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
	AL11910307	A. BUILDING: _____ B. WING _____	10/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BVM CORAL LANDING ASSISTED LIVING	2820 OLD MOULTRIE ROAD SAINT . . . . . , FL 32086

(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 re-licensure and Extended Congregate Care survey with . . . . control monitoring was conducted at the BVM Coral Laning on . . . . The provider had deficiencies at the time of the visit.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable .	A 078		

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A 078	Continued From page 1 (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . , to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on interview and review of record the facility failed to ensure that 2 out of 3 staff members (Staff B and Staff C) had documentation of being free from (. .) and /or communicable	A 078		

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A 078	Continued From page 2 Finding include: A review of Staff B employment record revealed that Staff B's was hired . Further review of Staff B's employment record revealed no documentation to support that Staff B was free from or any communicable . . . . . . A review of Staff C employment record revealed that Staff C was hired. Further review of Staff C's employment record revealed no documentation to support that Staff C was free any communicable . . . . . . On . . . . . an interview was conducted with the Administrator. The administrator confirmed the documentation was not in the staff members employment file. CLASS III	A 078		
A 082	59A-36.011(4) FAC Training - / . (4) . . . . / . . . . (. / . . .). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.	A 082		

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A 082	Continued From page 3 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of providing 2-hours education course on and for one out of three sampled staff (Staff C) . Findings Include: A review of staff C's employment record revealed that Staff C was hired . Further review of the employment record revealed that Staff C had no documentation of completing mandatory training in / within 30 days of hire. On an interview was conducted with the Administrator. She confirmed the documentation was not found in Staff C's employment record. CLASS III	A 082		
A 085	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or	A 085		

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A 085	Continued From page 4 health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the Food Service Designee (FD) complied with completing the annual 2-hrs of continuing education. The findings include: A review of the FD's employment record revealed that the FD date of hire was . The employment record revealed that the FD obtained a Food Protection Manager Certification accredited by the American National Standards institute on . Further review of record revealed that the FD failed to complete their required annual 2 hours of continuing education. On at 4:30 pm an interview was conducted with the Administrator and the FD. Both confirmed that the FD failed to take the annual 2-hr continuing education classes. Class III	A 085		
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers,	A 090		

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A 090	Continued From page 5 direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the assisted living facility failed to ensure that 1 out of 3 sampled staff members reviewed have the required ( ) training within 30 days of employment. (Staff C) Findings include: A review of Staff C's employment record revealed that Staff C date of hire was . Further review revealed that there was no documentation to show that Staff C completed the required training. On an interview was conducted with the Administrator, who stated she is not sure why the training is missing from Staff C's employment record. CLASS III	A 090		

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CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

AHCA Form 3020-0001

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

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) The agency may adopt rules relating to emergency management planning, communications, and operations. Licensees	CZ830		

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CZ830	Continued From page 2 providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on an interview with the Administrator and a review of the Agency for Health Care Administration Emergency Status System (ESS), the facility failed to ensure the safety of its 36 residents, by failing to report the following information using the online database (ESS): facility census, available beds, inventory, needs, and other related information for Novel Coronavirus (COVID-19) daily by 10:00 a.m., pursuant to Executive Order 20-51, and at the direction of the State Surgeon General, for multiple days reviewed. The findings include: An interview was conducted with the Administrator on at 3:05 PM concerning the daily updating of ESS by 10:00 AM. The Administrator confirmed the ESS additional information has not been updated since . She replied" The curative contract was up, so I thought I did not have to do it anymore. My census is still being updated daily.". She was apprised it needed to be updated daily, until a notification is received by AHCA. A review of the ESS Date Submission for COVID monitoring revealed . . . . . was the last day the ESS was updated for Covid information (photographic evidence obtained) The ESS data has not been updated in 13 days. Class III	CZ830		

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