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
	AL11964707	A. BUILDING: _____ B. WING _____	01/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIGO PALMS	570 NATIONAL HEALTHCARE BLVD DAYTONA BEACH, FL 32114

(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 A complaint investigation (complaint number 2019016278), was conducted at Indigo Palms on , -22, 2020. The facility had deficiencies found at the time of the visit.	A 000		
A 025	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 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	A 025		

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A 025	Continued From page 1 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 notify the resident's family of a change in condition for Resident #1 for a with a injury and a hospital admission out of a sample of 3 residents. The findings include: Record review of the facility's admission and discharge log revealed Resident #1 was admitted on , and was discharged to the hospital where he later expired after a at the facility. An interview was conducted with the wife of Resident #1 on at 9:30 AM via phone. The family member reported she was not notified of the or hospitalization by the facility. The wife asked the facility staff why she was not called, and they reported they were short of staff. The hospital notified her of her husband's and	A 025		

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A 025	Continued From page 2 hospitalization. A review of two incident reports dated revealed Resident #1 had a at 7:00 AM and 5:00 PM. The form has an area to indicate which individuals were notified. Resident #1's family was not documented as being notified of either . Photographic evidence was obtained. The second , at 5:00 PM on , documented that Resident #1 was found non responsive in his room on the floor by the bed with coming out of his , and 911 was called to transport him to a hospital. An interview was conducted with with the Director of Nurses (DON), a Licensed Practical Nurse (LPN) at 11:18 AM on . He confirmed the protocol was to call families following a change, or if a resident was being sent to the hospital. He confirmed the staff did not document the family of Resident #1 was notified on these incident reports. An interview was conducted with the Administrator at 3:20 PM on . The Administrator reported he called Resident #1's wife the morning after the on . Class III	A 025		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (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	A 161		

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A 161	Continued From page 3 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. 59A-36.015 (2) STAFF RECORDS. (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: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 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., 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., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (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	A 161		

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A 161	Continued From page 4 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. (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. This Statute or Rule is not met as evidenced by: Based on record review and interviews the facility failed to maintain comprehensive personnel records for 5 of 10 sampled staff members. The findings include: Staff records were reviewed on . . . . . Five employees were scheduled on the night shift, Employees A,B,C,D, and E. Employee A was hired . . . . . ; Employee B's date of hire was . . . . . ; Employee C's date of hire was . . . . . ; Employee D's date of hire was . . . . . ; and Employee E's date of hire was . . . . . . The Director of Nurses (DON) was unable to produce any cards showing certification for . . . . /First Aid for Employees A,B,C,D, or E. An interview was conducted with the DON on . . . . . at 3:05 PM concerning First Aid/ . certification cards for night shift employees. The DON confirmed he does not have the cards on file for any employees working 11am-7pm. He reported classes are held twice a year which the facility pays for, but the employees did not provide a copy of the cards. On . . . . . an email was received from the Administrator but only two of the First Aid/ certifications were produced, for Employees A and E.	A 161		

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A 161	Continued From page 5 Class III	A 161		