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 |
|---|---|---|---|
| | AL11965366 | A. BUILDING: _____ B. WING _____ | 08/12/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SLOAN HOME OF CENTRAL FL INC | 307 S HIAWASSEE RD ORLANDO, FL 32835 |

| (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<br><br>An control monitoring was conducted at Sloan Home of Central Florida Inc Assisted Living Facility on . A deficiency was identified at the time of survey. | A 000 | | |
| A 193 SS=D | 59AER20-4 Mandatory Testing for Assisted Living Facilit<br><br>(1) APPLICABILITY. The requirements of this emergency rule apply to all assisted living facilities licensed under Chapter 429, F.S.<br>(2) DEFINITIONS.<br>"Staff" means all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or 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, , , , , 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 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. .<br>(3) MANDATORY STAFF TESTING FOR COVID-19.<br>(a) Beginning , , , assisted living facilities shall not admit into the facility any staff | A 193 | | |

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| A 193 | Continued From page 1<br><br>who has not been tested for COVID-19.<br>(b) Assisted living facilities shall require all staff be tested every two (2) weeks thereafter with testing resources provided by the state.<br>(4) EXEMPTION FROM TESTING.<br>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.<br>(5) DOCUMENTATION.<br>(a) If testing is conducted off-site, then staff must provide proof of testing to the assisted living facility.<br>(b) Assisted living facilities shall document all staff testing, including the name of the individual, time, and date of the test.<br>(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.<br>(d) Assisted living facilities shall keep copies of all staff testing documentation on site.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on the facility's sign in log and interview, the facility failed to safeguard the resident's well-being by allowing entry into the facility of staff who had not provide documentation for COVID-19 testing.<br><br>Findings: | A 193 | | |

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| A 193 | Continued From page 2<br><br>On . . . . . on 9:15 AM, staff B, a caregiver said it was her first day working at the facility, she was working alone.<br><br>Review of the facility's sign in log that was used for all guest admitted into the facility to document their name, resident name, date, time out of facility and time to the facility, revealed there was a guest that signed in on . . . . . and to visit resident #5.<br><br>On at 10:30 AM Resident #4 said her health care provider came to the facility to visit her since she was admitted on . A review of the sign in sheet revealed there was no one that had signed in to visit the resident.<br><br>On at 10:35 AM resident #5-reviewed the sign in log and said that was her physical , that came to visit her on and . . . . . .<br><br>The owner was asked at the time provide documentation of a COVID-19 test for resident #4's health care provider that visited and the physical , that visited #5.<br><br>The owner confirmed on at 10:45 AM, that resident#4's health care provider did visit her and she did not sign in and resident #5's physical . . . . , . . did visit her, she said she was not aware that the health care provider and physical . . . . , . . were to provide documentation of a COVID-19 test.<br><br>The owner was asked at the time to provide documentation of a COVID-19 test for staff B, the owner said staff B told her she had the covid test done and she was trying to get the test result. The owner was advised at the time that | A 193 | | |

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| A 193 | Continued From page 3<br>documentation of the testing and results should have been obtained before she was allowed entry into the facility.<br><br>Class III | A 193 | | |