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 |
|---|---|---|---|
| | AL11965534 | A. BUILDING: _____ B. WING _____ | 01/15/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| IMPERIAL CLUB | 2751 NE 183 STREET AVENTURA, FL 33160 |

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| A 000 | Initial Comments<br><br>A complaint survey #2019015688 was conducted at Imperial Club on . . . . . Deficiencies were identified at the time of the survey. | A 000 | | |
| 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 | A 081 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| A 081 | Continued From page 1<br>compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement.<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 | A 081 | | |

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| A 081 | Continued From page 2<br><br>(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.<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 record review and interview, the facility failed to ensure that the facility's staff received in-service training regarding the facility's Reporting Neglect and , policies and procedures within thirty (30) days of employment for one out of nine sampled staff (Staff G).<br><br>Finding Included.<br><br>Record review of the facility' staff record showed that Staff G did not have the in-service training regarding Reporting . . . Neglect and , . policies and procedures.<br><br>On at 02:35 AM, The Administrator acknowledged that Staff G did not have all the trainings in her folder. She stated that she just needed to print out the certificates.<br><br>Class III | A 081 | | |
| A 165 SS=D | 429.23( & ) FS; 59A-36.016 FAC Risk Mgmt & QA; Adverse Incident Report<br><br>429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- | A 165 | | |

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| A 165 | Continued From page 3<br>(1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.<br>(2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means:<br>(a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in:<br>1. ;<br>2. or , damage;<br>3. Permanent ;<br>4. or of bones or joints;<br>5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;<br>6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or<br>7. An event that is reported to law enforcement or its personnel for investigation; or<br>(b) Resident elopement, if the elopement places the resident at risk of harm or injury.<br>(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of | A 165 | | |

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| A 165 | Continued From page 4<br><br>adverse incident, and the status of the facility's investigation of the incident.<br>(4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident.<br><br>(6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415.<br>(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.<br>(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.<br>(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and | A 165 | | |

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| A 165 | Continued From page 5<br><br>are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.<br>(10) The agency may adopt rules necessary to administer this section.<br><br>59A-36.016 Adverse Incident Report.<br>(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting.<br>(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to provide a one-day and a 15 days report after the occurrence of an adverse incident, for one out of 12 sampled residents (# 11).<br><br>Findings included:<br><br>On . . . . at 8:51 AM Resident # 11 stated that last week he in the bathtub and hurt his right arm and was sent to the hospital.<br><br>Record review revealed that there was an internal incident report dated stating that the resident had . . coming out of the bathroom and had cut his arm and was sent to the hospital.<br><br>A review of the state incident reporting system | A 165 | | |

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| A 165 | Continued From page 6<br>revealed that the facility had submitted no one-day or 15 days report.<br><br>Class III | A 165 | | |

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| CZ813 SS=D | 59A-35.090(3)(c), FAC Results of Screening & Notification In File<br><br>59A-35.090(3) Results of Screening and Notification.<br>(c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider.<br><br>This Statute or Rule is not met as evidenced by:<br>Base on record review, the facility failed to provide documentation of an eligible level II background screening for one out of nine sampled staff (Staff G).<br><br>Findings included<br><br>A review of the background screening database showed Staff G, hired on had an eligible Level II Background Screening result dated . Personnel record review showed no documentation of an eligible level II background screening result.<br><br>On at 02:35 PM, the Administrator stated that she forgot to add the Level II Background Screening to Staff G's folder.<br><br>Unclassified | CZ813 | | |
| CZ816 SS=C | 408.809(2)(a-c); 59A-35.090(2)(d)-(3) Background Screening-Compliance Attestation<br><br>408.809<br>(2) Every 5 years following his or her licensure, | CZ816 | | |

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| CZ816 | Continued From page 1<br><br>employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's [illegible] to the Federal Bureau of Investigation for a national criminal history record check unless the person's [illegible] are enrolled in the Federal Bureau of Investigation's national retained print [illegible] notification program. If the [illegible] of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit [illegible] electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the [illegible] to the Federal Bureau of Investigation for a national criminal history record check. The [illegible] shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print [illegible] notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person [illegible]. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the | CZ816 | | |

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| CZ816 | Continued From page 2<br><br>Department of Elderly Affairs, the Agency for Persons with , the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:<br>(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;<br>(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and<br>(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.<br><br>59A-35.090(2) Processing Screening Requests, Required Documents and Fees.<br>(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense.<br>(e) An administrator or chief financial officer must be screened and qualified prior to , , to | CZ816 | | |

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| CZ816 | Continued From page 3<br><br>the position.<br>(3) Results of Screening and Notification.<br>(a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal.<br>(b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the . . . report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S.<br>(c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider.<br><br>This Statute or Rule is not met as evidenced by:<br>Base on record review and interview, the facility failed to have a new Level II Background Screening after break in service for more than 90 days for two out of nine sampled staff (Staff D and Staff G). The facility also failed to include The Level II Background screening result in the staff record for one out of nine sampled staff (Staff G).<br><br>Findings included: | CZ816 | | |

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| CZ816 | Continued From page 4<br><br>A review of the personnel records showed that Staff D was hired on . . . . . . . Staff D had a Level II Background Screening completed on . . . . . . . . . Record review did not show that Staff D had employment within the period of . . . . . to . . . . . .<br><br>A review of the personnel record showed the facility hired Staff G on . Staff G had a Level II Background Screening done on . . . . . The employment history did not show that Staff G had employment prior to being hired on .<br><br>A review of the Employee record showed no documentation of a Level II Background Screening result for Staff G.<br><br>On at 02:35 PM, the Administrator stated that she forgot to add the Level II Background Screening to Staff G's folder. She further stated that she did not notice the break in service, and that she did not know she had to do the Level II Background Screening again for the staff who already had it and not expired.<br><br>Unclassified | CZ816 | | |