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
	AL11965330	A. BUILDING: _____ B. WING _____	11/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA OAKS ASSISTED LIVING	1013 EAST GIBSON STREET ARCADIA, FL 34266

(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
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 record review and staff interview, the facility failed to report positive COVID-19 residents and staff members daily to the Emergency Status System (ESS). The findings included: 1. Updated ESS Info for Nursing Home and Assisted Living Providers (released , ,), issued by the Agency included: "Pursuant to Governor Ron Desantis' Executive Order 20-51 and at the direction of State Surgeon General Rivkees, regarding Novel Coronavirus (COVID-19), the Agency for Health Care Administration has opened the event "COVID-19 Monitoring" in the Emergency Status System to monitor nursing home and assisted living facility census, inventory, needs, and other related information statewide. All nursing homes and assisted living facilities -Ensure the "Facility Contacts" section is up-to-date. -Please report Current Resident Census and available beds in your facility daily by 10 AM ET until further notice. -A new event tab labeled "Add'l Info" should be updated now and then daily by 10 AM ET until further notice." (Source: https://floridaseniorliving.org/wp-content/uploads/2020/04/Updated-ESS-Info-for-Nursing-Home-and-Assisted-Living-Providers.pdf)	CZ830		

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CZ830	Continued From page 3 2. During an interview on at 1:45 p.m., the Administrator was informed of missing data in ESS. She said she was reporting daily on ESS and that she had reported all positive cases of COVID-19 to ESS. 3. A review of the ESS reporting for Arcadia Oaks Assisted Living, found in the 30 days prior to the survey (to) the facility failed to report in the ESS system 25 of 30 days. No entry was made in the system on , , through , , , and /20. Class III	CZ830		

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A 000	Initial Comments An unannounced complaint survey for complaint #2020018379 which included a focused COVID-19 survey was conducted on at Arcadia Oaks Assisted Living, an assisted living facility in Arcadia, Florida. Complaint #2020018379 was substantiated with citation at N0030 and Z830. The following is a description of the deficiencies found at the time of the survey.	A 000		
A 030	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida,	A 030		

AHCA Form 3020-0001
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A 030	Continued From page 1 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed	A 030		

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A 030	Continued From page 2 capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical . . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for	A 030		

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A 030	Continued From page 3	A 030		

caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care ..., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the

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A 030	Continued From page 4 resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if	A 030		

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A 030	Continued From page 5 applicable, [illegible], Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations, interviews with county	A 030		

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A 030	Continued From page 6 health department staff and facility staff, and record reviews, the facility failed to assist with adequate and appropriate health care by failing to adhere to recognized standards from the Centers for [illegible] Control and Prevention (CDC). The facility failed to ensure social distancing and failed to ensure residents and staff wore appropriate personal protective equipment (PPE) to prevent the spread of COVID-19. The facility failed to ensure staff were knowledgeable about the prevention of the spread of COVID-19 and failed to screen staff and residents appropriately. As a consequence, 8 residents (#1, #2, #3, #4, #5, #6, #7, & #8) were with COVID-19; COVID-19 contributed to the [illegible] of one resident (#1); and the likely exposure to, or spread by, 7 residents (#9, #10, #11, #12, #13, #14, & #15) who were not social distancing or wearing [illegible] coverings or masks; all of the 51 residents were put at imminent risk of exposure to this potentially deadly [illegible]. The findings included: 1. The Centers for [illegible] Control and Prevention (CDC) recommendations detailed in "Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities" (updated [illegible]), include the following: "Designate one or more facility employees to actively screen all visitors and personnel, including essential consultant personnel, for the presence of [illegible] and symptoms consistent with COVID-19 before starting each shift/when they enter the building. -Send visitors and personnel home if they have a [illegible] (temperature of 100.0 degrees F or greater) or symptoms consistent with COVID-19." The CDC further recommended if there is	A 030		

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A 030	Continued From page 7 suspected or confirmed COVID-19, "Encourage all other residents to self- , if not already doing so, while awaiting assessment to determine if they are also or exposed. -Maintain social distancing (remaining at least 6 apart) between all residents and personnel, while still providing necessary services. -For situations where close contact with any (, , or , ,) resident cannot be , personnel should at a minimum, wear: , protection (goggles or shield) and an N-95 or higher-level , , -For situations where close contact with any (, , or , ,) resident cannot be , personnel should at a minimum, wear: , protection (goggles or shield) and an N-95 or higher-level , ... -Personnel who are expected to use PPE should receive training on selection and use of PPE, including demonstrating competency with putting on and removing PPE in a manner to prevent self-contamination." (source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html) 2. The Division of Emergency Management (DEM) Order No. 20-011 (signed) included section K: "iii. Before allowing general visitors, the facility shall: 1. Set a policy to prohibit visitation if the resident receiving general visitors is , , positive for COVID-19 and not recovered (as defined by most recent CDC guidance), or , , for COVID-19; 2. Screen general visitors to prevent possible introduction ofCOVID-19; 3. Establish limits on the total number of visitors	A 030		

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A 030	Continued From page 8 allowed in the facility, or with a resident at one time based on the ability of staff to safely screen and monitor visitation; 4. Establish limits on the length of visits, days, hours, and number of visits allowed per week; 5. Schedule visitors by , , only; 6. Maintain a visitor log for signing in and out; 7. Immediately cease general visitation if a resident--other than in a dedicated wing or unit that accepts COVID-19 cases from the community-tests positive for COVID- 19, or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19, or a staff person who was in the facility in the prior ten (I 0) days tests positive for COVID-19; 8. Monitor visitor adherence to appropriate use of masks, PPE, and social distancing; 9. Notify and inform residents and their representatives of any changes in the facility's visitation policy; I 0. Clean and visiting areas between visitors and maintain handwashing or sanitation stations; and 11. Designate staff to support -prevention and control education of visitors on use of PPE, use of masks, sanitation, and social distancing ..." Section L included: "2. Individuals seeking entry to the facility, under the above section 1, will not be allowed to enter if they meet any of the screening criteria listed below: A. Any person with COVIDn19 who does not meet the most recent criteria from the CDC to end isolation. B. Any person showing, presenting signs or symptoms of, or disclosing the presence of a , , , including , , , , chills, , , repeated shaking with chills, new	A 030		

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A 030	Continued From page 9 loss of taste or smell, or any other COVID-19 symptoms identified by the CDC. C. Any person who has been in close contact with any person(s) known to be with COVID-19, who does not meet the most recent criteria from the CDC to end , 3. All facilities must require any individual who is entering the facility and who will have physical contact with any resident to wear PPE pursuant to the most recent CDC guidelines. Persons without physical contact with any resident must wear a mask. All facilities are encouraged to provide regular COVID19 testing for staff and visitors ..." (source: https://ahca.myflorida.com/docs/DEM_ORDER_NO_20_011_In_re_COVID_19_Public_Health_Emergency_Issued_ _22_2020.pdf) 3. Review of the Agency's Emergency Order 20-009 Questions & Answers (issued) revealed: "3. Visitor Screening and Testing: Does a visitor need to be screened or tested to enter the facility? Answer: Facilities are required to continue visitor screening (i.e., temperature checks and COVID-19 signs, symptoms, and exposure screening questions). Facilities may perform testing for visitors. If the facility conducts testing, it must be based on current CDC and FDA guidance." (source: https://ahca.myflorida.com/docs/Visitor_Restriction_Order_20-009_QAs_9- .pdf) 4. Review of the Department of Health (DOH) assessment tool dated shows the facility had reported 2 residents who were positive of COVID-19. DOH staff found Med Tech Staff C passing medications to residents with COVID-19	A 030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965330	A. BUILDING: _____ B. WING _____	11/14/2020

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A 030	Continued From page 10 without proper personal protective equipment (PPE: mask, , protection, etc.). The facility staff had admitted to self-screening or inappropriate screening for COVID prior to entering the facility. The facility did not have a policy to ensure appropriate screening of staff. DOH staff observed memory care residents roaming the facility and not social distancing. 5. In an interview on at 11:05 a.m., the DOH Biological Scientist who assessed the facility said Staff C was observed passing medications to COVID + residents and other residents in the building on . Staff C later was found to be positive for COVID-19. The Biological Scientist said he observed several residents who were memory care residents , around the facility without being encouraged to social distance or wear masks. He said facility staff told him the residents were not compliant with wearing masks and social distancing because they were memory care residents. The Biological Scientist reported one of the residents had from COVID. 6. Upon the Agency surveyor's entering the building on at 11:30 a.m., observations included 7 residents in the living area of the building. The residents were within 6 of one another and not wearing masks. The two staff present did not encourage them to wear masks. Resident #9 and #10 were within about a of each other. They were -to- within each other's personal space and without masks. At this time, there were 2 positive residents in the facility, one staff had tested positive on 11/11/20 and one staff was out sick with test results pending. Observation on at 11:58 a.m., Caregiver	A 030		

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A 030	Continued From page 11 Staff A was wearing only a surgical mask. Although there had been a recent outbreak at the facility, the only the 6 hospitalized residents and Resident #6 and #7 (who remained at the facility) had been tested. Despite obvious exposures, the COVID status of the remainder of the residents and staff was unknown. In an interview at this time, Staff A said she had a N-95 mask, but she had taken it off because she had a hard time breathing in it and it was dirty. Observation on at 12:05 p.m., Caregiver Staff B came out of a resident's room after passing food and drinks to the resident. Staff B was wearing gloves. She did not to remove her gloves or sanitize her after leaving the resident's room. In an interview at this time, Staff B said she knew she was supposed to wash her . . . frequently. She said the facility no longer had sanitizer available in the hallway. She said there was . . . sanitizer in the front of the building. Staff B reached into her pocket with her gloved . . . and produced gloves from her pocket (contaminating the new gloves). -base sanitizer was observed available at the nurse station and in front doorway, but not on the med cart or in the hall. Observation on at 12:30 p.m., Staff A was wearing an N-95 mask, but ineffectively positioned down below her . Observation on at 12:35 p.m., 7 residents were observed eating lunch in the dining room. Resident #9 and #13 were observed sitting at the same table within 3 to 4 of each other. 7. In an interview on at 1:45 a.m., the	A 030		

Agency for Health Care Administration

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A 030	Continued From page 12 Administrator said they had . . . coverings were available. She confirmed 8 residents (#1, #2, #3, #4, #5, #6, #7, & #8) had tested positive for COVID-19 between and , and 6 of the residents had been transferred to the hospital with two of the residents (#6 & #7) remaining in the facility. She confirmed one resident (#1) had from COVID. The Administrator verified that none of the other residents had been tested so there was no way of knowing if other residents were positive at this time. The Administrator verified there were 7 residents with . . . . . who were noncompliant with wearing masks and social distancing. The Administrator said she did not have enough staff to ensure the residents were always social distanced. The Administrator admitted she had no documentation of attempts to encourage the residents to wear masks. She had no written plan or employee in-services on encouraging social distancing and wearing masks. The Administrator said she had no documentation of in-servicing staff on wearing N-95 masks and donning and removing PPE. Class II	A 030		