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 |
|---|---|---|---|
| | AL11969452 | A. BUILDING: _____ B. WING _____ | 11/25/2019 |

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| HARBORCHASE OF DR PHILLIPS | 7233 DELLA DRIVE ORLANDO, FL 32819 |

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| CZ814 SS=C | 435.12(2)(b-d), FS Background Screening Clearinghouse<br><br>435.12(2) Care Provider Background Screening Clearinghouse.-<br>(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.<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to maintain the employment status of all employees within the BGS clearinghouse.<br><br>Findings:<br><br>Personnel record review for staff B revealed she | CZ814 | | |

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| CZ814 | Continued From page 1<br>was hired . . . . and was a caregiver.<br><br>Review of the facility's BGS roster on . . . . at 11:45 AM noted staff B was not listed. The Agency BGS web-site indicated she was eligible .<br><br>In an interview with the Business Office Manager (BOM) who said she started the job on the survey date and was getting familiar with the facility's processes.<br><br>In an interview with the administrator on . . . . at 12 PM, who thought the staff was listed on the roster.<br><br>Unclassified | CZ814 | | |
| A 000 | Initial Comments<br><br>A monitoring for Extended Congregate Care (ECC) was conducted at Harborchase Od Dr. Phillips on . Deficiencies were identified at the time of survey. | A 000 | | |
| A 078 SS=D | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(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 | A 078 | | |

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| A 078 | Continued From page 2<br>or ownership.<br>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<br>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<br>(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.<br>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.<br>(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 | A 078 | | |

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| A 078 | Continued From page 3<br><br>specifically describe the services the staffing agency or contractor will provide to residents.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and interview the facility failed to ensure the 1 of 4 personnel record (D) contained a healthcare provider statement that indicated freedom from communicable . . . . . .<br><br>Findings:<br><br>Staff D Advanced Registered Nurse Practitioner (ARNP), said in an interview on at 4 PM that she was hired sometime in . . . or . . . . Personnel record review revealed no evidence to confirm she obtained a healthcare provider statement that indicated freedom from communicable . . . . . .<br><br>In an interview with the Business Office Manager (BOM) who said she started the job on the survey date and was getting familiar with the facility's processes.<br><br>in an interview with the administrator on at 12 PM, who offered no comment.<br><br>Class III | A 078 | | |

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| A 081 | Continued From page 4 | A 081 | | |
| A 081 SS=D | 59A-36.011( ) FAC Training - Staff In-Service<br><br>(2) STAFF PRESERVICE ORIENTATION.<br>(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).<br>(b) New staff must complete the preservice orientation prior to interacting with residents.<br>(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.<br>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br>1. Resident's rights; and,<br>2. The facility's license type and services offered by the facility.<br>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br>(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. | A 081 | | |

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| A 081 | Continued From page 5<br>(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:<br>1. Reporting adverse incidents.<br>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br>(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:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident . . . . . , neglect, and , . The facility must use its . . . . prevention policies and procedures when offering this training.<br>(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:<br>1. Resident behavior and needs.<br>2. Providing assistance with the activities of daily living.<br>(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.<br>(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.<br>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. | A 081 | | |

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| A 081 | Continued From page 6<br><br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and interview the facility failed to arrange or provide the required preservice orientation to 4 of 4 sampled staff (A, B, C, and D) and failed to ensure 4 of 4 staff received all the mandated in-service training.<br><br>Findings:<br><br>Staff schedule review on 11/25/19 at 10 AM revealed staff A, B and C were scheduled to work as caregivers.<br><br>Individual personnel record review revealed that<br><br>Staff A was hired . . . . and was a caregiver. There was no evidence to confirm she received at least a 2-hour preservice orientation before she interacted with the residents. A certificate dated . . . . . indicated New Hire Orientation - 8 hours, however the certificate was not signed by the staff the administrator and did not indicate topics covered. A certificate dated indicated a half-hour training in . . . . control essentials and was from an online training provider. There was no evidence she received a 1-hour in-service training in control before she provided care to the residents. The facility must use its control policies and procedures when providing this training and must be 1- hour duration. There was no evidence she received a 3-hour in-service training regarding: 1. Resident behavior and needs. and 2. Assisting with the activities of daily living. A transcript for an on-line training provider indicated the staff took a | A 081 | | |

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| A 081 | Continued From page 7<br><br>half-hour class on . . . on . . . . ., and elopement essentials. There was no evidence to confirm the staff received an in-service training regarding the facility's elopement response policies and procedures. There was no evidence she received a 3-hour in-service training regarding: 1 Resident behavior and needs. 2. Providing assistance with the activities of daily living (ADL). Per transcript she took an in-service training in preventing, recognizing and reporting . . . . . on . . . . ., from the on-line training provider. There was no evidence to confirm the facility used its . . . . . prevention policies and procedures when offering this training.<br><br>2. Staff B was hired . . . . . and was a caregiver. There was no evidence to confirm she received at least a 2-hour preservice orientation before she interacted with the residents. A certificate dated . . . . . indicated a half-hour training in . . . . . control essentials and was from an online training provider. There was no evidence she received a 1-hour in-service training in . . . . . control before she provided care to the residents. The facility must use its control policies and procedures when providing this training and must be 1- hour duration. There was no evidence she attended a 1-hour in-service in safe food handling practices or that she attended an in-service regarding the facility's elopement response policies and procedures. She attended a half-hour in-service regarding fire safety on . . . . . , but there was no evidence to confirm she received an in-service training regarding the facility's emergency procedures including chain-of-command and staff roles relating evacuation. There was no evidence she received a 3-hour in-service training regarding: 1 Resident behavior and needs. 2. Providing | A 081 | | |

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| A 081 | Continued From page 8<br><br>assistance with the activities of daily living. Per transcript she took an in-service training in preventing, recognizing and reporting [illegible] on 1022/19, from the on-line training provider. There was no evidence to confirm the facility used its [illegible] prevention policies and procedures when offering this training.<br><br>3. Staff C was hired [illegible] and was a caregiver. There was no evidence to confirm she received at least a 2-hour preservice orientation before she interacted with the residents. A certificate dated [illegible] indicated a half-hour training in [illegible] control essentials and was from an online training provider. There was no evidence she received a 1-hour in-service training in [illegible] control before she provided care to the residents. The facility must use its control policies and procedures when providing this training and must be 1- hour duration. A transcript for an on-line training provider indicated the staff took a half-hour class on [illegible] on [illegible], and elopement essentials. There was no evidence to confirm the staff received an in-service training regarding the facility's elopement response policies and procedures. Two (2) certificates dated [illegible] indicated a half hour -in-service in disaster preparedness essentials and the other indicated a half-hour in service in fire safety. There was no evidence to confirm she received an in-service training regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation. There was no evidence she received a 3-hour in-service training regarding: 1 Resident behavior and needs. 2. Providing assistance with the activities of daily living.<br><br>There was no evidence that staff A, B or C were | A 081 | | |

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| A 081 | Continued From page 9<br><br>nurses, Home Health Aides (HHA) or Certified Nursing Assistants (CNA) therefore exempt the [illegible] control and ADL training. There was there evidence staff A, B and C she attended Core training and were therefore exempt from the preservice orientation.<br><br>4. Staff D said in an interview on 11/26/19 at 4 PM that she was hired sometime in [illegible] or [illegible], and was an Advanced Registered Nurse Practitioner (ARNP). The review revealed no evidence she received:<br><br>1. A minimum of 1-hour in-service training covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br><br>2. A minimum of 1-hour in-service training 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 prevention policies and procedures when offering this training.<br><br>3. An in-service training regarding the facility's resident elopement response policies and procedures<br><br>There was no evidence to confirm she received at least a 2-hour preservice orientation before she interacted with the residents; nor was there evidence she attended Core training and were therefore exempt from the preserve orientation and Resident rights in an assisted living facility. 2. Recognizing and reporting resident [illegible], neglect, and [illegible] | A 081 | | |

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| A 081 | Continued From page 10<br><br>In an interview with the Business Office Manager (BOM) who said she started the job on the survey date and was getting familiar with the facility's processes.<br><br>in an interview with the administrator on at 12 PM, who offered no comment.<br><br>Class III | A 081 | | |
| A 090 SS=D | 59A-36.011(11) FAC Training - . . . .<br><br>(11)<br>TRAINING.<br>(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 .<br>(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.<br>(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and interview the facility failed to ensure that 4 of 4 sampled staff (A, B, C, D) completed at least a 1-hour in-service training in the facility's policies and procedures regarding . . . . . ( ).<br><br>Findings: | A 090 | | |

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| A 090 | Continued From page 11<br><br>Individual personnel record review for staff A, B, C, and D revealed:<br><br>Staff A was hired and was a caregiver<br><br>Staff B was hired and was a caregiver.<br><br>Staff C was hired and was a caregiver.<br><br>Staff D said in an interview on 11/26/19 at 4 PM that she was hired sometime in or and was an Advanced Registered Nurse Practitioner (ARNP).<br><br>The individual review revealed no evidence that either staff received an in-service training regarding the facility's policies and procedures.<br><br>In an interview with the administrator on at 12 PM, who confirmed the findings and was not able to locate any certificates of training.<br><br>Class III | A 090 | | |
| A 091 SS=D | 59A-36.011(12) FAC Training - Documentation & Monitoring<br><br>(12) TRAINING DOCUMENTATION AND MONITORING.<br>(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:<br>1. The title of the training program,<br>2. The subject matter of the training program,<br>3. The training program agenda,<br>4. The number of hours of the training program, | A 091 | | |

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| A 091 | Continued From page 12<br><br>5. The trainee's name, dates of participation, and location of the training program,<br>6. The training provider's name, dated signature and credentials, and professional license number, if applicable.<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and interview, the facility failed to ensure that all training certificates met the requirements as specified in 59A-36.011(12) FAC for 3 of 4 sampled staff (A, B and C).<br><br>Findings:<br><br>1. Staff A was hired and was a caregiver. Personnel record review revealed a transcript of training. The transcript indicated she took a 1-hour safe food handling class on , an / class on , adverse reports Florida on and on and resident's rights. The review revealed no certificates available for review.<br><br>2. Staff B was hired and was a caregiver. Personnel record review revealed a transcript of training. The transcript indicated she attended an adverse reports training on , | A 091 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11969452 | A. BUILDING: _____ B. WING _____ | 11/25/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HARBORCHASE OF DR PHILLIPS | 7233 DELLA DRIVE ORLANDO, FL 32819 |

| (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 091 | Continued From page 13<br><br>/ on , resident's rights on .The review revealed no certificate available for review.<br><br>3. Staff C was hired and was a caregiver. Personnel record review revealed a transcript of training. The transcript indicated she took / on , safe food handling on and adverse reports training on . The review revealed no certificate available for review.<br><br>In an interview with the Business Office Manager (BOM) who said she started the job on the survey date and was getting familiar with the facility's processes.<br><br>in an interview with the administrator on at 12 PM, who offered no comment.<br><br>Class III | A 091 | | |
| A 161 SS=D | 429.275(2) FS; 59A-36.015(2) FAC Records - Staff<br><br>429.275<br>(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.<br><br>59A-36.015<br>(2) STAFF RECORDS. | A 161 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| A 161 | Continued From page 14<br>(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:<br>1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C.,<br>2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,<br>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.,<br>4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C.,<br>5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by: | A 161 | | |

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 |
|---|---|---|---|
| | AL11969452 | A. BUILDING: _____ B. WING _____ | 11/25/2019 |

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|---|---|---|---|---|
| A 161 | Continued From page 15<br><br>Based on personnel record review and interview the facility failed to maintain personnel records for 4 of 4 sample staff (A, B, C and D) which contained, at a minimum, job descriptions (A, B and C) and job application (D).<br><br>Findings:<br><br>Individual personnel record review revealed that: Staff A, B and C did not have a job description Staff D the ECC nurse had a resume but not a job application.<br><br>In an interview with the Business Office Manager (BOM) who said she started the job on the survey date and was getting familiar with the facility's processes.<br><br>in an interview with the administrator on [redacted] at 12 PM, who offered no comment.<br><br>Class III | A 161 | | |