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
	AL11942911	A. BUILDING: _____ B. WING _____	R 12/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARNETT LAKEVIEW ALF INC.	3833 SW 33RD STREET HOLLYWOOD, FL 33023

(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 A revisit to the Relicensure, Generator Assessment and Focused . . . . Control survey was conducted at Barnett Lakeview ALF Inc. on . . . . The facility had uncorrected deficiencies and a new deficiency identified at the time of the survey.	{A 000}		
A 077 SS=D	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, interview and record review, the administrator failed to complete the required core competency test, within 90 days after the date of employment as an administrator. The Findings include: On [redacted] at approximately 12:00 PM, a follow up to the Relicensure survey was conducted as a desk review. During an interview with the Administrator , at this time, he stated Staff E is the assistant Administrator and in charge of submitting the required documentation for the prior citations. On [redacted] at approximately 3:00 PM, an interview was conducted with Staff E. The Administrators file was requested. It was revealed that the facility did not maintain staff files and Administrator would attempt to send any documentation they could locate. No documentation was provided for the Administrator or Staff E. Due to many failed desk review attempts. An onsite survey was conducted on [redacted] at approximately 9:30 AM. At this time, an interview was conducted with the Administrator, Staff E, and Staff D. It was revealed that Staff D and Staff E are volunteers and Assistant Administrators, respectively. It was further stated that Staff D and Staff E attempted to take the core training exam and have not passed at this time. It was further revealed that the Administrator has completed the 26 hour core training. At this time, the Administrator was able to produce the 26 hour	A 077		

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A 077	Continued From page 4 core training certificate dated . . . . The Administrator stated he failed the core training test the first time and the core training test the second time. However, he was unable to produce documentation to satisfy this requirement. Review of the Core Administrator Website revealed the Administrator nor Staff D was listed as passing or failing the Core Competency Exam. On 10:15 an exit conference was conducted with the ALF supervisor, surveyor, Administrator, Staff D and Staff E. The Administrator was given an opportunity to submit proof that he has successfully passed the core training test. At this time, he stated he would be unable to produce the documents and agreed with the findings. Class III	A 077		
{A 081} SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record.	{A 081}		

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{A 081}	Continued From page 5 (7) Facility staff shall participate in in-service training relevant to their job duties as specified by agency rule of the agency. Topics covered during the preservice orientation are not required to be repeated during in-service training. A single certificate of completion that covers all required in-service training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1	{A 081}		

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{A 081}	Continued From page 6	{A 081}		

hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training.
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must

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{A 081}	Continued From page 7 receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide in-service training to direct care staff members who provided direct care service to residents, for 4 of 6 sampled employee records reviewed (Staff A, C, D and E). The findings are: During the relicensure survey conducted on [redacted], the following was noted. a) Review of the facility records indicated that staff A was hired in [redacted] of 2020 as a caregiver to the facility residents. Further review of the facility records indicated that staff A did not have an individual employee record that contained the completion of a preservice orientation training and other relevant trainings related to her job duties. b) Review of the facility records indicated that staff C was presently a caregiver to the facility residents. Further review of the facility records indicated that staff C did not have an individual	{A 081}		

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{A 081}	Continued From page 8 employee record that contained the completion of a preservice orientation training relevant to her job duties. c) Review of the facility records indicated that staff D was hired on as a volunteer caregiver to the facility residents. Further review of the facility records indicated that staff D did not have an individual employee record that contained the completion of a preservice orientation training relevant to his job duties. Review of the facility records indicated that staff E was hired on as a volunteer caregiver to the facility residents. Further review of the facility records indicated that staff E did not have an individual employee record that contained the completion of a preservice orientation training relevant to his job duties. In an interview with the administrator on at 11:30am, he stated that he did not have the employee records for staff members A, C, D and E. He stated that the facility did not prepare these employee records and did not have additional individual documentation to represent that each staff member received a preservice orientation training relevant to their job duties that covered topics to help the employee provide responsible care and respond to the needs of the residents or the signed statement to indicate that each employee completed this required preservice orientation. During the relicensure revisit survey conducted on and , the following was noted. On at approximately 3:00 PM, an	{A 081}		

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{A 081}	Continued From page 9 interview was conducted with the Administrator and Staff E (Assistant Administrator). It was revealed that the facility has not prepared employee files and could not produce Staff orientation. The facility was given multiple opportunities between through to produce the training. It was further revealed that they did not have any documents to produce . The Administrator was interviewed at this time and acknowledged this finding. This citation remains uncorrected. Class III Uncorrected	{A 081}		
{A 084} SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right	{A 084}		

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{A 084}	Continued From page 10 resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions;	{A 084}		

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{A 084}	Continued From page 11 h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , rate, temperature, and rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section,	{A 084}		

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{A 084}	Continued From page 12 before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide proof that 1 out of 6 sampled staff members (staff A) who provided residents with assistance with self-administration of medications, completed the required 6 hour training to provide safe assistance with self-administration of medications in the facility. The findings are: A) Review of the facility records indicated that staff A was hired in [redacted] of 2020 as a caregiver to the facility residents. Further review of the facility records indicated that staff A did not have an individual employee record . Therefore,the facility was unable to provide proof that Staff A had completed the initial 6 hour assistance with self-administration of medication training. In an interview with the administrator on [redacted] at 11:35am, he stated that part of staff A's duties included for her to provide assistance with self-administration to the residents. He stated that he did not have the employee record for staff member A. He stated that the facility did not	{A 084}		

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{A 084}	Continued From page 13 prepare this employee record and did not have additional individual documentation to represent that this staff member received the required training to provide safe assistance with self-administration of medications in the facility. B) During the revisit survey conducted On . . . . . at approximately 3:00 PM and at 10 AM, an interview was conducted with the Administrator and Staff E. It was revealed that the facility has not prepared employee files and could not produce Staff As medication training. The facility was given multiple opportunities between . . . . . through to produce the training. It was further revealed that they did not have any documents to produce . The Administrator was interviewed at this time and acknowledged this finding. Class III Uncorrected	{A 084}		
{A 161} SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule.	{A 161}		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARNETT LAKEVIEW ALF INC.	3833 SW 33RD STREET HOLLYWOOD, FL 33023

(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 161}	Continued From page 14 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C.	{A 161}		

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{A 161}	Continued From page 15 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain staff records for 5 out of 6 sampled staff members (Administrator, staff A, C, D and E). The findings included: A) Review of the facility records indicated that staff A was hired in of 2020 as a caregiver to the facility residents. Review of the facility records indicated that staff C was presently a caregiver to the facility residents. Review of the facility records indicated that staff D was hired on as a volunteer caregiver to the facility residents. Review of the facility records indicated that staff E was hired on as a volunteer caregiver to the facility residents. Review of the facility records indicated that the administrator was hired on in his capacity as administrator of the facility. Further review of the facility records indicated that staff A, C, D, E and the administrator did not have an individual employee record which contained each staff member's application, training, background screening and other requirements relevant to their job duties. In an interview with the administrator on at 11:30am, he stated that he did not have the employee records for staff members A, C, D and E. He stated that the facility did not prepare these employee records and he also did not have his own administrator employee record on file in the facility. B)During the revisit on at	{A 161}		

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{A 161}	Continued From page 16	{A 161}		

approximately 12:00 PM a desk revisit was attempted with the Administrator and Staff E. Staff A, Staff C, Staff D, Staff E, and the Administrators files were requested. At this time the Administrator stated the assistant administrator; Staff E, is responsible for submitting the documents and maintaining files. On at approximately 3:00 PM, an interview was conducted with Staff E. He stated they the facility does not have the requested files. It was further revealed, Staff E is new and still learning the regulations and requirements. The provider was given the opportunity to submit the missing personnel files with the requested documentation by the next day. No documentation was provided. A second request was made on during the field visit at 10:30 AM, no documentation was provided .Therefore, the surveyor was unable to verify the following trainings.

1) Administrator
a) High School Diploma
b) Core training certificate
c) 12 hours of continuing education were on file, however; unable to verify 2 year window.
d) Application and References
e) Level 2 BGS
f) BGS Attestation

2) Staff B
a) Application and References
b) Level 2 BGS
c) BGS
d) Preservice orientation
e) Control Training- 1 hour
f) ADL and Behavioral Needs Training `-3 hours
g) Elopement Response Training
h) Reporting Major Incidents - 1
i) Nutrition and Safe Food Handling - 1 hour

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{A 161}	Continued From page 17 j) / . . Training k) Training - Level 1 l) .. . . . . Training Level II m) training - 1 hour n) First Aid Training o) Training p) Medication Training 3) Staff E a) Application and References b) Level 2 BGS c) BGS d) Preservice orientation e) Control Training- 1 hour f) ADL and Behavioral Needs Training `-3 hours g) Elopement Response Training h) Reporting Major Incidents - 1 i) Nutrition and Safe Food Handling - 1 hour j) / . . Training k) Training - Level 1 l) .. . . . . Training Level II m) . training - 1 hour n) First Aid Training o) Training p) Medication Training 4) Staff D a) Application and References b) Level 2 BGS c) BGS d) Preservice orientation e) Control Training- 1 hour f) ADL and Behavioral Needs Training `-3 hours g) Elopement Response Training h) Reporting Major Incidents - 1 i) Nutrition and Safe Food Handling - 1 hour j) / . . Training k) Training - Level 1 l) .. . . . . Training Level II m) . training - 1 hour	{A 161}		

Agency for Health Care Administration

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{A 161}	Continued From page 18 n) First Aid Training o) Training p) Medication Training Class III Uncorrected	{A 161}		