

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969590</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>09/24/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHATEAU MADELINE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>205 HARDOON LANE</b><br><b>MELBOURNE, FL 32940</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {A 000}                                                     | Initial Comments<br><br>A revisit to complaint #2019017943 was completed on _____ at Chateau Madeleine, Melbourne. a deficiency remained uncorrected at the time of the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | {A 000}                                                                                        |                                                                                                                          |                                                                    |
| {A 081}<br>SS=D                                             | 59A-36.011( ) FAC Training - Staff In-Service<br><br>(2) STAFF PRESERVICE ORIENTATION.<br>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).<br>(b) New staff must complete the preservice orientation prior to interacting with residents.<br>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.<br>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br>1. Resident's rights; and,<br>2. The facility's license type and services offered by the facility.<br>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in _____ control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its _____ control policies and procedures when | {A 081}                                                                                        |                                                                                                                          |                                                                    |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969590</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>09/24/2020</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CHATEAU MADELEINE**

**205 HARDOON LANE  
MELBOURNE, FL 32940**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {A 081}                  | <p>Continued From page 1</p> <p>offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to . . . borne . . . , may be used to meet this requirement.</p> <p>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Reporting adverse incidents.</li> <li>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.</li> </ol> <p>(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident rights in an assisted living facility.</li> <li>2. Recognizing and reporting resident . . . neglect, and . . . . The facility must use its prevention policies and procedures when offering this training. <p>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.</p> <p>(f) All facility staff shall receive in-service training regarding the facility's resident elopement</p> </li></ol> | {A 081}             |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHATEAU MADELEINE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>205 HARDOON LANE</b><br><b>MELBOURNE, FL 32940</b>                           |  |                                                                    |
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| {A 081}                                                      | <p>Continued From page 2</p> <p>response policies and procedures within thirty (30) days of employment.</p> <p>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</p> <p>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record reviews and interview e facility, the facility failed to ensure that 3 of 3 sampled staff (A, B and C) received the required in-service training as described in 59A-36.011( ) FAC.</p> <p>Findings:</p> <p>1. Caregiver A's personnel record revealed a hire date of . The record did not contain documented evidence to indicate that she received in-service training within 30 days of employment that covered facility emergency procedures including chain of command and staff roles relating to emergency evacuation and there was no evidence to indicate she received 3 hours of in-service training within 30 days of employment that covered resident behavior and needs and providing assistance with activities of daily living (ADLs). The record did not contain documentation to indicate she was a nurse, CNA, or home health aide to exempt her from this requirement.</p> <p>2. Caregiver B's personnel record revealed a hire date of . The record did not contain documented evidence to indicate she received in-service training within 30 days of employment that covered facility emergency procedures including chain of command and staff roles</p> | {A 081}                                                                        |                                                                                                                          |  |                                                                    |

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| {A 081}                                                      | <p>Continued From page 3</p> <p>relating to emergency evacuation and no evidence to indicate she received in-service training regarding the facility's resident elopement response policies and procedures within 30 days of hire.</p> <p>3. Caregiver C's personnel record revealed a hire date of . The record did not contain documented evidence to indicate she received a preservice orientation of at least 2 hours prior to interacting with residents that covered resident rights and the facility's license type and services offered by the facility, no evidence to indicate she received a minimum of 1 hour in service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents, a minimum of 1 hour training within 30 days that covered reporting adverse incidents and facility emergency procedures including chain of command and staff roles relating to emergency evacuation, recognizing and reporting resident , neglect and , 3 hours within 30 days of employment that covered resident behavior and needs and providing assistance with the ADLs and in service training regarding the facility's resident elopement response policies and procedures within 30 days of employment.</p> <p>At 1pm on the administrator confirmed the findings and was unable to provide additional documentation.</p> <p>Class III</p> | {A 081}                                                                                        |                                                                                                                          |