 11. The facility policy concerning . . . . . pursuant to section 429.255, F.S., and rule 58A-5.0186, F.A.C., and Advance Directives pursuant to chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in rule 58A-5.030, F.A.C.; 13. If the facility advertises that it provides special care for individuals with 's and related . . . . . , a written description of those special services as required in section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures.	A 009		

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A 009	Continued From page 26 (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of rule 58A-5.025, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided, 3. A copy of the resident's bill of rights as required by rule 58A-5.0182, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the	A 009		

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A 009	Continued From page 27 facility failed to ensure a complete admission packet was available for new admissions to the facility. Failure to provide a complete admission packet leads to a lack of necessary information and may lead to misunderstanding between the resident or their representative and the facility. The findings included: Record review of the facility's admission packet revealed the following information was not included: 1. The daily, weekly or monthly charge for limited nursing services (LNS) and list of all services provided. Per the business office manager on at 4:00 p.m., the facility has an all inclusive contract and they do not charge for LNS. When she was asked if they notified residents currently on home health they can get the same services for no additional cost she said: "no i didn't know, the nurses know that. Ask the nurses. " The director of resident care (DRC) said on at 4:30 p.m. she was not aware of anything that had to do with LNS. She said she was new to the state and did not know a lot about LNS regulations. 2. Personal care services the facility is prepared to provide to residents and additional costs to the resident, if any. 3. Nursing services the facility is prepared to provide to residents and additional costs to the resident, if any. 4. The facility's resident elopement response policies and procedures. 5. policy; 6. Medication storage policy; 7. Reporting , neglect and , policy; 8. Administration scheduled availability,	A 009		

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A 009	Continued From page 28 housekeeping availability; 9. control, sanitation, and universal precaution policy; 10. Third party coordination policy (including coordination of communications) 11. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program The DRC said on . at 3:00 p.m., that she was not aware of the changes of the regulation. She said the admission coordinator provided her with the copy and as far as she knew it was complete. Class III	A 009		

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A 054	Continued From page 29	A 054		
A 054	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 [illegible] 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 [illegible], 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 medication. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain a daily Medication Observation Record (MOR) for 2 (Resident #8 and #12) out of 5 residents reviewed.	A 054		

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A 054	Continued From page 30 The findings included: Record review of Resident #8's MOR revealed a medication ... (...) 20 milligrams (mg.) by ... daily and a medication (proton-pump inhibitor) 40 mg. by ... daily. Both medications were not given on ... through ... and there was no documentation as to why the medications were not given, and no initials to identify which facility staff were attempting to give the medications. Record review of Resident #12's MOR revealed medication ... 5% patch (... medication) apply to affected area in the morning and remove in 12 hours. Documentation by facility staff revealed medication was not given on dates ... through ... There was no documentation by facility staff as to why the medication was not given and no initials to identify which facility staff were attempting to give the medications. During an interview with the Director of Nursing on at 11:10 a.m., she reported she was not aware why medications were not given or why the facility staff were not documenting their initials to identify who was attempting to give the medications. Record review of facility policy: "Standard 7.16 use of Medication Administration Record (MAR), sign your initials in the appropriate date and hour box. If the associate notices that a previous dose of medication was omitted (not signed off) or pills are remaining in unit dose container, an Incident Report is completed."	A 054		

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A 054	Continued From page 31 Class III	A 054		
A 077	429.176 FS; 429.52( ),58A-5.019(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52( ), FS (4) A new facility administrator must complete the required training and education, including the competency test, within 90 days after date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 58A-5.019 Staffing Standards. (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter	A 077		

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A 077	Continued From page 32 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.; and 4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before [illegible], are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule. 5. Satisfy the continuing education requirements pursuant to Rule 58A-5.0191, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [illegible] of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraphs (1)(a)4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to Rule	A 077		

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A 077	Continued From page 33 58A-5.0191, F.A.C.; and 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile [illegible] of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not [illegible], serve as an administrator of any other facility. (e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, [illegible], which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04002.	A 077		

Agency for Health Care Administration

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	AL11964626	A. BUILDING: _____ B. WING _____	09/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF NAPLES	7801 AIRPORT PULLING ROAD N.E. NAPLES, FL 34109

(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 077	Continued From page 34 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility's administrator failed to ensure proof of high school or GED diploma. The findings included: Record review for the facility's administrator (hired) found no documentation of a high school diploma or GED. During an interview with the human resources manager on at 1:00 p.m., she said she was not aware of the regulatory requirement. Class III	A 077		

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] 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 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 [illegible] 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; [illegible]; 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 record review and staff interview, the facility failed to ensure 2 (Staff A and E) of 4 staff records reviewed had level 2 background screening employment status updated within 10 days on the facility roster. This has the potential for staff with disqualifying offenses to have	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 access to . . . . . adults. The findings included: Record review for Caregiver/Medication Technician Staff A found she was hired on . . . . . The facility employee roster review found Staff A was added to the roster on . Record review for Director of Resident Care Staff E found she was hired on . . . . . The facility employee roster review found Staff E was not included to the roster. On . . . . . at 3:00 a.m., human resources confirmed Staff A and Staff E were not added to the facility's clearinghouse roster within 10 days. Unclassified	CZ814		

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A 000	Initial Comments An unannounced relicensure, limited nursing services, and emergency power plan monitoring survey was conducted on through at Harbor Chase of Naples, an assisted living facility in Naples, Florida. The following is description of the deficiencies.	A 000		
A 008	429.26( ) FS; 58A-5.0181(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to	A 008		

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A 008	Continued From page 1	A 008		

enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request.
(6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the administrator meet his or her responsibilities under subsection (1). Further, department

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A 008	Continued From page 2	A 008		

personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of , require such assistance.

58A-5.0181
(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection.
(a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following:
1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,
2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,
3. Any nursing or services required by the individual,
4. Any special diet required by the individual,
5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,
6. Whether the individual has signs or symptoms of , or any other communicable , which are likely to be transmitted to other residents or staff,
7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an

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A 008	Continued From page 3 assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, [illegible], which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30	A 008		

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A 008	Continued From page 4 days after admission. (d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the	A 008		

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A 008	Continued From page 5 facility failed to maintain a complete health assessment (1823) for 2 (Resident #16 and #18) out of 2 resident records reviewed. The findings included: Record review of Resident #16 and #18 revealed no address or telephone number were listed for the health care provider who completed the health assessment (1823). During interview on at 9:00 a.m. with the Director of Wellness/Nursing, she reported she was not aware the health assessments were not complete for both residents. Class III	A 008		
A 009	58A-5.0181(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the	A 009		

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A 009	Continued From page 6 resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. The facility rules and regulations that residents must follow as described in rule 58A-5.0182, F.A.C.; 11. The facility policy concerning . . . . . pursuant to section 429.255, F.S., and rule 58A-5.0186, F.A.C., and Advance Directives pursuant to chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in rule 58A-5.030, F.A.C.; 13. If the facility advertises that it provides special care for individuals with . . . . 's . . . . . and related . . , a written description of those special services as required in section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures. (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must	A 009		

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A 009	Continued From page 7 be provided with the following: 1. A copy of the resident's contract that meets the requirements of rule 58A-5.025, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided, 3. A copy of the resident's bill of rights as required by rule 58A-5.0182, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a complete admission packet was available for new admissions to the facility. Failure to provide a complete admission	A 009		

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A 009	Continued From page 8 packet leads to a lack of necessary information and may lead to misunderstanding between the resident or their representative and the facility. The findings included: Record review of the facility's admission packet revealed the following information was not included: 1. The daily, weekly or monthly charge for limited nursing services (LNS) and list of all services provided. Per the business office manager on at 4:00 p.m., the facility has an all inclusive contract and they do not charge for LNS. When she was asked if they notified residents currently on home health they can get the same services for no additional cost she said: "no i didn't know, the nurses know that. Ask the nurses. " The director of resident care (DRC) said on at 4:30 p.m. she was not aware of anything that had to do with LNS. She said she was new to the state and did not know a lot about LNS regulations. 2. Personal care services the facility is prepared to provide to residents and additional costs to the resident, if any. 3. Nursing services the facility is prepared to provide to residents and additional costs to the resident, if any. 4. The facility's resident elopement response policies and procedures. 5. policy; 6. Medication storage policy; 7. Reporting , neglect and policy; 8. Administration scheduled availability, housekeeping availability; 9. control, sanitation, and universal precaution policy;	A 009		

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A 009	Continued From page 9 10. Third party coordination policy (including coordination of communications) 11. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program The DRC said on at 3:00 p.m., that she was not aware of the changes of the regulation. She said the admission coordinator provided her with the copy and as far as she knew it was complete. Class III	A 009		
A 054	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer	A 054		

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A 054	Continued From page 10 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 [illegible] 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 [illegible], 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 medication. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain a daily Medication Observation Record (MOR) for 2 (Resident #8 and #12) out of 5 residents reviewed. The findings included: Record review of Resident #8's MOR revealed a	A 054		

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A 054	Continued From page 11 medication .... (....) 20 milligrams (mg.) by .... daily and a medication (proton-pump inhibitor) 40 mg. by .... daily. Both medications were not given on .... through .... and there was no documentation as to why the medications were not given, and no initials to identify which facility staff were attempting to give the medications. Record review of Resident #12's MOR revealed medication ..... 5% patch (, .. medication) apply to affected area in the morning and remove in 12 hours. Documentation by facility staff revealed medication was not given on dates .... through .... . There was no documentation by facility staff as to why the medication was not given and no initials to identify which facility staff were attempting to give the medications. During an interview with the Director of Nursing on .... at 11:10 a.m., she reported she was not aware why medications were not given or why the facility staff were not documenting their initials to identify who was attempting to give the medications. Record review of facility policy: "Standard 7.16 use of Medication Administration Record (MAR), sign your initials in the appropriate date and hour box. If the associate notices that a previous dose of medication was omitted (not signed off) or pills are remaining in unit dose container, an Incident Report is completed." Class III	A 054		

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	AL11964626	A. BUILDING: _____ B. WING _____	09/18/2019

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A 077	Continued From page 12	A 077		
A 077	429.176 FS; 429.52( ),58A-5.019(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52( ), FS (4) A new facility administrator must complete the required training and education, including the competency test, within 90 days after date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 58A-5.019 Staffing Standards. (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must:	A 077		

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A 077	Continued From page 13 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.; and 4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before [illegible], are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule. 5. Satisfy the continuing education requirements pursuant to Rule 58A-5.0191, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [illegible] of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraphs (1)(a)4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C.; and 2. Complete all additional training requirements if	A 077		

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A 077	Continued From page 14 the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile . . . . . of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to . . . , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not . . . . . , serve as an administrator of any other facility. (e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, ... , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04002.	A 077		

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A 077	Continued From page 15 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility's administrator failed to ensure proof of high school or GED diploma. The findings included: Record review for the facility's administrator (hired) found no documentation of a high school diploma or GED. During an interview with the human resources manager on at 1:00 p.m., she said she was not aware of the regulatory requirement. Class III	A 077		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care	A 078		

Agency for Health Care Administration

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A 078	Continued From page 16 provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff	A 078		

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A 078	Continued From page 17 position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff [redacted] by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure newly hired staff had a written statement on record within 30 days of hire, completed by a health care provider documenting the individual did not have signs or symptoms of communicable [redacted] for 1 (Staff D) out of 4 staff records reviewed. The findings included: Record review for Administrator Staff D hired [redacted], found no written statement on record within 30 days of hire, completed by a health care provider documenting the individual did not have signs or symptoms of communicable [redacted]. There was only an [redacted], dated [redacted] indicating Staff D did not have [redacted]. During an interview with the business office manager on [redacted] at 1:35 p.m., she said, "I though the [redacted], is good for 5 years. No I didn't know she needed also a physicians statement. She was transferred from another building." Class III	A 078		
A 081	58A-5.0191([redacted]) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION.	A 081		

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A 081	Continued From page 18 (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 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	A 081		

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A 081	Continued From page 19 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. (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	A 081		

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A 081	Continued From page 20 implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure staff completed required training's within 30 days of employment for 3 (Staff A, E, and F) of 4 staff records reviewed. The facility failed to ensure newly hired staff had pre-orientation in- service training before they had direct contact with residents for 1 (Staff F) of 4 staff records reviewed. The findings included: 1. Record review for Caregiver/Medication Technician Staff A hired , found she lacked the following trainings: Staff A completed 1 hour of control training on and not within 30 days as it is required. Staff A completed only 1 of 3 hours required training in resident behavior and needs and providing assistance with the activities of daily living. Training was completed on and not within 30 days as it is required. Staff A completed 1 hour in-service training regarding the facility's resident elopement response policies and procedures on and not within thirty (30) days of employment. There was no evidence Staff A was provided with a copy of the facility's resident elopement response policies and procedures. There was no evidence Staff A demonstrated an understanding and competency in the implementation of the elopement response policies and procedures. Staff A did not complete the minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: Reporting adverse incidents and facility	A 081		

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A 081	Continued From page 21 emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff A had a 0.75 minute training on record dated titled preventing, recognizing, and reporting . . . . . Also Staff A had a training titled resident rights essential. Training was dated . . . . . Both trainings were not completed within 30 days of employment. Staff A lacked a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: recognizing and reporting resident, neglect, and , ... There was no evidence the facility used its . . . . . prevention policies and procedures as it is required when offering this training since no training agenda was provided. 2. Record review for Director of Resident Care Staff E hired . . . . , lacked the following trainings: Staff E completed a 1 hour in-service training regarding the facility's resident elopement response policies and procedures on . . . . and not within thirty (30) days of employment. There was no evidence Staff E was provided with a copy of the facility's resident elopement response policies and procedures. There was no evidence Staff E demonstrated an understanding and competency in the implementation of the elopement response policies and procedures. Staff E did not complete the minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: Reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff E had a 0.50 minute training on record dated titled . . . and neglect. Staff E lacked a minimum of 1 hour in-service training within 30 days of employment	A 081		

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A 081	Continued From page 22 that covers the following subjects: recognizing and reporting resident , neglect, and . Furthermore, there was no evidence the facility used its prevention policies and procedures as it is required when offering this training since no training agenda was provided. 3. Record review for Caregiver Staff F hired , found she lacked the following trainings: Staff F did not complete 3 hours of required training in resident behavior and needs and providing assistance with the activities of daily living. Staff F did not complete the 1 hour in-service training regarding the facility's resident elopement response policies and procedures. There was no evidence Staff F was provided with a copy of the facility's resident elopement response policies and procedures. There was no evidence Staff F demonstrated an understanding and competency in the implementation of the elopement response policies and procedures. Staff F did not complete the minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff F had a 0.50 minute training on record dated titled and neglect. Staff F lacked a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects recognizing and reporting resident , neglect, and , . There was no evidence the facility used its prevention policies and procedures as it is required when offering this training since no training agenda was provided. Staff F had a 0.50 minute instead of a 1 hour in-service training related to control. Training was completed on .	A 081		

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A 081	Continued From page 23 4. The human resources manager said on at 2:58 p.m., as far as she knew records were complete and no training were missing. Class III	A 081		
A 082	58A-5.0191(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to obtain training within 30 days of employment for three (Staff A, E, and F) of four staff records reviewed. The findings included: 1. Record review for Caregiver/Medication Technician Staff A hired , found an training dated more than 2 years after Staff A's date of hire. 2. Record review for Director of Resident Care Staff E hired , found an training dated more than 30 days after Staff E's	A 082		

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A 082	Continued From page 24 date of hire. 3. Record review for Caregiver Staff F hired found no documentation of training. 4. On at 2:59 p.m., the human resources manager said she was not aware of the regulatory requirement. Class III	A 082		
A 090	58A-5.0191(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure completion of a 1 hour ( ) training within 30 days of employment for 2 (Staff A and E) out of 4 staff record reviewed.	A 090		

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A 090	Continued From page 25 The findings included: 1. Record review for Caregiver/Medication Technician Staff A found was hired on . . . . Staff A completed training on . 2. Record review for Director of Resident Care Staff E found she was hired on . . . . . Staff record review for Staff E found no documentation of completion of . training. 3. The human resources manager said on at 2:58 p.m., as far as she knew the records were complete and no trainings were missing. Class III	A 090		
A 091	58A-5.0191(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable.	A 091		

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	AL11964626	A. BUILDING: _____ B. WING _____	09/18/2019

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A 091	Continued From page 26 (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to obtain complete training records for 3 (Staff A, E, and F) out of 4 staff records reviewed. The findings included: Record review for Staff A, E, and F found no documentation of training program agendas for trainings provided. On at 12:59 p.m., the human resources manager said staff completed all trainings online. She said she did not have a training agenda. She said none was provided to her and could not further assist. Class III	A 091		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must:	A 152		

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A 152	Continued From page 27 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to maintain a safe	A 152		

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A 152	Continued From page 28 living environment for 1 (Resident #17) out of 5 residents sampled. The findings included: During a tour of Resident #17's room on at 4:00 p.m., there were numerous gouges in the door frames and doors, a dark brown carpet in the living room and bedroom with multiple dark brown stains and feces noted on bathroom floor next to the toilet. During an interview with resident #17 on . . . . . at 4:10 p.m., he reported the carpet needed to be cleaned. During an interview with the maintenance director on at 4:20 p.m., he reported housekeeping cleans resident rooms once a week and he had the rug cleaned 2 weeks earlier. He reported he was not aware of the many gouges on the doors and door frames and stained rug in Resident #17's apartment. During an interview on . . . . . at 4:25 p.m., with the executive director who was standing on the carpet in Resident #17's room, she reported she could feel her shoe sticking to the carpet. Class III	A 152		
A 160	58A-5.024(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce	A 160		

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A 160	Continued From page 29	A 160		

the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.
(1) FACILITY RECORDS. Facility records must include:
(a) The facility's license displayed in a conspicuous and public place within the facility.
(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:
1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a , , ; and
2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 58A-5.025, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of .
(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 58A-5.026, F.A.C., that must be readily available by facility staff.
(e) The facility's liability insurance policy required in Rule 58A-5.021, F.A.C.;
(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by

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A 160	Continued From page 30 Rule 58A-5.021, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 58A-5.0181, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (j) All food service records required in Rule 58A-5.020, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing	A 160		

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A 160	Continued From page 31 services, records required as stated 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 record review and staff interview, the facility failed to maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. The findings included: During the initial entrance interview with the director of resident care (DRC) on at 9:15 a.m., a list of documents were requested. On at 12:15 p.m., the surveyors were told the human resources manager had a scheduled surgery and will be absent for couple of days. The DRC said no one in the facility had access to employee records. On at 8:10 a.m., the human resources manager arrived in the facility. She said she will provide complete staff records as soon as possible. On at 12:56 p.m., staff records were received. Records were incomplete since no training was included. On at 1:34 p.m., second round of same	A 160		

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A 160	Continued From page 32 staff records were received. The files were still incomplete. Before the end of second business day a list of items missing was given to the DRC. The DRC said all items missing will be provided by the next morning. The surveyors arrived in the facility on at 7:19 a.m., staff and resident records were requested from the DRC director. On at 5:06 p.m., no complete employee records were provided. On at 5:36 p.m., the administrator, along with the corporate nurse, told surveyors they had a computer system for their records. They said all the information needed in regards to resident assessments was there. The administrator agreed that in the future access to computerized records should be provided more timely. Class III	A 160		
A 162	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	A 162		

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A 162	Continued From page 33 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. (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,	A 162		

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A 162	Continued From page 34 or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , (), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 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:	A 162		

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A 162	Continued From page 35 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 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 record review and staff interview, the facility failed to maintain a complete demographic sheet for 2 (Resident #16 and #18) out of 2 residents reviewed. The findings included: Record review of the demographic sheet for Resident #16 revealed the health care provider did not have a contact address listed. Record review of the demographic sheet for Resident #18 revealed the health care provider	A 162		

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A 162	Continued From page 36 did not have a contact address listed. During an interview with the director of wellness/nursing on at 9:00 a.m., she reported she was not aware the health care provider address was missing from the demographic sheets for both residents. Class III	A 162		