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
	AL11911702	A. BUILDING: _____ B. WING _____	C 11/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA'S RETIREMENT HOME	2233 NW 56TH AVENUE LAUDERHILL, FL 33313

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint survey, #2019011128, was conducted on at Victoria's Retirement Home. The facility had deficiencies at the time of the survey.	A 000		
A 165 SS=D	429.23(&) FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or	A 165		

AHCA Form 3020-0001

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

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A 165	Continued From page 1 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.	A 165		

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A 165	Continued From page 2 (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The Department of Elderly Affairs may adopt rules necessary to administer this section. 58A-5.0241 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to Rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1) above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to Rule 59A-35.110, F.A.C., which requires online reporting. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to report an adverse incident to the Agency for Healthcare Administration regarding an event that involved a resident that was transferred to the local hospital by law enforcement; and allegation of for investigation, for 2 out of 32 residents (Resident # 1; #2).	A 165		

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A 165	Continued From page 3 The findings included: During an interview with Staff A on 11/12/19 at 9:42 AM, revealed that an incident occurred on with Resident # 2, which involved , inappropriate behaviors resulting in activating 911. Resident # 2 was on due to aggressive behavior. At this time, Resident #1 stated to Staff B that Resident #2 raped her. Staff A, B, and C were all aware that she said it, but dismissed it because Resident #2 was in the process of being . The facility failed to investigate it. A record review of Resident #1's file, which includes progress notes; consults; Resident Health Assessment AHCA form 1823; MOR (Medication Observation Record) revealed no evidence of any allegation or an investigation related to the complaint voiced regarding Resident #2. During an interview with Resident #1, with the Administrator and Staff A present, on at 11:30 am, she stated that no one ever raped her at the facility. She remembers when Resident #2 went to the hospital by police because he was exposing himself. He never touched me. She further stated that she has lived in the facility for about 18 years. Although, the resident voiced a different scenerio at this time regarding Resident #1; the facility had never questioned Resident #1 and investigated the incident until surveyor interveeniton. A record review of employee's file for Staff A, B, and C reveal the required training: 1. Reporting major incidents. 2. Reporting adverse incidents.	A 165		

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A 165	Continued From page 4 3. Recognizing and reporting resident . . . . . , neglect, and , . Adverse incident is defined as any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the residents condition before the event. In addition, any allegations of . . . . . , neglect, or . , ... must be reported to the Department of Children and Families, as required. Facility failed to report the incident at the time voicied by Resident #1. A record review of the facility's Policy and Procedure on . . . . . , reporting (Adverse Incident), and investigating the allegations, reveal the facility failed to submit and investigate the allegations and report it within 24 hours and 15 days later. The Administrator stated that she just started and was not employed during that incident and provided no other documentation or information to review. Class III	A 165		

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CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [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 interview, the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for employment status, for 3 out of 9 staff members; (Administrator; Staff A and B).	CZ814		

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CZ814	Continued From page 1 The findings included: 1) A review of current facility's staff schedule observed posted on at 9:30AM compared to the Clearinghouse Background Screening Facility Employee Roster revealed that one current staff member was not registered (Administrator). The Administrator hire date was noted as . 2) The Clearinghouse Background Screening Facility Employee Roster also revealed that two former staff members did not have an end date. a) Owner hire date of - no end date of b) dministrator hire date of - no end date (employment terminated on The Administrator was present during the survey there fore, no further documentation or information was provided. Unclassified	CZ814		