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
	AL11965135	A. BUILDING: _____ B. WING _____	C 11/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORSYTH HOUSE	5887 BERRYHILL RD MILTON, FL 32570

(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 On . an unannounced standard biennial survey was conducted at Forsyth House in Pensacola, Fl. A complaint survey for allegations contained within complaint number 2020004554 and a focused . . . control were conducted in conjunction. At the time of the survey, deficiencies were identified.	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		

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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 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 obtain a signed statement stating the employee was free of communicable in 1 of 3 current personnel files reviewed. (Staff A)	A 078		

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A 078	Continued From page 2 The findings include: A record review of Staff A's, a Licensed Practical Nurse, personnel file was conducted. The signed statement stating the employee is free of communicable [redacted] was not located in the file. On [redacted] at approximately 3:45 PM, an interview was conducted with the Administrator. The Administrator confirmed the staff did not have a signed statement stating she was free of communicable [redacted] her personnel file. Class III	A 078		
A 082	59A-36.011(4) FAC Training - [redacted] (4) [redacted] ([redacted]). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and [redacted], including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation on the [redacted] ([redacted]) training in 1 of 3 current personnel files reviewed. (Staff A)	A 082		

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A 082	Continued From page 3 The findings include: A record review of Staff A's, a Licensed Practical Nurse, personnel file was conducted. The document showing proof of the / training was not located in the file. On [redacted] at approximately 3:45 PM, an interview was conducted with the Administrator. The Administrator confirmed the staff did not have proof of the / in her personnel file. Class III	A 082		
AN277	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in rule 59A-36.006, F.A.C. (b) In accordance with rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed	AN277		

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AN277	Continued From page 4 or [redacted] nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on staff interview, and record review the facility failed to contract or employ a registered nurse (RN) to provide limited nursing services for 2 of 2 residents (#4 and #9). The findings include: A review of the limited nursing services (LNS) book provided by the facility shows two people who have been designated limited nursing services by the facility. Resident #4 was admitted to limited nursing services on [redacted], and resident #9 on [redacted]. A review of the nursing service book failed to have initial or monthly assessments for the two residents. An interview was conducted with the resident care director (RCD) on [redacted] at 11:10 AM. She said that corporate was changing nurses. They do not currently have a RN to complete the assessments. The administrator was interviewed on [redacted] at 11:13 AM. She said that corporate wants the facility to use the current nurse practitioner as the person to complete assessments. She said she does not currently have her under contract to	AN277		

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AN277	Continued From page 5 complete the services. She was asked about the nurse listed in the LNS book as the registered nurse. She said the person listed had never been in the facility. She said that hospice did a monthly assessment on resident #4 but confirmed she was not an employee of the facility nor has she been . . . . . by the facility to provide services. Class III	AN277		
AN278	59A-36.022(3) FAC; 429.07 (3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. This Statute or Rule is not met as evidenced by: Based on staff interview and record review the facility failed to complete assessments for 2 of 2 residents (#4 and #9) placed under limited nursing services license.	AN278		

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AN278	Continued From page 6 The findings include: A review of the limited nursing services (LNS) book provided by the facility shows two people who have been designated limited nursing services by the facility. Resident #4 was admitted to limited nursing services on , and resident #9 on . The limited nursing services book failed to reveal an assessment made by the nurse or employee for either resident. The resident care coordinator (RCD) was interviewed on at 11:10 AM. She said that the facility does not currently have a registered nurse (RN) to complete the assessments. She then said that resident #4 had an assessment completed by the hospice nurse, but resident #9 did not have one. An interview was conducted with the administrator on at 11:13 AM. She said the facility was just licensed in to provide limited nursing services. The person listed in the LNS book as the registered nurse to provide services has never been in the facility. She said that the hospice nurse provided the assessment for #4 and confirmed that hospice is neither an employee or by the facility to provide LNS services. The administrator said Resident #9 does not have an assessment either. Class III	AN278		