

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/20/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BENEVA LAKES ASSISTED LIVING CENTER

**743 S. BENEVA ROAD
SARASOTA, FL 34232**

(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 relicensure and emergency power plan monitoring survey was conducted through at Beneva Lakes Assisted Living Center, an assisted living facility in Sarasota, Florida. The following is description of the deficiencies.	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	A 078		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER BENEVA LAKES ASSISTED LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 743 S. BENEVA ROAD SARASOTA, FL 34232		
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A 078	Continued From page 1 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 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 that provides 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 staff interview, the facility failed to obtain a written statement from a health care provider documenting newly hired staff does not have any signs or symptoms of	A 078			

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A 078	Continued From page 2 communicable no more than 6 months prior or within 30 days of beginning hire for 3 (Staff B, Staff C and Executive Director) of 4 staff reviewed. The findings included: On a review of the Executive Director's (ED) employee file revealed a hire date of The ED's employee file does not have a signed written statement by a health care provider dated within 6 months prior to being hired or within 30 days after being hired stating the ED does not have any signs or symptoms of communicable On a review of Staff B's employee file revealed a hire date of Staff B's employee file does not have a signed written statement by a health care provider dated within 6 months prior to being hired or within 30 days after being hired stating Staff B does not have any signs or symptoms of communicable On a review of Staff C's employee file revealed a hire date of Staff C's employee file does not have a signed written statement by a health care provider dated within 6 months prior to being hired or within 30 days after being hired stating Staff C does not have any signs or symptoms of communicable On at 11:00 a.m., in an interview with the Human Resources Director (HRD), she confirmed the ED, Staff B and Staff C did not have a written statement from a health care provider stating they do not have any signs or symptoms of a communicable dated within the required time frame. The HRD said she was hired and was	A 078		

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A 078	Continued From page 3 unaware all new employees are required to have a written statement by a health care provider they were free from a communicable within 6 months prior to being hired or within 30 days after being hired. Class III	A 078		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . . . certification that requires the student to demonstrate, in person, that he or she is able to perform . . . and which is issued by an instructor or training provider that is approved to provide . . . training by the American Red Cross, the American . . . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on a review of employee records, review of the facility staff schedule and staff interviews, the facility failed to ensure there was a staff	A 083		

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A 083	Continued From page 4 member in the facility at all times who was certified in First Aid. Not having a staff member in the facility at all times who is certified in First Aid could result in a delay in treatment for all residents. The findings included: On _____ a review of Staff A's employee file revealed their First Aid certificate expired on _____. On _____ a review of Staff B's employee file revealed they did not have a First Aid certificate in their employee files. On _____ at 11:30 a.m. the Human Resource Director (HRD) said after reviewing Staff A's employee files it confirmed their First Aid certificate had expired. The HRD said after reviewing Staff B's employee file it confirmed there is no documentation Staff B is certified in First Aid. On _____ a review of the nursing staffing schedule revealed Staff A and Staff B worked the 3rd shift (11:00 p.m. through 7:00 a.m.) by themselves on _____ and _____ in 2020. On _____ at 1:00 p.m., a review of the nursing staffing schedule with the HRD and the Director of Nursing (DON) confirmed Staff A and Staff B worked the 3rd shift (11:00 p.m. through 7:00 a.m.) by themselves on _____ and _____ in 2020. The DON said she was unaware Staff A and Staff B did not have valid certification in First Aid. She confirmed there were no staff in the facility for the	A 083		

AHCA Form 3020-0001
STATE FORM