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
	AL11969126	A. BUILDING: _____ B. WING _____	01/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY SENIOR LIVING OF TALLAHASSEE	2516 W LAKESHORE DR TALLAHASSEE, FL 32312

(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 An unannounced Focused Control survey was conducted on . . . . . at Tapestry Senior Living of Tallahassee. At the time of survey deficient practice was identified.	A 000		
A 030 SS=D	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 proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (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. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical	A 030		

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A 030	Continued From page 2 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, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the	A 030		

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A 030	Continued From page 3 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 relocation or residency termination. Reasons for relocation must be set forth in writing and	A 030		

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A 030	Continued From page 4	A 030		

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 and identities of the residents involved in the complaint, and the identity of complainants are

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A 030	Continued From page 5 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 record review, and interview, the facility failed to safeguard residents' well-being by failing to follow current control standards related to COVID-19 and Florida Governor's emergency orders DEM Order 20-006, dated , delineating minimum screening standards for staff entering identified residential facilities for 10 of 83 screening forms reviewed,	A 030		

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A 030	Continued From page 6 which has the potential to effect all 77 residents at the facility. The findings include: On , 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 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 , the Governor issued Executive order 20-316 which extended EO 20-52 (including DEM Order 20-006) 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 a review was conducted of the facility's screening records for the time period from the evening of through the afternoon of . There was a total of 83 records reviewed, of these 83 records, 10 Associated	A 030		

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A 030	Continued From page 7 Screening forms were found to be missing documentation on whether the individual had been screened for potential exposure to Covid-19 or if a temperature was obtained for the individual to determine if they had a . . . prior to entry into the facility. The following concerns were identified: Associate Screening forms failed to indicate whether the individual was assessed for signs and symptoms of Covid-19 or whether they had been exposed to someone with Covid-19 in the last 14 days for Staff A, Concierge; Staff D, Licensed Practical Nurse; Staff E, Medication Technician; Staff G, Resident Caregiver; Staff P, Dietary Server; Staff Q, Dietary Server; and Staff R, Marketing Director. The forms also failed to identify whether the individual was assessed for a prior to entry into the facility for Staff M, Concierge, and Staff N, Housekeeper. The Associated Screening form for Staff O, Activities Coordinator, was reviewed for and identified that the staff member had been exposed to someone who had tested positive for Covid-19 in the past 14 days, but failed to identify if the staff member was investigated further or prevented from entering the building. On . . . . at approximately 10:40 AM, an interview was conducted with Staff M, Front Desk Concierge, as well as the individual responsible for performing screening of staff and visitors, stated that Staff O, Activities Coordinator, was allowed to enter the building and was currently working. When asked about Staff O's potential exposure to someone with confirmed Covid-19 , Staff M stated that she thought that Staff O had been exposed by someone who	A 030		

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A 030	Continued From page 8 tested positive for Covid-19 at work but wasn't sure and stated it was the Administration's decision if they were allowed in the facility. On [redacted] at approximately 10:51 AM, an interview was conducted with Staff O, Activity Coordinator, she stated that she had been indicating on the Associate Screening form for approximately 2 weeks that she had been exposed to someone with known Covid-19 [redacted]. Staff O stated she had not been stopped or questioned about her potential exposure on any of the days and stated that no one at the facility had asked her about the nature of her potential exposure or prevented her from entering the building by marking that she had been exposed. When questioned about the nature of her exposure, Staff O stated that she thought she had to indicate that she had been exposed because the facility had staff members test positive for Covid-19 recently. Staff O denied ever being around any individuals with known Covid-19 [redacted] for any duration of time without herself and that individual wearing [redacted] coverings. On [redacted] at approximately 11:17 AM, a follow up interview was conducted with staff M, Front Desk Concierge, she indicated that while performing front desk screening she was supposed to ask anybody entering the facility about potential exposures, presence of signs and symptoms of [redacted], and record the individuals temperature. She additionally, indicated that if any individual indicated they had signs and symptoms of an [redacted], presented with a [redacted], or had been exposed to someone with known [redacted] they should be stopped at the door and the administration should be notified. Staff M confirmed the Associate Screening forms	A 030		

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A 030	Continued From page 9 reviewed did not reflect that practice and expectation. On at approximately 11:30 AM, an interview was conducted with the facility Business Director, she indicated that she held responsibility for the staff that performed screening of staff and visitors. She stated the expected process was for the front desk staff to fill the form out to completion, documenting all areas and recorded temperature, as well as the date and time of the screening, who the visitor works for, who they are there to visit, and their contact information. She stated this was important for contact tracing and preventing exposures in the facility. The business Director stated she was not aware that Staff O had indicated on her screening form that she had been exposed. She further stated that the staff member should have been stopped at the door and that there should have been further investigation. On at approximately 12:11 PM, an interview was conducted with the Executive Director, she stated that the expectation for the staff performing screenings was to go over the form in its entirety, document the date and time of the screening, and document who a visitor was, and why they were visiting. The Executive Director stated she was not aware that Staff O had indicated the she had been exposed and stated that she should have been stopped from entering the facility and should have been investigated further. On a review was conducted of the Policy and Procedure titled "Covid 19 Associate Screening and Precautions" dated which revealed "The community will require screening of all Associates upon entry of the	A 030		

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A 030	Continued From page 10 building ... All associates will be screened for Covid-19 risk factors and symptoms (including temperature) prior to the beginning of their shift. (See "Associate Screening Record" tool). Associates must answer the screening questions truthfully." Class III	A 030		
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 [illegible] 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 [illegible] 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 [illegible] 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	A1300		

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A1300	Continued From page 11	A1300		

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, 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

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A1300	Continued From page 12	A1300		

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 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;

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(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
A1300	Continued From page 13 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 6. Adequate capacity at referral hospitals for the facility. ii. General visitors must: 1. Wear a mask and perform proper . hygiene;	A1300		

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	AL11969126	A. BUILDING: _____ B. WING _____	01/21/2021

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A1300	Continued From page 14 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 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	A1300		

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A1300	Continued From page 15 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 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	A1300		

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A1300	Continued From page 16	A1300		

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 [illegible] hygiene, and follow the same requirements as compassionate caregivers;

iii. Waiting customers must follow social distancing guidelines;

[illegible]. Residents receiving services must wear [illegible] 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 [illegible], 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 [illegible], including [illegible], chills, [illegible], 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 [illegible] with

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A1300	Continued From page 17 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 documentation. B. The facility is required to maintain documentation of all non-resident individuals entering the facility. The documentation must contain:	A1300		

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A1300	Continued From page 18 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 record review and interview, the facility failed to safeguard residents' well-being by failing to follow current control standards related to COVID-19 and Florida Governor's emergency orders DEM Order 20-006, dated , delineating minimum screening standards for persons entering identified residential facilities for 8 of 83 screening forms reviewed, which has the potential to effect all 77 residents at the facility. The findings include: On , 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 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	A1300		

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A1300	Continued From page 19 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 a review was conducted of the facility's screening records for the time period from the evening of . . . . . through the afternoon of . There was a total of 83 records reviewed, of these 83 records, 8 of the Visitor Screening Records were found to be missing documentation on whether the individual had been screened for potential exposure to Covid-19 or if a temperature was obtained for the individual to determine if they had a prior to entry into the facility. The following concerns were identified: Visitor Screening forms failed to indicate whether the individual was assessed for signs and symptoms of Covid-19 or whether they had been exposed to someone with Covid-19 in the last 14 days. Visitor B; Visitor F, elevator vender; Visitor H; Visitor I new hire interviewee; and Visitor J. The forms also failed to identify whether the visitors had been assessed for a prior to entering the facility for Visitor C, Elevator Vendor; Visitor K, new hire interviewee; and Visitor L.	A1300		

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A1300	Continued From page 20 Personal Caregiver. On . . . . . at approximately 11:17 AM, an interview was conducted with staff M, Front Desk Concierge, she indicated that while performing front desk screening she was supposed to ask anybody entering the facility about potential exposures, presence of signs and symptoms of . . . . . , and record the individuals temperature. She additionally, indicated that if any individual indicated they had signs and symptoms of an , presented with a , or had been exposed to someone with known . . . . . they should be stopped at the door and the administration should be notified. Staff M confirmed the Visitor Screening forms reviewed did not reflect that practice and expectation. On . . . . . at approximately 11:30 AM, an interview was conducted with the facility Business Director, she indicated that she held responsibility for the staff that performed screening of staff and visitors. She stated the expected process was for the front desk staff to fill the form out to completion, documenting all areas and recorded temperature, as well as the date and time of the screening, who the visitor works for, who they are there to visit, and their contact information. She stated this was important for contact tracing and preventing exposures in the facility. At that time, a review of the screening forms was conducted with the Business Director during which she was unable to identify Visitors B, H, or J, why they were at the facility or who they were there to visit. She stated that this information should have been documented for contact tracing purposes and to ensure only essential visitors are entering the facility. On at approximately 12:11 PM, an	A1300		

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A1300	Continued From page 21 interview was conducted with the Executive Director, she stated that the expectation for the staff performing screenings was to go over the form in its entirety, document the date and time of the screening, and document who a visitor was, and why they were visiting. The Executive Director was unable to identify Visitor B, H, or J. On . . . . . a review was conducted of the Policy and Procedure titled "Inside Visits during . . . . . outbreak" dated . . . . . was reviewed and it identified that Essential Caregivers, Compassionate Care Visitors, Healthcare Providers, Essential Vendors, Prospective Residents, and General Visitors must complete the Visitor Screening process prior to entry into the facility. Class III	A1300		