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
	AL11910722	A. BUILDING: _____ B. WING _____	11/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL ASSISTED LIVING AT FORT LAUDERDALE	2801 NW 55TH AVENUE LAUDERHILL, FL 33313

(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 Licensure Complaint, #2020018600, Focused . . . . Control and Generator Assessment survey was conducted on . . . . . at Colonial Assisted Living at Fort Lauderdale. The facility had deficiencies identified at the time of the survey.	A 000		
A 077 SS=B	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	A 077		

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A 077	Continued From page 1 (1) ADMINISTRATORS. Every facility must be 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 [illegible]; 2. If employed on or after [illegible], 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 [illegible], 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 [illegible] 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	A 077		

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A 077	Continued From page 2 administrator must: 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	A 077		

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A 077	Continued From page 3 at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation and record review, the facility failed to notify the agency of the change in Administrator within ten (10) days of the , , into the Admistrator position and provide documentation of the change. The Findings Include: A review of the facility's Provider Profile on FloridaHealthFinder.gov revealed the previous Administrator (Owner) was still listed as the Administrator of record. During interview with the current Administrator on , , , she stated (Previous Administrator) is still the Owner of the facility but is no longer the Administrator. She further stated, she was hired as Administrator in , of 2020. This Surveyor requested and received a document confirming her hire as Administrator of the facility from the Owner. Review of the Colonial Assisted Living at Fort Lauderdale document dated confirmed a start date of , , , . Observation of the document further revealed the previous Administrator is Managing Principal of the facility. During interview with the Administrator this Surveyor advised that changes in Administrator must be reported to the Agency within ten (10) days and updated in the public portal. She stated she understood that it would be done by the owner. She further stated that she would make	A 077		

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A 077	Continued From page 4 sure it was corrected. On . . . . . , the Survey team met with the Administrator and Regional Director to conduct the Exit Interview. They were advised of the findings (requirement to report change in Administrator) and that Surveys undergo Supervisory review and are subject to change. They were also advised that they will receive a report from our office within ten (10) business days. They stated they understood. Class	A 077		
CZ830 SS=C	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	CZ830		

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CZ830	Continued From page 5 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 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	CZ830		

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CZ830	Continued From page 6 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 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 observation, record review and interview the facility failed to submit complete/or correctly completed Emergency Status System (ESS) reports daily and ensure its accuracy. The Findings Include: The Agency requires all licensees providing residential or inpatient services to use an approved database for reporting its emergency status, planning or operations. The Agency has transitioned to a new approved database for reporting this information: Emergency Status System (ESS). The COVID-19 information that facilities enter into the Emergency Status System informs	CZ830		

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CZ830	Continued From page 7 several audiences, and accuracy is crucial. AHCA has sent out reminders to facilities, indicating the following. AHCA wants to remind members about accurately reporting facility data, in , the number of staff testing positive for COVID. It is important that updates be made daily (including weekends) by 10:00 a.m. EST. The number of staff who staff who have tested positive for COVID-19 should be reported as the number of current employees who are currently positive for COVID-19. During interview with the Administrator on . . . . . a request was made for the facilities previous three (3) ESS reports for review. The reports were not provided prior to the Exit interview being conducted. On 19/2020 at 4:25 PM, this Surveyor received the facility's ESS Report via email. Review of the ESS submission revealed the following concerns. a) Review of the document dated . . . . . indicated there was zero (0) COVID-19 positive residents in the facility. During interview with the Administrator on at 10:57 AM, she stated there were three (3) residents in the facility who were COVID-19, and who were located in the COVID-19 section of the facility (Residents 1, 2 and 3). b) The facility indicated on the document that they do not have a designated wing or building to COVID-19 positive residents. During interview with the Administrator on 11/19/2020, she stated the facility has a designated wing for COVID-19 positive residents. During tour of the facility on this Surveyor observed Wing 200 which has been designated the facility's COVID-19 wing, and which had three COVID-19	CZ830		

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CZ830	Continued From page 8 positive residents (Residents 1, 2 and 3) on the day of the Survey. c) The facility indicated on the document that they had Zero (0) staff who has tested positive for COVID-19. During interview with the Administrator on [redacted] at 11:08 AM, she stated the facility had five (5) staff who tested positive for COVID-19 during their facility-wide testing conducted on [redacted] and who were in [redacted] at home on the date of the survey. d) The facility indicated on the document that they were now COVID-19 free and had no positive residents or staff are in facility/affected areas. During interview with Administrator on [redacted], she stated there were three (3) COVID-19 positive residents (Residents 1, 2 and 3) in the COVID-19 Wing of the facility. On [redacted] at 11:30 AM, an interview was conducted by Area 9 Field Office Supervision with the Supervisor who reviewed the ESS System with the Administrator and explained the entry process and discussed the identified errors. The Administrator confirmed that the information was not being entered accurately. On [redacted] the Survey Team conducted the Exit Interview with the Administrator and Regional Director. They were informed of the findings (ESS Reporting) and areas of concern. They were also advised of that reports undergo supervisory review and are subject to change, They were also informed that they would receive a report from our office within ten (10) business days. They all understood.	CZ830		