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
	AL11969452	A. BUILDING: _____ B. WING _____	08/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF DR PHILLIPS	7233 DELLA DRIVE ORLANDO, FL 32819

(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 2020012977 was conducted on [redacted] at Harborchase of Dr. Phillips. A deficiency was identified at the time of the investigation.	A 000		
A 193 SS=D	59AER20-4 Mandatory Testing for Assisted Living Facilit (1) APPLICABILITY. The requirements of this emergency rule apply to all assisted living facilities licensed under Chapter 429, F.S. (2) DEFINITIONS. "Staff" means all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or [redacted] materials, including body substances (e.g., , tissue, and specific ,); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. Staff may include, but are not limited to, nurses, nursing assistants, physicians, technicians, [redacted], , , pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to [redacted] agents that can be transmitted among from staff and patients. This definition is consistent with the Centers for Control and Prevention definition of Healthcare personnel as defined in Appendix 2. . (3) MANDATORY STAFF TESTING FOR COVID-19. (a) Beginning , , , assisted living facilities shall not admit into the facility any staff	A 193		

AHCA Form 3020-0001

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

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A 193	Continued From page 1 who has not been tested for COVID-19. (b) Assisted living facilities shall require all staff be tested every two (2) weeks thereafter with testing resources provided by the state. (4) EXEMPTION FROM TESTING. Staff who have already been and recovered from COVID-19 do not need to be tested if they can provide medical documentation to the assisted living facility. (5) DOCUMENTATION. (a) If testing is conducted off-site, then staff must provide proof of testing to the assisted living facility. (b) Assisted living facilities shall document all staff testing, including the name of the individual, time, and date of the test. (c) Assisted living facilities shall require all tested staff to notify the facility of the test results the same day the results are received. Written documentation of test results must be provided to the facility upon receipt by the staff. (d) Assisted living facilities shall keep copies of all staff testing documentation on site. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency may seek any remedy authorized by Chapter 429, Part I, or Chapter 408, Part II, F.S., including but not limited to, license revocation, license suspension, and the imposition of administrative fines. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility allowed entry into the facility for 8 of 8 sampled staff (A, B, C, D, E, F, G, and H) who had not been tested for COVID-19 every 2 weeks. Findings:	A 193		

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A 193	Continued From page 2 At 9:45 a.m. on .. .... staff G was seen near the administrator's office. When she and the administrator were both asked whether the facility had documentation to indicate staff G was tested for Covid within the last 2 weeks, staff G retrieved an email she sent the facility on to indicate she was tested, which was greater than 2 weeks prior. In addition, review of the facility's visitor log revealed staffs H and F both visited the facility on the day of the survey. At 9:59 a.m. on the administrator said the facility's process for ensuring staff who enter the facility have been tested every 2 weeks is that the receptionist obtains test results from each staff who enter. At 10:03 a.m. on the receptionist said she did not request proof of testing from staff G upon her entering the facility. At 10:05 a.m. on the DON provided a test result for staff H however, it was dated .. .., which was greater than 2 weeks prior. At 11:07 a.m. on staff F was seen in memory care. She said after she already went into memory care on that day, the receptionist asked her for her most recent test result. At 12:15 p.m. a review of the facility's background roster and its Covid testing report revealed that staff A's and B's last test was completed on .., staff C's on , staff D's on and staff E's on ... . The findings were confirmed by the administrator, who was unable to provide documentation of more recent testing.	A 193		

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A 193	Continued From page 3 Class III	A 193		