

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/26/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VILLAS AT LAKESIDE OAKS

**1059 VIRGINIA STREET
DUNEDIN, FL 34698**

(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
CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the _____ are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide proof that employee were registered with the clearinghouse and maintain the employment status of all employees within the clearinghouse for one (Staff A) of four employee records reviewed.	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 Findings included: A review of employee records conducted on _____ showed that Staff A was hired on _____. The review of the Background Screening Clearinghouse list from _____ did not have Staff A as being an employee (photographic evidence obtained) of the facility. An interview was conducted with the Administrator at 2:52 PM on _____, the Administrator was shown a copy of the facilities clearing house list from _____ and agreed that Staff A was not listed as an employee. The Administrator further stated that Staff A had been a full time employee, but had recently switched to being a part time employee (photographic evidence obtained). Unclassified	CZ814		
A 000	Initial Comments A re-licensure survey with extended congregate care (ECC) was conducted at Villas At Lakeside Oaks on _____. Deficiencies were identified at the time of survey.	A 000		
A 078 SS=D	59A-36.010(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	A 078		

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A 078	Continued From page 2 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 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 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that	A 078		

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A 078	Continued From page 3 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 interview, the facility failed to provide proof of a statement from a healthcare provider, within 30 days of employment, indicating that individuals did not have any signs or symptoms of a communicable (Communicable Statement) for two (Staff B and Staff C) of four employee records reviewed. Additionally, the facility failed to provide proof of an annual examination for (Exam) for one (Staff A) of four employee records reviewed. Findings included: A review of employee records conducted on revealed Staff A was hired on , Staff B was hired on , and Staff C was hired on . The records of Staff B and Staff C revealed no proof of Communicable Statements and Staff A revealed the annual Exam had expired on .	A 078		

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A 078	Continued From page 4 The Administrator was interviewed beginning at 2:52 PM on _____, the Administrator reviewed the three employee records and acknowledged that required Communicable _____ Statements and _____ Exam were not in the files. Class III	A 078		
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	A 081		

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A 081	Continued From page 5 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 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	A 081		

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A 081	Continued From page 6 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 provide proof of required in-service training, within 30 days of employment, for two (Staff A and Staff B) of four employee records reviewed. Findings included: A review of employee records conducted on _____ revealed that Staff A was hired on _____ and Staff B was hired on _____. There was no proof of training for _____ control, elopement response policies and procedures (Elopement Training), reporting major incidents, adverse incidents, the facility's emergency procedures, and resident rights and recognizing/reporting _____/neglect for Staff A or Staff B. The Administrator was interviewed beginning at 2:52 PM on _____, the Administrator reviewed Staff A's and Staff B's records and acknowledged that there was no proof of training for _____ control, elopement response policies and procedures (Elopement Training), reporting major incidents reporting adverse incidents facility	A 081		

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A 081	Continued From page 7 emergency procedures, incident reporting, resident rights and recognizing/reporting/neglect. Class III	A 081		
A 082 SS=D	59A-36.011(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 interview, the facility failed to provide proof of a one-time education course on and for one (Staff A) of four employee records reviewed. Findings included: A review of employee record conducted on revealed Staff A was hired on and had no proof of / ... training. The Administrator was interviewed beginning at 2:52 PM on, the Administrator reviewed the one employee record and acknowledged that the one-time education course on / ... was not present.	A 082		

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A 082	Continued From page 8 Class III	A 082		
A 090 SS=D	59A-36.011(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 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide proof of required training, within 30 days of employment, in the facility's policies and procedures concerning () Training) for two (Staff A and Staff B) of four employee records reviewed. Findings included: A review of employee records conducted on revealed that Staff A and Staff B did not have proof of Training. The Administrator was interviewed on 11/26/19 at 2:52 PM, the Administrator reviewed Staff A and Staff B's records and acknowledged the lack of facility specific Training in the record.	A 090		

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A 090	Continued From page 9	A 090			
A 161 SS=D	Class III 429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description	A 161			

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A 161	Continued From page 10 given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity _____ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide proof that employees had a job description for 3 (Staff A, B and C) of four employee records reviewed. Findings included: A review of employee records conducted on _____ showed that Staff A was hired on _____, Staff B was hired on _____ and Staff C was hired on _____. The review of Staff A, B and C's record revealed a lack of a job description. The Administrator was interviewed on 11/26/19 at 2:52 PM, the Administrator reviewed Staff A, B and C's records and stated that they did not see a job description.	A 161			

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A 161	Continued From page 11 Class III	A 161		