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
	AL11966504	A. BUILDING: _____ B. WING _____	12/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOME AT BEACON HILL	141 KAELYN LANE PORT SAINT JOE, FL 32456

(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 focused control survey and complaint survey for allegations contained within complaint number 2020014959, were conducted at Our Home at Beacon Hill in Port St. Joe, FL. At the time of survey, deficiencies were identified.	A 000		
A 030 SS=H	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close	A 030		

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A 030	Continued From page 1 proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030		

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A 030	Continued From page 2 (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence,	A 030		

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A 030	Continued From page 3 autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , , , , , , , , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency	A 030		

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A 030	Continued From page 4 relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names	A 030		

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A 030	Continued From page 5 and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure resident rights by failing to follow the CDC's Interim Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus 2019 (COVID-19) Pandemic related to	A 030		

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A 030	Continued From page 6 the use of personal protective equipment (PPE), evaluation of residents for signs and symptoms, routine cleaning and , and staff training for 6 of 10 staff (Staff A, B, C, D, E, F & G) sampled for COVID-19. Per the Centers for Control and Prevention (CDC), the COVID-19 is a transmissible that presents severe risk to persons who are aged, infirm, or suffer from co- including, but not limited to, system deficiency, , and . The findings include: According to the CDC's Internet website, last updated on , and accessed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html, "Given their congregate nature and population served, assisted living facilities (ALFs) are at high risk for SARS-CoV-2 spreading among their residents. If with SARS-CoV-2, the that causes COVID-19, assisted living residents - often older adults with underlying medical conditions - are at increased risk for severe illness." On at 11:14 AM, the surveyor conducted a tour of the facility. Observation revealed that the facility implemented a color coding system to indicate resident COVID-19 status throughout the building as the facility did not have a designated isolation area. Resident #2's door was open. The color indicated the resident was positive for COVID-19 and residents who are negative for COVID-19 reside on the same hall. Staff G, Assistant Executive Director and caregiver, was the only staff member observed providing direct care during the visit. Staff G confirmed that she provided care to both	A 030		

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A 030	Continued From page 7 COVID-19 positive and COVID-19 negative residents. At 1:18 PM, Staff G donned a disposable gown and gloves and delivered a lunch tray to Resident #6's room. Staff G had eyeglasses on, but did not don proper protection (i.e. goggles or shield). The survey was initiated at 10:40 AM, and concluded at 3:30 PM, during this time a tour of the facility was conducted and multiple observations were made of residents in their rooms and in the common areas, at no time were staff observed to conduct routine cleaning or to include high touch areas. Review of the CDC's Internet website regarding Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities last updated on and accessed on at https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html, revealed "Routinely (at least once per day) clean and surfaces and objects that are frequently touched in common areas. This may include cleaning surfaces and objects not ordinarily cleaned daily (e.g., door handles, faucets, toilet handles, light switches, elevator buttons, handrails, access door panels, countertops, chairs, tables, remote controls, shared electronic equipment, and shared exercise equipment). Review of the Housekeeping and Laundry Assignments revealed a Monday through Friday schedule. Further review revealed resident rooms are cleaned once per week and cleaning of common areas including the lobby, dining area, bathrooms, nurses station, salon, hall way and stairs were completed on the 11:00 PM to 7:00 AM shift.	A 030		

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A 030	Continued From page 8 On at 2:48 PM, an interview was conducted with the Executive Director (ED). The surveyor informed the ED of concerns regarding general cleanliness and questioned if it was most effective to conduct routine cleaning and at night from 11:00 PM to 7:00 AM, rather than during residents' waking hours and during or immediately following hours designated for visitation (Wednesday-Sunday 9:00 AM to 11:00 AM, 2:00 PM to 4:00 PM and 6:00 PM to 8:00 PM). The ED stated that she doesn't have the staff to clean more often. Review of the CDC's Internet website regarding Interim Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus 2019 (COVID-19) Pandemic last updated on and accessed on at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov% -control%2Fcontrol-recommendations.html, revealed that "HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level , (or facemask if a , is not available), gown, gloves, and , protection." Further review of the website revealed that residents with signs or symptoms or confirmed positive for COVID-19 should be in their rooms with the door closed. Record review of a list of COVID-19 positive residents and staff members revealed that six staff members were currently out of the facility due to testing positive for COVID-19 (Staff A, B,	A 030		

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A 030	Continued From page 9 C, D, E & F). Record review of staff education revealed a staff sign-in sheet related to "new sign-in procedure," "COVID-19," and "universal precautions" dated . Further review revealed that nine staff members attended. Further review revealed that only one of the six staff members currently out of the facility due to COVID-19 attended that one staff inservice provided by the ED on COVID-19 and prevention and control measures in (Staff A). Staff G, the caregiver for both COVID-19 positive and COVID-19 negative residents on , was not listed as an attendee at the inservice. On at approximately 12:30 PM, an interview was conducted with the ED. The surveyor asked who was responsible for staying up-to-date on Centers for Control and Prevention (CDC). She stated the management company who she corresponds with weekly. The surveyor asked who is in charge of prevention and control training and she replied, "Me". The surveyor asked how many staff the facility employs and she replied 16, including herself. The surveyor asked if any other staff education had been provided regarding COVID-19 and/or prevention and control since and she replied, "No." On , at approximately 12:00 PM, the surveyor asked the ED for resident monitoring logs to review. Upon review, the surveyor observed that several months were missing and asked the ED for those logs. The ED informed the surveyor that resident monitoring for daily temperatures and saturation levels was not conducted from to .	A 030		

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A 030	Continued From page 10 The surveyor asked the ED why residents were not monitored during that time and she stated that no residents were sick and there were no incidents. She stated that no testing was conducted from the time the Curative contract ended in , to the time of the current outbreak when positive residents were identified at the hospital before Christmas. The ED resumed resident monitoring due to receiving a physician's order to check temperature and saturation every six hours. The CDC has provided interim prevention and control recommendations for healthcare personnel during the COVID-19 pandemic. According to the CDC's Internet website last updated on and accessed on at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov% -control%2Fcontrol-recommendations.html, facilities should re-evaluate admitted patients for signs and symptoms of COVID-19. The CDC recommends that "Screening for and symptoms should also be incorporated into daily assessments of all admitted patients." Review of the CDC's Internet website regarding Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities last updated on and accessed on at https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html, revealed "Personnel who are expected to use PPE should receive training on selection and use of PPE, including demonstrating competency with putting on and removing PPE in a manner to prevent	A 030		

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A 030	Continued From page 11 self-contamination." On [redacted] at 3:08 PM, an interview was conducted with the ED. The surveyor asked who was responsible for notifying families, representatives and guardians of the change in the facility's COVID-19 status due to the outbreak. The ED replied that she's responsible. The surveyor asked how they were notified and she stated that she made calls. The surveyor asked if those were documented anywhere for review and she replied no, citing time constraints. Class II	A 030		
A1300 SS=H	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 [redacted] 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 [redacted] 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 [redacted] 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	A1300		

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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 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 , 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,

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A1300	Continued From page 13	A1300		

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;

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

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	AL11966504	A. BUILDING: _____ B. WING _____	12/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOME AT BEACON HILL	141 KAELYN LANE PORT SAINT JOE, FL 32456

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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 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

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A1300	Continued From page 15 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; 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	A1300		

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A1300	Continued From page 16 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 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	A1300		

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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 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, ,

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A1300	Continued From page 18 , 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 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	A1300		

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A1300	Continued From page 19 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 screening employee's printed name and signature. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow current [redacted] prevention and control standards related to Coronavirus [redacted] 2019 (COVID-19) and Florida Governor's emergency orders DEM Order 20-011, dated [redacted], delineating minimum criteria for general visitors entering residential facilities. Per the Centers for [redacted] Control and Prevention (CDC), the COVID-19 [redacted] is a transmissible [redacted] that presents severe risk to persons who are aged, infirm, or suffer from co- [redacted] including, but not limited to, [redacted] system deficiency, [redacted], and [redacted]. The findings include: On [redacted], the Governor of the State of Florida issued Executive Order 20-51 designating a Public Health Emergency as a result of COVID-19 and its impact. Pursuant to that authority, emergency orders have been issued by the Florida Division of Emergency Management to implement the protections necessary to assure the health, safety, and well-being of Florida's	A1300		

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A1300	Continued From page 20 citizenry, including those most . . . . . to the effects of . Among those emergency orders was DEM Order 20-006, dated . . . . . , delineating minimum screening standards for persons entering identified residential facilities. On DEM Order 20-011 was issued delineating minimum criteria for general visitors entering residential facilities. On , the Governor issued Executive order 20-316 which extended EO 20-52 (including DEM Order 20-006 & DEM Order 20-011) through . . . . . . According to the CDC's internet website, last updated on , and accessed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html, "Given their congregate nature and population served, assisted living facilities (ALFs) are at high risk for SARS-CoV-2 spreading among their residents. If with SARS-CoV-2, the that causes COVID-19, assisted living residents - often older adults with underlying medical conditions - are at increased risk for severe illness." On . . . . . at approximately 10:15 AM, the surveyor arrived at the facility. A "Welcome Visitors!" sign was observed on the door which stated that all visitation was by , , only and to please contact staff upon arrival to be screened. The posted visiting hours were Wednesday-Sunday 9:00 AM to 11:00 AM, 2:00 PM to 4:00 PM and 6:00 PM to 8:00 PM. The Executive Director (ED) answered the door and obtained the surveyor's temperature. Upon entering the facility, the ED requested that the surveyor sign-in. The outside of the sign-in binder included "Admission into facility guidelines and protocol for staff." Item #3 on the protocol stated "Each person entering the building must also sign in and complete the questionnaire." The sign-in	A1300		

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sheet contained the following fields: date, guest name, resident name, time in, time out, and temperature. No COVID-19 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(s) known to be with COVID-19, who did not meet the most recent criteria from the CDC to end , were asked by the ED or asked to to be completed on a questionnaire.

Review of the sign-in logs in the binder revealed approximately 189 visitor entries ranging from to . Review of the log revealed not all entries had a temperature documented. Examples include, but are not limited to:

Resident #14 was visited by Visitor H on and Visitor I on . No temperatures were recorded for either visitor. According to the ED's list of positive residents and staff, Resident #14 transferred to the hospital on where she tested positive for COVID-19.

Resident #4 was visited by Visitor N on and by Visitors J & K on . No temperatures were recorded for the visitors. According to the ED's list of positive residents and staff, Resident #4 was transferred to the hospital on due to , issues and tested positive for COVID-19.

Resident #6 was visited by Visitor L on and Visitor M on . No temperatures were recorded for either visitor. According to the ED's line list of positive residents and staff,

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A1300	Continued From page 22 Resident #6 tested positive for COVID-19 on [redacted]. Visitors O, P & Q signed in for bible study on [redacted]. No temperatures were recorded for any of the individuals. Visitor R signed in from Covenant Hospice on [redacted]. No temperature was recorded for the individual. Visitor S signed in for a tour on [redacted]. No temperature was recorded for the individual. Visitors T, U & V signed in for primary care visits on [redacted]. No temperatures were recorded for any of the individuals. On [redacted] at 2:45 PM, since the facility was not currently allowing general visitation due to an outbreak and no new staff arrived while the surveyor was onsite, the surveyor asked the ED for the questionnaires referenced in the protocol and the staff schedule from the last two weeks to determine compliance with screening requirements. Review of the questionnaires provided by the ED revealed a random and scattered sample, and not a complete collection from the last two weeks. The surveyor was unable to locate a corresponding questionnaire for each of the staff who worked on each of the last 14 days. On [redacted] at approximately 2:45 PM, an interview was conducted with the ED. The surveyor informed the ED that what she needs to be able to do is review the staff schedule from the last two weeks and locate each staff member's corresponding screening questionnaire. The ED replied, "You won't be able to because they're too	A1300		

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A1300	Continued From page 23 disorganized. That will require a plan of correction". The surveyor then asked the ED about the facility's visitation policy and asked how long are scheduled visits. The ED responded two hours. The CDC has provided guidance for preventing the spread of COVID-19 in ALFs. The CDC's internet website, last updated on . . . . . , and accessed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html states, "To prevent spread of COVID-19 in their facilities, ALFs should take the following actions: Designate one or more facility employees to actively screen all visitors and personnel, including essential consultant personnel, for the presence of and symptoms consistent with COVID-19 before starting each shift/when they enter the building." At the time of the visit, there were 15 COVID-19 positive residents in the facility. Class II	A1300		
CZ830 SS=B	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:	CZ830		

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CZ830	Continued From page 24 (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 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	CZ830		

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CZ830	Continued From page 25 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 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 interview, record review and direction from the State of Florida Surgeon General, the facility failed to ensure that COVID-19 Monitoring in the Emergency Status System was updated daily, as evidenced by the facility not filing a	CZ830		

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CZ830	Continued From page 26 report on . . . . . through . . . . . . The findings include: Pursuant to the Governor's Executive Order 20-51 and 20-52, and at the direction of the State Surgeon General regarding Novel Coronavirus (COVID-19), the Agency for Health Care Administration opened the event "COVID-19 Monitoring" in the Emergency Status System to monitor nursing homes' census, inventory, needs, and other related information statewide. All nursing homes were required to report current resident census and available beds in their facilities daily by 10:00 AM and answer additional questions related to the facility status and COVID-19. Notification to facilities was dated , . . On , the Governor issued Executive order 20-316 which extended EO 20-52 through . Review of the Agency for Health Care Administration's (AHCA's) Emergency Status System (ESS) which requires facilities enter daily COVID-19 updates revealed that the facility had not made an entry since . Review of documentation provided by the Executive Director (ED) revealed a letter from the Agency for Health Care Administration (AHCA) Bureau of Health Facility Regulation dated and addressed to the facility. Contents of the letter included, "Residential and 24-hour Care Providers should review and update the following information for each of your facilities in the Emergency Status System (ESS): Enter COVID-19 daily updates." On at 3:05 PM. an interview was conducted with the ED. The surveyor asked who	CZ830		

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OUR HOME AT BEACON HILL	141 KAELYN LANE PORT SAINT JOE, FL 32456

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CZ830	Continued From page 27 is responsible for entering daily updates into ESS. The ED replied, "Me." The surveyor asked is there any reason it hasn't been done and she replied, "No, not a good enough reason." Class III	CZ830		