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
	AL11967233	A. BUILDING: _____ B. WING _____	03/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGFIELD GARDENS	588 SW RAY AVE PORT SAINT LUCIE, FL 34983

(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 Relicensure survey was conducted on [illegible] at Springfield Gardens, License #11322. 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 [illegible]. 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 [illegible] testing materials satisfies the annual [illegible] examination requirement. An individual with a positive [illegible] test must submit a health care provider's statement that the individual does not constitute a risk of [illegible]. 2. If any staff member has, or is suspected of having, a communicable [illegible], 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 [illegible]. (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 of 2 sampled staff (Staff A) 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 ( ). The findings include: During review of the personnel record for Staff A, whose hire date was , there was no evidence found of a written statement from a licensed health care provider verifying freedom from signs or symptoms of any communicable , including , submitted within 30 days of hire. On at 2:00 PM, Staff A confirmed her date of employment and her role as a direct caregiver at the facility. The missing health statement was discussed with the Administrator on at approximately 2:15 PM. No further documentation was provided at the time of the survey. Class III	A 078		
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). (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:	A 081		

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A 081	Continued From page 3 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. (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.	A 081		

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A 081	Continued From page 4 (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 observation, employee record review, and staff interview, the facility failed to ensure all direct care staff had received the required in-service trainings, for 1 out of 1 sampled staff (Staff A). The findings included: On at 9:00 AM, Staff A was observed providing direct care to Resident #3. Resident #3 was bed bound and receiving Hospice care. Resident #3 required total assistance with all Actuvities of Daiily Living.	A 081		

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A 081	Continued From page 5 During the review of the personnel record for Staff A, whose hire date was . . . . . , no training certificates or documentation of any kind was found to show evidence that Staff A completed any of the state required trainings listed above within 30 days of hire. On . . . . . at 2:00 PM, Staff A confirmed her date of employment and her role as a direct caregiver at the facility. The following trainings had not be completed. 1) Provide a 2 hour preservice orientation to 1 of 1 direct care staff (Staff A), who have not previously completed core training, prior to interacting with residents; and 2) Ensure 1 of 1 direct care staff (Staff A) received the required in-service trainings within 30 days of employment that covers the following subjects; a) Reporting adverse incidents b) Facility emergency procedures c) Resident rights d) Recognizing and reporting resident . . . . . , neglect, and , . e) Three (3) hours of training related to Resident behavior and needs and Providing assistance with the activities of daily living. f) Safe food handling practices. g) Elopement Response Policies and Procedures The missing training documentation was discussed with the Administrator on . . . . . at approximately 2:15 PM. No further documentation showing completion of the required trainings was provided at the time of this survey. Class III	A 081		

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A 090	Continued From page 6	A 090		
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 observation, employee record review, and staff interview, the facility failed to ensure 1 of 2 direct care staff (Staff A) received at least one hour of training in the facility's policies and procedures regarding . . . . . . ( ) within 30 days of hire. The findings included: On at 9:00 AM, Staff A was observed providing direct care to Resident #3. Resident #3 was bed bound and receiving Hospice care. Resident #3 required total assistance with all Actuvities of Dailly Living. During the review of the personnel record for Staff A, whose hire date was , no training certificates or documentation of any kind was found to show evidence that Staff A completed	A 090		

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A 090	Continued From page 7 one hour of training in the facility's policy and procedures regarding within 30 days of hire. On at 2:00 PM, Staff A confirmed her date of employment and her role as a direct caregiver at the facility. The missing training documentation was discussed with the Administrator on at approximately 2:15 PM. No further documentation showing completion of the required trainings was provided at the time of this survey. Class III	A 090		

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CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (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. (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. (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. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to: 1) Initiate a new background screening for 1 of 1 staff (Staff A) who had a break in employment greater than 90 days; and 2) Maintain the employment status of all employees within the clearinghouse for 1 of 1 sampled staff (Staff A).	CZ814		

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CZ814	Continued From page 1 The findings included: 1) During review of the Agency's Background Screening results for Staff A, it was found that Staff A's background screening eligibility date was . . . . . Staff A was hired by this facility on , and she was observed providing direct care to Resident #3 on . . . . . at 9:00 AM and 12:00 PM. A review of Staff A's previous employment showed employment at a care facility from to . The next dates of employments are recorded as . . to . There was no documented evidence of employment from . . to , which is a break in employment greater than 90 days. Any break in employment greater than 90 days requires a new screening, which was not completed per Administrator on . . . . . at 2:00 PM. 2) During review of the facility's Clearinghouse Employee Roster on . . . . . , Staff A, whose hire date is , had not been added to the facility's employee roster within the Agency's Background Screening Clearinghouse. Initial employment status must be reported within 10 business days from date of hire. The Administrator acknowledged the failure to maintain the employment status of Staff A on their employee clearinghouse roster on . . . . . at 2:20 PM. Unclassified	CZ814		
CZ816 SS=C	408.809(2a-c) 435.05(2) 59A-35.090(2d-3c Background Screening-Compliance Attestation	CZ816		

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CZ816	Continued From page 2 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, 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	CZ816		

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CZ816	Continued From page 3 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 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: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (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 (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. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if . . . . . for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, ... , herein incorporated by	CZ816		

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CZ816	Continued From page 4 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. (e) An administrator or chief financial officer must be screened and qualified prior to , , . to the position. (3) Results of Screening and Notification. (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. (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. (c) The eligibility results of employee screening and the signed Attestation referenced in	CZ816		

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CZ816	Continued From page 5 subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interviews, the facility failed to ensure 1 of 1 staff (Staff A) signed an Attestation of Compliance with Background Screening Requirements Form (AHCA Form 3100-0008, ...) 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. This form must be retained in the employee's record. The findings included: During review of Staff A's personnel file, hire date . . . . . , no signed Attestation of Compliance with Background Screening Requirements Form (AHCA Form 3100-0008, ...) was found within Staff A's file. The missing training documentation was discussed with the Administrator on at approximately 2:15 PM. The Administrator stated she was unaware that this form was needed for Assisted Living Facility staff, and confirmed that Staff A had not signed an Attestation of Compliance with Background Screening Requirements at the time Staff A was hired. Unclassified	CZ816		