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
	AL11910630	A. BUILDING: _____ B. WING _____	12/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FINNISH-AMERICAN VILLAGE	1800 SOUTH DRIVE LAKE WORTH, FL 33461

(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 Abbreviated Relicensure with Extended Congregate Care (ECC) survey was conducted on at Finnish-American Village. The facility had deficiencies at the time of the 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 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 .	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 (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 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 1 out of 3 sampled employees (Staff C) had submitted a signed statement from a health care provider documenting that the employee does not have any signs or symptoms of communicable	A 078		

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A 078	Continued From page 2 The findings included: During record review for Staff C, date of hire , a signed statement by a health care provider verifying this employee was free from all communicable , including , could not be found. This documentation is required within 30 days of hire. The file contained a "Communicable Statement" that was signed by the employee only on . A request was made to the DON (Director Of Nursing) for the documentation on at 12:00 PM, but the DON was unable to locate this documentation at the time of survey. The facility provided no additional documentation for review at this time. Class III	A 078		
A 091 SS=B	59A-36.011(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	A 091		

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A 091	Continued From page 3 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 an interview, the facility failed to ensure 3 out of 3 sampled staff (Staff A, B and C) had certificates with all required components showing completion of required training. The findings included: Review of the personnel files on . . . . . for Staff A, B and C, who work as caregivers for residents, revealed the following missing training documentation. 1) Staff A (date of hire) a. No certificate of a 2 hour Preservice orientation, including training in Residents' Rights and ALF (assisted living facility) services, signed by both the Administrator and the employee. b, Safe Food Handling (1 hour) 2) Staff B (date of hire . . . . .) a. No certificate of a 2 hour Preservice orientation, including training in Residents' Rights and ALF (assisted living facility) services, signed	A 091		

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A 091	Continued From page 4 by both the Administrator and the employee. 3) Staff C (date of hire .....) a. A certificate of a 2 hour Preservice orientation dated ..... was on file, with no signatures from the Administrator or the employee. This training is required to be completed prior to interacting with residents. Documentation of these trainings were requested from the DON (Director of Nursing) on ... . at 12:00 PM. She acknowledged the above findings. The facility provided no additional documentation of the required training for review at this time. Class	A 091		