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
	AL11968966	A. BUILDING: _____ B. WING _____	12/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTRY PARK ORLANDO	3201 CENTER POINT DR ORLANDO, FL 32825

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A 000	Initial Comments A Complaint Investigation #2019015303 was conducted on [redacted] and [redacted] Gentry Park Orlando had deficiencies at the time of the visit.	A 000		
A 010 SS=D	429.26(&9) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually	A 010		

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A 010	Continued From page 1 agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility.	A 010		

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A 010	Continued From page 2 (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 010		

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A 010	Continued From page 3 failed to ensure 2 of 4 sampled residents who experienced a significant change had a -to- medical assessment (form 1823) by a licensed healthcare provider (#1 & 4). Findings: 1. Resident #1's record revealed he was admitted on . Hospice services were started on . Health assessments, from admission or start of hospice services, were not available for review. 2. Resident #4's record revealed an admission date of . The initial 1823 form was dated . Notes reflected that hospice services were started on , following return from a hospital admission. There were no additional 1823 formss available for review. On at 3 PM, the administrator and the Director of Health Services said they were unable to locate any missing health assessments. Class III	A 010		
A 025 SS=J	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the	A 025		

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A 025	Continued From page 4 facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide	A 025		

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A 025	Continued From page 5 ( ) when needed for 1 resident (#3). Findings: Resident #3's record revealed an admission date of . The admission health assessment (1823 form), dated , included diagnoses of 's , and history of . Resident #3 used a walker for ambulation and was independent with all activities of daily living. He received assistance with self-administration of medications. Observation notes for resident #3 reflected that he had 3 between and , none of which required emergency services. Resident #3 did not have a ( ) in place and was to have , , ( ) when needed. A note dated at approximately 10:30 AM reflected that caregiver B called the nurse on duty to come to resident #3's room. The note read, "Resident was observed sitting in a recliner with no , , not breathing. Resident was to the touch. Emergency Medical Services ( ) called, instructed nurse not to perform 'if he appears beyond without hope' and 'not to touch the body'." The nurse was instructed to wait for fire department to arrive. Fire department arrived, sheriff arrived. Notes also reflected that the administrator spoke with the resident's stepson to inform him of the episode. On at 1:45 PM, the Director of Health Services (DHS) was asked who made the decision to not do . She stated she was not present but was told it was due to the condition he was found in when the caregiver entered the room. She stated the resident had his meals in the dining room. He had dinner the evening	A 025		

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A 025	Continued From page 6 before and went to his room for the night. When he hadn't come down for breakfast on , the caregiver went to remind him. That was when he was found and unresponsive. At 2:40 PM, the DHS stated she spoke to the manager who was on duty on . The Director of Life Enrichment, who is not a nurse, said was called, details of the condition of the resident were given to including that there was no in place. She stated the facility was told not to do . A review of the personnel record for caregiver B revealed a hire date of . Documentation for First Aid and were found, as well as training in the facility's policies and procedures regarding . On at 10:50 AM in a phone interview, caregiver B stated if a resident is found unresponsive, they are to call the nurse on duty and the nurse will let them know to do or not. She said the book with who has or does not have a is with the nurse on duty. Review of the facility's "Policy" found that they only had a copy of the new policy as of with their new owners. The new policy did not address what staff are to do in case of finding an unresponsive resident. The administrator did find a copy of the facility's nursing policy (prior to) entitled "Emergency Intervention". This policy reflected that staff, "upon determining a life-threatening situation for a resident exists, should call 911, call for staff assistance....If cease prior to the arrival of EMT (emergency medical technicians), and the resident does not have a signed , basic life support trained staff will begin BASIC life support as required."	A 025		

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A 025	Continued From page 7 On [redacted] at 3:15 PM, the administrator and the Director of Health Services confirmed was not performed on [redacted] for resident #3. On [redacted] documentation was received from the responding fire department. A transcript and audio file of the 911 call was reviewed. The transcript did not document if the nurse was told not to do [redacted]. The audio file of the call was requested and received on [redacted] at 3:30PM. In the audio of the 911 call from [redacted], the dispatcher gathered information including the age of the resident and stated she had already dispatched EMTs to the facility. Dispatcher asked why the caller said the resident was [redacted], and the caller stated, "He's [redacted]. He is not breathing." She was asked why. Nurse responded, "I am a nurse. He's [redacted], no [redacted], already mottling." Dispatcher asked, "Do you think he's beyond any help?" Nurse replied in the affirmative. Dispatcher instructed the nurse that the units were already on the way and to "leave everything as you found it. We'll be there very shortly." The presence of a [redacted] and if [redacted] was being performed was not discussed by the dispatcher or the facility in the 911 call. Photographic and audio evidence obtained. Class I	A 025		
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).	A 081		

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A 081	Continued From page 8 (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 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.	A 081		

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A 081	Continued From page 9 (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. (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 personnel record review and interview, the facility failed to ensure all personnel received a 2 hour preservice orientation, as required by	A 081		

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A 081	Continued From page 10 59A-36.011( ) FAC for 1 of 5 sampled staff (A). Findings: Personnel record review for caregiver A, hired on , did not reveal documentation that she had received at least 2 hours preservice orientation which covered the facility license type, services offered by the facility and residents rights, prior to interacting with residents. On at 2:20 PM, the business office manager confirmed that caregiver A did not receive 2 hours of preservice orientation. Class III	A 081		
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 personnel record review and interview, the facility failed to ensure that all direct care staff	A 090		

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A 090	Continued From page 11 were trained in the facility's policies and procedures related to ( ) for 1 of 5 sampled staff (A). Findings: Personnel record review for caregiver A, hired , revealed a certificate for facility-specific training in dated . On at 10:25 AM, in reference to , caregiver A said, "I think it has something to do with not giving the resident medicine when they say no." Upon further questioning, she was still unable to describe what a was. On at 2:45PM, the business office manager confirmed that caregiver A did not know the meaning of . Class III	A 090		