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
	AL11912046	A. BUILDING: _____ B. WING _____	01/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVEWELL AT CORAL PLAZA	5850 MARGATE BLVD. MARGATE, FL 33063

(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 unannounced Relicensure, Focused Control and Generator Monitoring survey was conducted on and at Livewell at Coral Plaza. The facility had deficiencies identified at the time of the survey.	A 000		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that two (2) of four (4) staff reviewed (Staff B and C) who provide direct care had current certification in , , ... (.) and/or First Aid.	A 083		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 083	Continued From page 1 The Findings Include: During review of staff B's facility file on it was revealed that staff B, who was hired on and provides direct care, did not have verification of First Aid or in her file. Staff B works the 7:00 AM - 3:00 PM and 3:00 PM - 11:00 PM shift. During review of Staff C's facility file on it was revealed that Staff C, who was hired on and provides direct care, did not have verification of First Aid in her file. Staff C works the 11:00 PM - 7:00 PM shift. In an interview with the Business Manager on at 1:00 PM she was advised that Staff C, who works the 11:00 PM- 7:00 AM shift, did not have First Aid verification in her file. She stated she would locate it. She returned and stated she did not have it. This Surveyor requested she provide verification of all employees who work the 11:00 PM - 7:00 AM shift. No documentation was provided during Survey. In an interview with the Administrator on at 1:38 PM she was advised that Staff C did not have verification of First Aid in her file. And that Staff B did not have verification of First and in her file. The Administrator was provided an opportunity to review the files and were not able to locate them. She returned with verification of Basic Life Support (BLS) for another employee who works the 11:00 PM - 7:00 AM shift. She was informed that the BLS can only be used if its states First Aid was part of the training. She stated she understood. A request was made for verification of current First Aid training all employees who work the 11:00 PM - 7:00 AM shift. No verification of First Aid for the 11:00 PM-	A 083		

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A 083	Continued From page 2 7:00 AM was provided during the Survey. On . . . . . the Team met with Administrator, Regional Vice President and Director of Nursing to conduct the Exit Interview. They were advised of the findings of the Survey, including the absence of current First Aid Certifications for Staff B and C; and current . . certification for Staff B. They were also informed that no documentation of First Aid was provided for any staff who works the 11:00 PM- 7:00 AM shift. Class III	A 083		