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 |
|---|---|---|---|
| | AL11967498 | A. BUILDING: _____ B. WING _____ | R 12/01/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SWAN AT LAKE CONWAY ALF | 3714 ST MORITZ STREET ORLANDO, FL 32812 |

| (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 |
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| {A 000} | Initial Comments<br><br>A revisit to Complaint Investigation 2020010041 was conducted at Swan at Lake Conway on . The facility had an uncorrected deficiency at the time of the visit. | {A 000} | | |
| {A 078} SS=D | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(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.<br>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 .<br>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 .<br>(b) Staff must be qualified to perform their | {A 078} | | |

AHCA Form 3020-0001

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

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| {A 078} | Continued From page 1<br>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.<br>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.<br>(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.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>DEFICIENCY REMAINED UNCORRECTED<br><br>Based on observations, record reviews and interview, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation and experience by allowing an | {A 078} | | |

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| {A 078} | Continued From page 2<br><br>unlicensed caregiver (owner) to prepare an , for injection for 1 of 1 sampled resident (#6.)<br><br>Findings:<br><br>Observations made at 7 p.m. on revealed the unlicensed facility owner washed her . She donned gloves then removed a locked box from the refrigerator. She took the box and medication record to resident #6. She unlocked the box, removed a , then placed a needle onto the pen. She prepped the skin on the resident's right lower abdomen with , then she dialed the pen to 10 units then finally, she handed the pen to the resident. She verbally instructed the resident to insert the needle into the site on his abdomen that she previously prepped. Once the resident did so, she instructed him to push the button, which he did. Following the injection, the owner wiped the injection site again with , removed the needle from the pen, placed the pen into the box then locked it. She signed the medication record then she placed the lock box in the fridge.<br><br>The owner prepared the pen when she placed a needle onto it then dialed it to 10 units, a task she is not permitted or licensed to do.<br><br>Following the med pass the owner confirmed the findings and said she understood that with the required training, she was permitted and qualified to do those tasks.<br><br>Resident #6's current 1823 health assessment, dated , indicated that his diagnoses included type 2 and with left , and he required assistance with | {A 078} | | |

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| {A 078} | Continued From page 3<br>self-administration of medications.<br><br>Class III | {A 078} | | |