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
	AL11968343	A. BUILDING: _____ B. WING _____	12/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MJ PAVILLION INC	728 SOUTH ENDEAVOR DR WINTER SPRINGS, FL 32708

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A 000	Initial Comments A Focused Control Monitoring visit was conducted on . . . MJ Pavillion had a deficiency at the time of the visit.	A 000		
A1300 SS=D	Dem Emerg Order 20-011 Visitation 1. Every facility must continue to prohibit the entry of any individual to the facility, except in the following circumstances: A. Family members, friends, and individuals visiting residents in end- of-life situations including any resident enrolled in hospice; B. Hospice or , care workers caring for residents in end-of-life situations including any resident enrolled in hospice; C. Any individuals or providers giving necessary health care to a resident, provided that such individuals or providers: (1) comply with the most recent Centers for Control and Prevention (CDC) requirements for personal protective equipment (PPE), (2) are screened for signs and symptoms of COVID-19 prior to entry, and (3) comply with the most recent control requirements of the CDC and the facility; D. Facility staff; E. Facility residents; F. Attorneys of Record for residents in Adult Mental Health and Treatment Facilities or forensic facilities for court-related matters if virtual or telephonic means are unavailable; G. Public Guardians as set forth in chapter 744, Florida Statutes, Professional Guardians as defined by subsection 744.102(17), and their professional staff pursuant to subsection 744.361(14), Florida Statutes; H. Attorneys and their legal staff who are acting in their capacity as the legal representatives of residents where (a) the residents and lawyers are engaged in an active	A1300		

Agency for Health Care Administration

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A1300	Continued From page 1	A1300		

attorney-client relationships, (b) the visit is related to representation in legal proceedings or in consultation on legal matters, and (c) virtual or telephonic means are unavailable;

I. Representatives of the federal or state government seeking entry as part of their official duties, including but not limited to Long-Term Care Ombudsman program, representatives of the Department of Children and Families, the Department of Health, the Department of Elderly Affairs, the Agency for Health Care Administration, the Agency for Persons with [redacted], a protection and advocacy organization under 42 U.S.C. §15041, the Office of the Attorney General, any law enforcement officer, and any emergency medical personnel;

J. Compassionate care visitors who meet the following definitions and satisfy the following criteria:

i. Compassionate care visitors provide support, including emotional support, to help residents deal with difficult transition or loss, upsetting events, end-of-life situations, significant changes (such as recent admission to the facility), the need for assistance, cueing or encouraging with eating or drinking, or emotional distress or decline.

ii. Regarding compassionate care visitors, the facility shall:

1. Establish policies and procedures for designation and utilizations of compassionate care visitors;

2. Set a limit on the total number of visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation;

3. Develop an agreeable schedule in concert with the residents and visitors, including evening and weekends, to accommodate work or childcare barriers;

Agency for Health Care Administration

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A1300	Continued From page 2	A1300		

4. Provide instructional signage throughout the facility and prevention and control education, including education on proper use of PPE, hygiene, and social distancing;

5. Designate key staff to support prevention and control training;

6. Screen compassionate care visitors to prevent possible introduction ofCOVID-19;

7. Maintain a visitor log for signing in and out;

8. Monitor visitor adherence to appropriate use of masks, PPE, and social distancing, especially for those who may have difficulty with compliance such as children; and

9. After attempts to mitigate concerns, restrict or revoke visitation if the compassionate care visitor fails to follow prevention and control requirements or other COVID-19-related rules of the facility.

iii. Compassionate care visitors shall:

1. Wear a surgical mask and other PPE as appropriate. PPE for compassionate care visitors must be consistent with the most recent CDC guidance for health care workers;

2. Participate in facility-provided training on prevention and control, use of PPE, use of masks, sanitation, and social distancing, and sign acknowledgement of completion of training and adherence to the facility's prevention and control policies;

3. Comply with facility-provided COVID-19 testing, if offered;

4. Visit in the resident's room or in facility-designated visitation areas within the building; and

5. Maintain social distance of at least six with staff and other residents and limit movement in the facility except compassionate

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A1300	Continued From page 3	A1300		

care visitors are not required to maintain social distance from the resident being visited.

. The facility may require compassionate care visitors to submit to facility-provided COVID-19 testing so long as use of testing is based on the most recent CDC and U.S. Food and Drug Administration (FDA) guidance.

K. General visitors, i.e. individuals other than compassionate care visitors, under the criteria detailed below:

i. To accept general visitors, the facility must meet the following criteria:

1. Other than in a dedicated wing or unit that accepts COVID-19 cases from the community, the facility must have no new facility-onset of resident COVID-19 cases in the previous fourteen (14) days;

2. The facility must have fourteen (14) days with no new facility-onset of staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test;

3. Sufficient staff to support management of visitors;

4. Adequate PPE for staff, at a minimum;

5. Adequate cleaning and . . . . . supplies; and

6. Adequate capacity at referral hospitals for the facility.

ii. General visitors must:

1. Wear a mask and perform proper . hygiene;

2. Sign an acknowledgement form noting receipt and understanding of the facility's visitation and prevention and control policies.

3. Comply with facility-provided COVID-19 testing, if offered;

Agency for Health Care Administration

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A1300	Continued From page 4 4. Visit in a resident's room or other facility-designated area; and 5. Maintain social distance of at least six with staff and residents, and limit movement in the facility. 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 of COVID-19; 3. Establish limits on the total number of visitors 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 (10) 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; 10. Clean and visiting areas	A1300		

Agency for Health Care Administration

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A1300	Continued From page 5	A1300		

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.

. Facilities allowing general visitation shall enable general visitation as described in either or both paragraphs 1 and 2 below:

1. Provide outdoor visitation spaces that are protected from weather elements, such as porches, courtyards, patios, or other covered areas that are protected from heat and sun, with cooling devices if needed. The provisions of K.(i) (1) and (2) are not applicable to outdoor visitation.

2. Create indoor visitation spaces for residents in a room that is not accessible by other residents, or in the resident's private room if the resident is bedbound and for health reasons cannot leave his or her room.

v. Limit the number of visitors per resident at one time,

vi. Each facility may require general visitors to submit to facility- provided COVID-19 testing so long as use of testing is based on the most recent CDC and FDA guidance.

L. Barbers and beauty salons may resume services to residents with the following precautions:

i. Services are permissible only if:

1. Other than in a dedicated wing or unit that accepts COVID-19 cases, the facility has had no new facility- onset of resident COVID-19 cases in the previous fourteen (14) days; and

2. Fourteen (14) days have passed with no new staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test.

ii. Barbers and salon staff must wear

Agency for Health Care Administration

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A1300	Continued From page 6 surgical masks, gloves, practice proper hygiene, and follow the same requirements as compassionate caregivers; iii. Waiting customers must follow social distancing guidelines; . Residents receiving services must wear masks; v. Services are only provided to facility residents, not outside clients or guests; vi. Services may not be provided to a resident who tests positive for COVID-19 or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19; and vii. Service and salon areas must be properly cleaned and , and equipment must be sanitized between residents. 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 COVID-19 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 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	A1300		

Agency for Health Care Administration

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A1300	Continued From page 7 to the most recent CDC guidelines. Persons without physical contact with any resident must wear a mask. All facilities are encouraged to provide regular COVID-19 testing for staff and visitors. 4. Any resident leaving the facility temporarily for medical or other activities, and any resident receiving visits from health care providers, must wear a mask, if tolerated by that resident's condition. All residents must be screened upon return to the facility. protection should also be encouraged. should be scheduled through the facility or group home to ensure proper screening and adherence to -control measures. 5. All visitors must immediately inform the facility if they develop a or symptoms consistent with COVID-19 or test positive for COVID-19 within fourteen (14) days of a visit to the facility. 6. Documentation showing compliance with the following requirements must be kept for all visitation within a facility: A. Individuals entering a facility must be screened. To achieve this purpose, a facility may use a standardized questionnaire or other form of documentation. B. The facility is required to maintain documentation of all non-resident individuals entering the facility. The documentation must contain: i. Name of the individual entering the facility; ii. Date and time of entry; and iii. The screening mechanism used by the facility to conclude that the individual did not meet any of the enumerated COVID-19 screening criteria. This documentation must include the	A1300		

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A1300	Continued From page 8 screening employee's printed name and signature. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to safeguard the well-being of 4 of 5 residents by failing to follow current control standards related to COVID-19 and Florida Governor's emergency orders DEM Order 20-011, dated , delineating minimum criteria for general visitors entering identified residential facilities (#1, 2, 3 & 4). Findings: Upon entering the facility at 9:15 a.m. on , caregiver A checked the surveyor's temperature and instructed them to sign-in, which included only a question of whether or not the surveyor had COVID symptoms. No additional COVID related questions, specifically the presence of a , , , including , chills, , , , repeated shaking with chills and new loss of taste or smell and whether close contact with any person known to be with COVID-19, who did not meet the most recent criteria from the CDC to end , had occurred. Caregiver A said there were four residents in the facility, later identified as residents #1, #2, #3 and #4, who tested positive for COVID-19. At 9:30 a.m. on , caregiver A said additional screening questions were asked of visitors. However, the results were not documented anywhere. She said all of the residents were tested for COVID on and four of them tested positive.	A1300		

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A1300	Continued From page 9 At 11:10 a.m. on , the administrator said visitors were required to call the facility to schedule a visit and at that time they were asked whether they had traveled outside of the country, whether they had any signs and symptoms, if they had contact with anyone who tested positive and whether they had a or during the last couple of days. Prior to their entry, they were asked the questions again, they signed the form that asked only whether they had symptoms and their temperature was documented on the form. She said staff were screened only by checking their temperature and provided documentation that confirmed this. Review of the visitor sign-in and sign-out log revealed the following: Resident #1 had six visitors at various times on , , and . Resident #2 had three visitors at various times on , , , , , and . Resident #3 had two visitors at various times on and . Resident #4 had two visitors on . There was no documentation other than a temperature and the COVID symptom question, to indicate any of the visitors were screened. In addition, there was no documentation to indicate that two of resident #1's visitors, two of resident #2's, one of resident #3's and one of resident #4's signed an acknowledgement form noting receipt and understanding of the facility's visitation and prevention and control policies. At 12:20 p.m. on , the administrator was unable to provide additional documentation	A1300		

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A1300	Continued From page 10 and said only the visitor who she determined was the main family member of each resident was required to sign an acknowledgment. A request was made to review the facility's prevention and control policies. The administrator provided a policy binder, which did not contain the policy. The administrator also looked in the binder, could not locate one, and said the policies in the binder were the only ones the facility had. By failing to screen general visitors to prevent possible introduction of COVID-19, failing to provide each visitor with the facility's visitation policies, and failing to develop prevention and control policies, the well-being of all of the residents was directly threatened. Class III	A1300		