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
	AL11965661	A. BUILDING: _____ B. WING _____	07/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS LAKE MARY	3655 W. LAKE MARY BLVD. LAKE MARY, FL 32746

(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 (2020011367), control and generator monitoring's were conducted at Spring Hills Lake Mary Assisted Living Facility on . . . . . , ... and . . . Deficiencies were identified at the time of survey.	A 000		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 . 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an	A 079		

AHCA Form 3020-0001

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

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A 079	Continued From page 1 emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and [illegible]. 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required	A 079		

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A 079	Continued From page 2	A 079		

staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.
9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire

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A 079	Continued From page 3 safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on staff schedule review, time sheet review and interviews, the facility did not maintain a staff schedule that accurately reflected its 24-hour staffing pattern for a given time period.	A 079		

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A 079	Continued From page 4 Findings: Review of the staff schedule for through along with the administrator revealed that the schedule listed staff that worked when they did not. The administrator said on at 1:30 PM, there were other staff that worked for the staff that did not come to work and they were not listed on the scheduled as follows: Staff A (a nurse) was not on the schedule to work on from 11PM-7AM and the administrator said she did not work. Staff B and staff C both are caregivers, time sheets revealed they both remained at the facility after their 3 PM-11 PM shifts until 3 AM and their actual time work was not listed on the staff schedule. Staff D a care giver was noted on the schedule to work 11 PM-7 AM on and the administrator said she did not work on that day. Class III	A 079		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.	A 152		

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A 152	Continued From page 5 (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment that was free from, plumbing leaks, brown and black ceiling stains in which to provide a safe living environment for the residents. Findings: Observations during the tour on at	A 152		

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A 152	Continued From page 6 10:45 AM revealed a garbage can and a yellow "caution wet floor" sign in the hallway near . . . . . to the left of the facility, further observation revealed there was a missing ceiling tile and plumbing pipes were observed, there were browns stains on the ceiling tile next to the openings. There was water dripping into the garbage can from the ceiling. In the secured memory care unit, there was a missing ceiling tile in the hallway next to . . . that had large black stains around it. The bathroom on the left of the secured memory care unit when entering the unit that was across from the nurse's station, had missing ceiling tile and the plumbing pipes were observed, there was also black and brown stains in the ceilings. A review of the facility's work order revealed it was dated . . . . . and noted "mold on the ceiling in SC bathroom." There was also an order for the memory care dated . . . . . that noted "Ceiling in hallway near room SC 136 is leaking & cracked." On at 11 AM, resident #4 who resided in . . # . . revealed that she did have an ant problem and the maintenance director would spray. She said she currently had ants in her windowsill, and she had not reported it yet. She said there was a problem with ants in the facility. Observations at the time revealed there was many ants crawling along her windowsill. The administrator was called in the room to observe and confirmed the findings. Review of the facility's work orders for . . . . revealed there was request for pest control on	A 152		

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A 152	Continued From page 7 . . . , 4 requests on . . . . . and 1 request on . Included in the orders was a request for . . . . because there were ants on the door on . Review of the facility's pest control invoice from the pest control company revealed it noted the company would come monthly, the only documentation to confirm that the pest control company had addressed ants was on . On at 11:30 AM, the administrator said the pest control company would come monthly and spray the outside of the facility only due to the pandemic. She said if the residents complained of ants the maintenance director would spray. On . . . . . at 2 PM, the administrator said she had spoken with the pest control company who informed her that when they would arrive to the facility monthly, they would review the facility's work order's for pest control and would provide treatments to the areas of concern. She said the pest control company had no documentation to confirm what area's that were treated during their visit and what additional professional treatments were required in order to eliminate the ant problem. The administrator said because the residents were now eating in their rooms, there were more ants. She said housekeeping was increased. On at 3 PM, the maintenance director said he had worked at the facility since . . . . . the ceiling was like they are now when he arrived, and they were obtaining estimates. He said there were leaks and due to the pandemic, the corporate office informed him the repairs could not be made because the contractors could not	A 152		

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A 152	Continued From page 8 enter the building. He further stated due to the pandemic he would spray the areas of concerns for ants himself. He provided two estimates for the memory care unit one for the leak in the bathroom that was dated and the other for the leak in the hallway dated from a company. Class III	A 152		