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
	AL11965233	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE COURT ALF, INC.	9709 NORTH NEBRASKA AVENUE TAMPA, FL 33612

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A Re-Licensure Survey with Limited Mental Health (LMH) Services and a Complaint Investigation (Complaint Number 2019012927) was conducted at Castle Court Assisted Living Facility on . The facility had deficiencies identified at the time of survey.	A 000		
A 081 SS=D	59A-36.011( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal	A 081		

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A 081	Continued From page 1	A 081		

care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and . The facility must use its prevention policies and procedures when offering this training.
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.

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A 081	Continued From page 2 (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 did not provide two (2) hours of preservice-orientation training for 3 (Staff A, Staff B and Staff C) of 3 direct care staff who were sampled for the preservice-orientation training before interacting with the residents. Record review of Staff A's personnel file on revealed she was hired on and she was on the facility's staffing schedule to work weekends. There was no two (2) hour preservice-orientation training certificate in her personnel file. Record review of Staff B's personnel file on revealed she was hired on and she was on the facility's staffing schedule to work the 3:00 pm to 11:00 pm shift four days a week. There was no two (2) hour preservice-orientation training certificate in her personnel file. Record review of Staff C's personnel file on revealed she was hired on and she was on the facility's staffing schedule to work 11:00 pm to 7:00 am five (5) days a week. There was no two (2) hour preservice-orientation training certificate in her personnel file.	A 081		

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A 081	Continued From page 3 On at 2:05 pm, the administrator verified the preservice-orientation training had not been done for Staff A, Staff B and Staff C. Class III	A 081		
A 152 SS=D	59A-36.014(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. (c) The facility must maintain master or duplicate	A 152		

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A 152	Continued From page 4 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 interview, the facility failed to provide a safe living environment and the required furnishings for 3 (# of 6 rooms observed during the facility tour. Findings included: An observation was conducted in # which is a four resident bedroom with three dressers and two closets which were blocked by a bed, one of the closets had a lock on the door. The bathroom in the same room had ceiling tiles falling down. There was a heavy build-up of dust and dirt on the sprinkler pipe, and a wet floor around the toilet with missing tile on the baseboard and stains on the floor. There was no towel bar or toilet paper holder in the bathroom. There was a ceiling tile right outside the bathroom and near bed #2 that is falling down. There were no curtains for privacy and the room looks onto the courtyard where the residents go to smoke. The sheet and light quilt on bed #4 (behind the door) both the sheet and quilt had holes in them. On bed #1, the blanket had holes and the sheets were worn with holes and dirty. The was a cigarette butt on the floor by bed #1 one near the door to the room.	A 152		

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A 152	Continued From page 5 An observation was conducted in . . # , there were four residents in the room and all residents had a dresser and closet. The blinds were broken behind bed #3, near the closet of bed #4, there was a large . . . tank on a stand which was not being used by the resident. There is a privacy curtain between all the residents beds, bed # 3 had no sheets but has a blue plastic cover on the mattress. Another light bulb is needed in the bathroom of # . In # ,Resident # stated on . . . . at 10:00 am that she would like another grab bar by the toilet because it is hard for her to get off the toilet with the only grab bar on the wall across from the toilet and towel bars in the bathroom would be nice. There were also observations conducted in . . # and the tile in the hallways: There was a broken piece of tile near the lobby door in the residents' hall outside of . . #. . . . . # . has 4 residents living in the room. There were no blinds or curtains covering the windows that look onto the courtyard where the residents go to smoke. Also when walking down the hallway to the dining room, the wall of windows near the entrance to the courtyard were broken and bent. The administrator when interviewed on at 2:10 pm stated she will take care of everything. Class III	A 152		
AL243 SS=D	429.075(1) FS; 59A-36.011(9) FAC LMH - Training	AL243		

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AL243	Continued From page 6 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S.,	AL243		

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AL243	Continued From page 7 and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files. This Statute or Rule is not met as evidenced by:	AL243		

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AL243	Continued From page 8 Based on record review and interview, the facility failed to provide at least six (6) hours of specialized training in working with individuals with mental health diagnoses within six (6) months of employment in a limited mental health facility for 2 (Staff A and Staff C) of 4 direct care staff sampled for limited mental heath training. Findings included: Record review of Staff A's personnel file on revealed Staff A was hired at the limited metal health facility and there was no limited mental health training certificate with at least six (6) hours of training in her file. The limited mental health training was not done within six (6) months of hire. Record review of Staff C's personnel file on revealed Staff C was hired at the limited metal health facility and there was no limited mental health training certificate with at least six (6) hours in her file. The limited mental health training was not done within six (6) months of hire. On at 2:00 pm, the administrator verified the limited mental health training certificates were not in Staff A and Staff C's personnel files. Class III	AL243		