

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/13/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARBORCHASE OF PALM BEACH GARDENS

**3000 CENTRAL GARDENS CIR
PALM BEACH GARDENS, FL 33418**

(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 An unannounced Change of Ownership, Complaint (#2020015646), Focused Control and Generator Assessment Monitoring survey was conducted on _____ and _____ at Harborchase of Palm Beach Gardens. The facility had deficiencies identified at the time survey.	A 000		
A 031 SS=D	59A-36.007(7) FAC Resident Care - Third Party Services 59A-36.007 (7) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, _____, and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the _____ resident's needs. (c) If residents accept assistance from the facility	A 031		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 031	Continued From page 1 in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to coordinate/arrange for the receipt of care and services provided to meet the resident's needs, for 1 of 3 sampled residents (Resident # 9). The findings included: On at 10:50 AM, an interview was conducted with Resident # 9. She stated she sustained a . . . leaving her apartment a few months . . . She stated that she broke her . . . and her . . . She stated she had to go to the hospital for surgery and then went to Skilled Nursing Facility (SNF) for rehabilitation. She was observed using a seated 4-wheel walker. On a review of the medical chart for Resident # 9 was conducted. She now ambulates with a seated 4-wheel walker. A review of the demographics form revealed that she was admitted in The Florida Health Assessment (AHCA 1823 Form), dated was completed after she returned to the facility from the SNF for rehabilitation after the At this time, the resident was ambulating with a wheelchair. Her assessments shows that she is alert	A 031			

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A 031	Continued From page 2 with some The following diagnosis were listed: of left Communication (.), of upper end of right, and The (AHCA 1823 form) indicated that the resident required assistance with ambulation and Bathing. The section noted for Nursing/treatment and services revealed the resident was ordered for evaluation and treat for (.), (.) and Skilled Nursing (SN). Further review of the medical chart was conducted for Resident # 9 and revealed through the progress notes that the resident had several in the past since admission and the most recent . . . on and On, a . . . was sustained for which she was admitted to the hospital for the, she was then transferred to rehabilitation. The progress notes for this same time period (. -), since the resident returned from the rehabilitation facility mention any third party services received by the resident. It is unknown what services are provided, nor the frequency of the services provided by the third party providers in the facility notes. It is unknown if the . . . services have improved the resident's condition in the medical record. On at 01:10 PM, an interview was conducted with the Health Care Director and the Administrator. They both confirmed that the resident had sustained a and was sent to the hospital and subsequently sent to the SNF. They stated that the . . . were a result of the resident drinking They were asked to provide evidence of the investigation and/or	A 031		

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A 031	Continued From page 3 adverse report regarding the unwitting . . . of Resident # 9. They were also asked to provide the evidence of the internal risk management and quality assurance investigation for this . . . They were unable to provide these documents or any documentation indicating they had investigated and assessed the incident to prevent future occurrence and to establish a plan of care to meet the needs of the residents. On at 04:00 PM, an interview was conducted. The Administrator provided the notes from the Physical She acknowledged the findings that the facility did not document coordination of care for those services listed on the updated AHCA 1823 form. Class III	A 031			
A 052 SS=D	429.256(. . .); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an . . . syringe that is prefilled with the proper dosage by a pharmacist and an that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name	A 052			

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A 052	Continued From page 4 and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her (d) Applying medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a, including removing the cap of a, opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the (h) Using a to perform level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing,, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.	A 052			

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A 052	Continued From page 5 (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with _____ or _____ preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with	A 052		

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A 052	Continued From page 6 self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,	A 052			

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A 052	Continued From page 7 or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that any unlicensed staff who assist with assistance with self-administration of medication follow the proper process and procedure by taking the medication in its previously dispensed, properly labeled container to residents. As evidenced of the facility failure to ensure that unlicensed staff do not pre-fill medication cups, for 4 of 7 sampled residents observed during the medication pass (Resident # 6, #9, # 14, and # 16). The findings included: On at 10:15 AM, an observation of the medication pass was conducted with Staff D.	A 052			

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A 052	Continued From page 8 Staff D was observed unlocking the medication cart and pulling the pre-filled medication cup with the following medications for Resident # 6: Carb Levo 25/100 mg, Myrbetrio ER 50 mg, 0.5 mg, 37.5 mg, C 1,000 mg, Rasagaline MES .5 mg.. On at 9:43AM, an observation of the medication pass was conducted with Staff F. Staff F was observed unlocking the medication cart and pulling the pre-filled medication cup with the following medications for Resident # 14: D3, 10mg, 75mg. , 25mg. On at 09:52AM, an observation of the medication pass was conducted with Staff F. Staff F was observed unlocking the medication cart and pulling the pre-filled medication cup with the following medications for Resident # 9: 20mcg, B1 100mg, 220mg, 1mg, 10mg.. On at 10:00AM, an observation of the medication pass was conducted with Staff F. Staff F was observed unlocking the medication cart and pulling the pre-filled medication cup with the following medications for Resident # 16: D3 2000 units, 100mg, 81mg, Florator 250mg, 40mg. A review of the Medication Observation Record (MOR), revealed that the above listed medications were ordered by the physician for 09:00 AM. It was revealed that the medication pass was begun at 10:15 AM on During an interview on at	A 052		

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A 052	Continued From page 9 approximately 4:14PM, with the Administrator, and Health and Wellness Director, they acknowledged the findings. Class III	A 052			
A 077 SS=D	429.176 FS; 429.52(), 59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be	A 077			

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A 077	Continued From page 10 under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least _____; 2. If employed on or after _____, have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to _____, are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:	A 077			

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A 077	Continued From page 11 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at:	A 077		

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A 077	Continued From page 12 http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit a notice of change to the Agency for Healthcare Administration (AHCA) within 10 days of change of Administrator, and also failed to provide documentation within 90 days that the new Administrator has completed the applicable Core educational requirements. The Findings Included: On _____ at 9:40 AM during the entrance, it was revealed the name of the current Administrator, whose name was different than the documented Administrator listed in Florida Health Finders. At this time, the Administrator was asked her hire date, and she responded _____. On _____ at approximately 2:30 PM, a record review revealed the current Administrators hire date was _____. On _____ at 3:14 PM a call was placed to the AHCA licensing unit, and a interview with the AHCA representative revealed the previous Administrator was currently listed, and as of _____, AHCA had not received any notification of change of Administrator, or any documentation that the new Administrator has completed the applicable Core educational requirements. During an interview on _____ at approximately 4:15 PM, with the current Administrator, Business Office Manager, and the Regional Vice President of Operations, they acknowledged the findings and provided no additional documentation for review. Class III	A 077		

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A 078 SS=D	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 (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	A 078			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF PALM BEACH GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 3000 CENTRAL GARDENS CIR PALM BEACH GARDENS, FL 33418		
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A 078	Continued From page 14 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 record review and interview, the facility failed to ensure that all staff provided a annual negative examination on file for, 4 of 6 sampled staff (Staff A, B, C, D). The Findings Included: a) On _____, a employee record review was completed for Staff A, whose hire date was _____. Further review revealed, a _____ examination dated _____. At this time the Administrator and Business Office Manager was provided an opportunity to locate evidence of	A 078			

Agency for Health Care Administration

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A 078	Continued From page 15 annual examination documentation. No further documentation could be located in the file. b) On _____, a review of the employee personnel records was conducted for Staff B. Staff B was hired on _____. She works on the 03:00 PM - 11:00 PM shift, to provide direct care to residents. A review of her employee personnel file revealed that the last updated physician statement indicating a negative test result was dated _____. No further documentation could be located in the file. c) On _____, a review of the employee personnel records was conducted for Staff C. Staff C was hired on _____. She works on the 11:00 PM - 07:00 AM shift, to provide direct care to residents. A review of her employee personnel file revealed that Communicable _____ and _____ statement were missing from the file. d) On _____ a review of the employee personnel records was conducted for Staff D. Staff D was hired on _____. She works on the 07:00 AM - 03:00 PM shift, to provide direct care to residents. A review of her employee personnel file revealed that the last updated physician statement indicating a negative test result was dated: _____. No further documentation could be located in the file. During an interview on _____ at approximately 4:10 PM, with the Administrator and Business Office Manager, they acknowledged the findings and provided no additional documentation for review.	A 078			

Agency for Health Care Administration

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A 078	Continued From page 16 Class III	A 078			
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for _____ control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates,	A 084			

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARBORCHASE OF PALM BEACH GARDENS

**3000 CENTRAL GARDENS CIR
PALM BEACH GARDENS, FL 33418**

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A 084	Continued From page 17 in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing; k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and	A 084		

Agency for Health Care Administration

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A 084	Continued From page 18 hosiery; m. Placement and removal of _____, bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate, temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 084			

Agency for Health Care Administration

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**3000 CENTRAL GARDENS CIR
PALM BEACH GARDENS, FL 33418**

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A 084	Continued From page 19 failed to ensure that all staff who assist with self administration of medication, received their annual 2 hours of continuing education, for 5 of 6 sampled staff (Staff A, B, C, D, F). The Findings Included: 1) On _____, a employee record review were completed for Staff A revealed the following. Staff A received her initial 6 hours of Assisting with Self -Administration of medication training on _____. Further review of Staff A's record revealed no evidence of the 2 hour assistance with self administration of medication update on file. At this time, the Administrator and Business Office Manager was provided an opportunity to locate the documentation. 2) On _____, a review of the employee personnel records was conducted for Staff B and revealed the following. Staff B was hired on _____. She works on the 03:00 PM - 11:00 PM shift, to provide direct care to residents with assistance with self-administration of medication. The following training certificates were provided: _____ the initial 4 hours certificate was observed. The most recent training was conducted on _____ for 2 hours. No further documentation could be located to show Staff B had obtained continuing education regarding medication assistance. 3) On _____, a review of the employee personnel records was conducted for Staff C and revealed the following. Staff C was hired on _____. She works on the 11:00 PM - 07:00 AM shift, to provide assistance with	A 084		

Agency for Health Care Administration

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A 084	Continued From page 20 self-administration of medication. The following training certificates were provided: the initial 4 hours certificate was observed. The most recent training was conducted on for 2 hours. No further documentation could be located to show Staff C had obtained continuing education regarding medication assistance. 4) On , a review of the employee personnel records was conducted for Staff D. Staff D was hired on . She works on the 07:00 AM - 03:00 PM shift, to provide assistance with self-administration of medication . A review of her employee personnel file revealed the following: the initial 4 hours certificate was observed and no evidence of the 2 hour additional training required for a total of 6 hours (as required). Further review also failed to show Staff C had obtained continuing education regarding medication assistance. 5) 5) On , a employee record reviews were completed for Staff F and revealed the following. Staff F received her initial 6 hours of Assisting received her initial 6 hours of Assistance with self administration training on . Further review of Staff F's record revealed no 2 hour assistance with self administration of medication update on file for Staff F. At this time the Administrator and Business Office Manager was provided an opportunity to locate the documentation. On an interview was conducted with the Administrator. She acknowledged the findings.	A 084		

Agency for Health Care Administration

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A 084	Continued From page 21	A 084			
A 161 SS=D	Class III 429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description	A 161			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/13/2020
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A 161	Continued From page 22 given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity _____ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all staff had a written job description on file for 1 of 6 sampled staff (Staff A). The Findings Included: On _____ a review of the facility license revealed a capacity of 160 residents. Further review of the employee record for Staff A revealed a hire date of date _____ and a job description for CNA. On _____, Staff A's job description changed to Med Tech. Further review revealed no Med Tech job description on file for Staff A. At this time, the Business Office Manager (BOM) was provided an opportunity to locate the documentation. During an interview on _____ at _____	A 161		

Agency for Health Care Administration

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A 161	Continued From page 23 approximately 4:10 PM, with the BOM and the Administrator, they acknowledged the findings and provided no additional documentation for review. Class III	A 161			
A 181 SS=D	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the county emergency management agency. (a) If the county emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the county office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the county emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the county emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The county emergency management agency is the final administrative authority for emergency	A 181			

Agency for Health Care Administration

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A 181	Continued From page 24 management plans prepared by assisted living facilities. (e) Any plan approved by the county emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence of the approval letter for the detailed Comprehensive Emergency Management Plan (CEMP) . As evidenced of the facility failure to provide evidence of the e CEMP approval letter reflecting the substantive changes for the Change of Ownership in the facility. The findings included: On at 10:00 AM, a request was made of the Administrator to provide the evidence of the most recent approval letter for the CEMP. She provided the CEMP approval letter dated for the prior ownership. The annual approval letter expires on On at 03:41 PM, an interview was conducted with a Representative in the AHCA licensing department. She stated the application for Change of Ownership was received on On at 04:00 PM, an interview was conducted with the Administrator. She acknowledged the findings. Class III	A 181		
A 200 SS=D	59A-36.025 FAC Emergency Environmental Control	A 200		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/13/2020
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A 200	Continued From page 25 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not	A 200		

Agency for Health Care Administration

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A 200	Continued From page 26 prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to chapter 252, F. S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any	A 200		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/13/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARBORCHASE OF PALM BEACH GARDENS

**3000 CENTRAL GARDENS CIR
PALM BEACH GARDENS, FL 33418**

(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 200	Continued From page 27 necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted	A 200		

Agency for Health Care Administration

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A 200	Continued From page 28 living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the county emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency rule 58AER17-1 will require resubmission only if changes are made to the plan. (b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the county emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an	A 200			

Agency for Health Care Administration

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A 200	Continued From page 29 electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within two (2) business days of the approval of the plan from the county emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the county emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than _____, have implemented the plan required under this rule. (b) The Agency shall allow an extension up to _____ to providers in compliance with paragraph (c) below and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment,	A 200			

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A 200	Continued From page 30 zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S. (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite. 2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either: a. Fully and safely evacuate its residents prior to the arrival of the event; or b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility. (d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance	A 200			

Agency for Health Care Administration

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A 200	Continued From page 31 with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures	A 200		

Agency for Health Care Administration

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A 200	Continued From page 32 are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration 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. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the county emergency management agency that the plan	A 200			

Agency for Health Care Administration

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A 200	Continued From page 33 has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence of the approval letter for the Emergency Environmental Control Plan (EECP) for Assisted Living Facilities from the local emergency management. As evidenced of the facility failure to obtain a new EECP approval letter to reflect a substantive change in ownership of the facility. The findings included: On at 11:00 AM, an interview was conducted with the Maintenance Assistant. He was asked to provide the details of the emergency preparedness plan. He stated he did not have the approval letter for the generator plan. He stated that the Administrator may have the approval letter. On at 04:00 PM, an interview was conducted with the Administrator. She confirmed that she had not received the approval letter from the local county emergency management agency	A 200		

Agency for Health Care Administration

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A 200	Continued From page 34 for the change of ownership at the facility. Class III	A 200		
AE210 SS=D	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , shall not be required to take the assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with 's or related (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility.	AE210		

Agency for Health Care Administration

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AE210	Continued From page 35 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the Administrator has completed core training and four (4) hours of initial training in extended congregate care (ECC), within three (3) months of beginning employment in a currently licensed ECC facility as an administrator. The facility also failed to ensure that all direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility, for 4 of 6 employee personnel records reviewed (Staff B, C, and D). The findings included: a) On _____, a review of the employee personnel records was conducted for Staff D. Staff D was hired on _____. She works on the 07:00 AM - 03:00 PM shift, to provide direct care to residents. A review of her employee personnel file revealed that the 2 hour training certificate for ECC was missing from the employee personnel file. b) On _____, a review of the employee personnel records was conducted for Staff B. Staff B was hired on _____. She works on the 03:00 PM - 11:00 PM shift, to provide direct care to residents. A review of her employee personnel file revealed that the 2 hour training certificate for ECC was missing from the employee personnel file. c) On _____, a review of the employee personnel records was conducted for Staff C. Staff C was hired on _____. She works on the 11:00 PM - 07:00 AM shift, to provide direct	AE210		

Agency for Health Care Administration

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AE210	Continued From page 36 care to residents. A review of her employee personnel file revealed that 2 hour training certificate for ECC was missing from the employee personnel file. Class III	AE210		
CZ816 SS=D	408.809(2a-c) 435.05(2) 59A-35.090(2d-3c) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's _____ to the Federal Bureau of Investigation for a national criminal history record check unless the person's _____ are enrolled in the Federal Bureau of Investigation's national retained print _____ notification program. If the _____ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit _____ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the _____ to the Federal Bureau of Investigation for a national criminal history record check. The _____ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print _____ notification program when	CZ816		

Agency for Health Care Administration

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CZ816	Continued From page 37 the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required	CZ816		

Agency for Health Care Administration

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CZ816	Continued From page 38 Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, _____, herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106 , and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service/Background_Screening/Regulations_Forms.shtml . This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if _____ for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to _____ to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal . (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the _____ report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to	CZ816		

Agency for Health Care Administration

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PALM BEACH GARDENS, FL 33418**

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CZ816	Continued From page 39 disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the Attestation of Compliance form was included in the employee personnel files completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if _____ for any disqualifying offense for 4 of 6 employee records reviewed (Specifically, Staff A, B, C and D). The findings included: a) On _____ a review of the employee personnel records was conducted for Staff D. Staff D was hired on _____. She works on the 07:00 AM - 03:00 PM shift, to provide direct care to residents. A review of her employee personnel file revealed that the Attestation of Compliance form was missing from the file. b) On _____ a review of the employee personnel records was conducted for Staff B. Staff B was hired on _____. She works on the 03:00 PM - 11:00 PM shift, to provide direct care to residents. A review of her employee personnel file revealed that the Attestation of Compliance form was missing from the file.	CZ816		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/13/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARBORCHASE OF PALM BEACH GARDENS

**3000 CENTRAL GARDENS CIR
PALM BEACH GARDENS, FL 33418**

(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
CZ816	Continued From page 40 c) On a review of the employee personnel records was conducted for Staff C. Staff C was hired on . She works on the 11:00 PM - 07:00 AM shift, to provide direct care to residents. A review of her employee personnel file revealed that the Attestation of Compliance form was missing from the file. d) On a review of the employee personnel records was conducted for Staff A. Staff A was hired on . She works on the 7:00 AM- 03:00 PM shift, to provide direct care to residents. A review of her employee personnel file revealed that the Attestation of Compliance form was missing from the file. At this time the Business Office Manager was provided an opportunity to locate the documentation.	CZ816		