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
	AL11964724	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOURDES PAVILION	311 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401

(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 survey was conducted on . . . . . at Lourdes Pavilion. 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 . (b) Staff must be qualified to perform their	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 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 interview and record review it was determined the facility failed to ensure: 1) One (1) of 3 sampled staff (Staff C) submitted a written statement from a licensed health care provider, within 30 days of hire, documenting that staff did not have any signs or symptoms of any communicable	A 078		

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A 078	Continued From page 2 ( ); and 2) Three (3) of 3 sampled staff had evidence of a negative examination on an annual basis (Staff A, B, and C). The findings include: 1) The health record review for Staff C, whose hire date was , failed to contain a written statement from a licensed health care provider verifying freedom from signs or symptoms of any communicable including . Also, Staff C had no evidence of a negative exam documented for 2019. 2) The following staff had missing evidence of negative exams being conducted on an annual basis: Staff A, whose hire date was , had a documented negative exam dated for . No documentation could be found for an annual negative exam completed in 2019. Staff B, whose hire date was , had a documented negative exam dated for . No documentation could be found for an annual negative exam completed as of . Staff C, whose hire date was , had no documentation which could be found for an annual negative exam completed in 2019; The missing documentation was discussed with the Administrator and Director of Staffing Development on at approximately 2:00 PM. No further documentation was provided at the time of the survey. Class III	A 078		

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A 081	Continued From page 3	A 081		
A 081 SS=B	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 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 4 (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 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.	A 081		

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A 081	Continued From page 5 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 employee record review and staff interview, the facility failed to ensure that 2 of 3 sampled employees completed the required 1 hour Safe Food Handling Training within 30 days of employment (Staff B and C). The findings included: During the Relicensure Survey conducted on , an employee record review was conducted for Staff A and Staff B. During this record review, the following was found: 1) Staff B, who was hired on and assists residents with meals, had no documentation in their file verifying that she had completed the required 1 hour Safe Food Handling within 30 days of employment. 2) Staff C, who was hired on and assists residents with meals, had no documentation in their file verifying that she had completed the required 1 hour Safe Food Handling within 30 days of employment. During an interview with the Administrator and Director of Staff Education on , both were provided an opportunity to review Staff B and Staff C's files and provide evidence to show completion of the 1 hour training in Safe Food Handling practices. Verification of the training was not found in the employees' files, nor provided during the Relicensure survey.	A 081		

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A 081	Continued From page 6 On .... at 3:00 PM, this surveyor, along with the Team Coordinator, met with the Administrator and Director of Staff Education to discuss the findings of the Relicensure survey. At this time, the Administrator and Director of Staff Education acknowledged the missing documentation showing completion of the required Safe Food Handling training for Staff B and Staff C. Class	A 081		
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 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	A 091		

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A 091	Continued From page 7	A 091		

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 interview and record review it was determined the facility failed to issue certificates to 3 of 3 sampled staff upon successful completion of state required trainings and to maintain copies of these certificates in the employees' personnel files. The training documentation must include:
a) The title of the training program,
b) The subject matter of the training program,
c) The training program agenda,
d) The number of hours of the training program,
e) The trainee's name, dates of participation, and location of the training program,
f) The training provider's name, dated signature and credentials, and professional license number, if applicable.

The findings included:

On at approximately 1:30 PM, during interview and personnel record review conducted with the Administrator and Director of Staffing Development, the Director of Staffing Development acknowledged that staff were not issued training certificates for most of the in-service trainings completed during orientation. She stated that the facility utilizes a form that is a list of orientation courses that documents the date of training, name of trainee and course time. The need for training certificates, containing all of the required information listed above, for all of the state required in-service trainings was discussed with the Administrator and the Director of Staffing Development. It was pointed out that this was

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A 091	Continued From page 8 also an issue that was cited during the last Relicensure survey conducted in , of 2018. The sampled staff reviewed who were missing the in-service training certificates in their personnel files were: 1) Staff A, whose hire date was 2) Staff B, whose hire date was . . . . . . 3) Staff C, whose hire date was Class	A 091		