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
	AL11910568	A. BUILDING: _____ B. WING _____	07/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN VIEW ALF	526 N. MARY AVE. PANAMA CITY, FL 32404

(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 On , , an unannounced Focused Control Survey was conducted at Garden View Assisted Living Facility in Panama City, FL. At the time of the survey deficient practice was identified.	A 000		
A 030 SS=D	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1	A 030		

and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. [illegible] and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and [illegible];
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and universal precautions; and,
8. The requirements for coordinating the delivery of services to residents by third party providers.
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.
(g) In addition to the requirements of section

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A 030	Continued From page 2 429.41(1)(k), F.S., the use of physical . . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.	A 030		

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A 030	Continued From page 3 (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for	A 030		

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A 030	Continued From page 4 relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to	A 030		

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [redacted] Hotline operated by the Department of Children and Families, and [redacted], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [redacted] or [redacted] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to comply with control standards by failing to demonstrate staff education, failure to consistently perform screening, and failure to consistently implement universal mask precautions. The findings include: On at 12:30 PM, the surveyor arrived at the facility and knocked on the front door. There was a sign posted on the front door that	A 030		

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A 030	Continued From page 6 read, "No visitors allowed. Thank you." However, no one answered the door and there was no instruction posted regarding how to proceed. The front door was unlocked, so the surveyor entered the facility. The surveyor then tried to report her entrance to the office, but the door was locked and no one responded to several knocks on that door either. On at 12:35 PM, the surveyor conducted a tour of the facility and continued to look for staff. Three resident bathroom soap dispensers were observed to be nearly empty and a strong odor was present. No -based rub sanitizing stations could be located for residents anywhere throughout the facility. A resident stated that Staff A was out doing laundry. On at 12:50 PM, the surveyor located Staff A in the building and announced her presence and the reason for her visit. Staff A was not wearing a mask. Staff A stated that she had just returned from being outside and had not put it on yet. On at approximately 1:00 PM, the facility's owner/administrator arrived. On at approximately 1:30 PM, a review of the facility's screening forms revealed that no temperatures were obtained on the screening forms for three of seven staff including Staff B, a Cook, and Staff C and D, both Resident Care. On at approximately 1:35 PM, the surveyor brought this to the owner/administrator's attention who stated that she should have caught that. The surveyor then asked what temperature she looks for to determine whether to send staff	A 030		

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A 030	Continued From page 7 home and she replied, "I don't know, 96?" The surveyor asked who conducts the staff screening and the owner/administrator stated that the staff screen each other at shift change. The surveyor asked for documentation of staff in-services related to COVID-19, but the owner/administrator was unable to provide any. The owner/administrator states that when she receives alerts in her e-mail she passes the information along to staff when she sees them. The surveyor asked the owner/administrator if resident temperatures are monitored and she replied, "Sometimes, if they're not feeling well." The surveyor asked if residents are provided access to -based rub, tissues, or paper towels to perform hygiene or proper etiquette. She responded, "No, they will eat it or drink it or sell it down the road for a beer." She then pointed out that the bathrooms are equipped with electric dryers. On at 2:35 PM, the surveyor asked Staff A when she conducts routine cleaning and she stated at 7:00 AM and after lunch which is at 11:00 AM. The surveyor asked Staff A about the odor in the bathrooms and she replied that she'd already cleaned the bathrooms twice and that the male residents don't aim well and make a mess. The surveyor pointed out that all of the soap dispensers were nearly empty and Staff A stated that she fills them at the start and end of each shift. She continued that she filled them up this morning but the residents must have used it up. The surveyor asked Staff A how she monitors residents for signs and symptoms of COVID-19 and she responded that residents will tell her if they're not feeling well. The surveyor asked Staff A if she routinely takes resident temperatures and she replied, "No."	A 030		

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A 030	Continued From page 8 The surveyor was not screened by Staff A or the owner/administrator at any point during the visit. The Center for Control and Prevention's (CDC) most recent guidance updated , titled, "Interim Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus 2019 (COVID-19) Pandemic", initiated the following guidance for healthcare workers: "-Screen everyone (patients, healthcare personnel, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 (COVID-19) and ensure they are practicing source control. -Actively take their temperature and document absence of symptoms consistent with COVID-19. - Healthcare personnel should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers." On , , the Division of Emergency Management (DEM) issue Emergency Order No. 20-006 restricting entrance into residential health care facilities including Assisted Living Facilities (ALFs). The Order directed screening of all individuals seeking entry into a facility. The order documented, "Individuals seeking entry to the facility under the above section 1 (includes staff) will not be allowed to enter if they meet any of the screening criteria listed below": The list included: b. Any person showing, presenting signs or symptoms of, or disclosing the presence of a , including or ; and c. Any person who has been in contact with any person(s) known to be with COVID-19, who has not yet tested negative for COVID-19 within the past 14 days; " The following	A 030		

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A 030	Continued From page 9 documentation must be kept for visitation within a facility: a. Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation. b. The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include: 1. Name of the individual; 2. Date and time of entry; and 3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria, including the screening employee's printed name and signature. On . . . . . the Agency for Health Care Administration (AHCA), the state survey agency, issued an Alert entitled, "Residential and Long Term Care Facilities to Implement Universal Use of . . . Masks". The directive stated, Effective immediately staff of residential and long term care facilities are to implement universal use of masks while in the facility. All staff, essential healthcare visitors and anyone entering the facility are to don a facemask upon the start of their shift or visit and only change it once it becomes moist. Class III	A 030		