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
	AL11967456	A. BUILDING: _____ B. WING _____	08/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CREEK ASSISTED LIVING ST CLOUD	2910 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34772

(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 revisit and control monitoring were conducted at Silver Creek on . Deficiencies were identified at the time of survey.	A 000		
A 193 SS=D	59AER20-4 Mandatory Testing for Assisted Living Faciiit (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 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. , (3) MANDATORY STAFF TESTING FOR COVID-19. (a) Beginning , , assisted living facilities shall not admit into the facility any staff who has not been tested for COVID-19.	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 (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 review and interview the facility failed to ensure that effective . . . . . it did not admit into the facility any staff who has not been tested for COVID-19. Findings: Upon entering the facility on . . . . . at 9:45 AM staff A granted entry. She asked the Agency	A 193		

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A 193	Continued From page 2 representative to come and have a seat. She contacted the administrator by phone and went about her business. The staff did not take the surveyor's temperature, nor did she provide a questionnaire related to Covid -19. Observations at 10 AM noted 2 individuals that were in the room of resident #1. Staff A said resident #1 was under hospice care and the individuals (staff B and C) were from hospice. In an interview at 10 AM with said individuals who confirmed they worked for a hospice. Staff B said she was the resident's nurse and had been tested for Covid -19 and had her test results with her, but the facility did not ask had been tested or requested test results. Staff C said she had been hired recently by hospice and had not been tested for Covid -19. Review of the facility's screening log revealed there were several hospice staff who entered the facility, a , , , , , , , , , , , , , , assistant and others; the dates are uncertain, as they did not date the screening sheets. In an interview on at 11:30 AM with the administrator who confirmed the findings and said she had not requested the hospice staff for evidence of Covid testing. There was no evidence the staff had already been and recovered from COVID-19 and did not need to be tested and provided medical documentation to the assisted living facility. Class III	A 193		