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
	AL11964586	A. BUILDING: _____ B. WING _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEHIGH ACRES PLACE	1251 BUSINESS WAY LEHIGH ACRES, FL 33936

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and staff interview,the facility failed to ensure 3 (Administrator, Staff D, and Staff E) of 3 staff records reviewed, had Level 2 Background screening employment status updated within 10 business days on the facility roster. This has the potential for staff with disqualifying offenses to have access to adults.	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 The findings included: Record review found the Administrator was hired on . A review of the Agency's clearinghouse employee roster found the Administrator was added to the facility roster on . Record review found Staff D was hired as a resident aide on . Staff D was added to the facility roster on . Record review found Staff E was hired on as a resident aide and medication technician. Staff E was added to the facility roster on . During an interview with the facility's human resources manager on at 2:00 p.m., she said the corporate office is responsible for adding staff to the facility roster. She said she will let them know of the issue and ensure future compliance with regulatory requirements. Unclassified	CZ814		
CZ830	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,	CZ830		

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CZ830	Continued From page 2 or Department of Health as follows: (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.	CZ830		

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CZ830	Continued From page 3 (b) An inactive license may be issued for a period 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 record review and staff staff interview, the facility failed to submit their comprehensive emergency management plan (CEMP) on an annual basis to the local emergency management	CZ830		

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CZ830	Continued From page 4 agency as it is required. The findings included: Record review found the facility had a copy of a CEMP dated . There was no evidence the plan was submitted to the local emergency management office. In an interview with the Designee on at 9:30 a.m., she said she could not find evidence indicating the plan was actually submitted to the local office. The Designee said she has being trying to get in tough with the corporate office in Chicago to obtain further evidence of CEMP submission. She said she was still waiting for the information. Class III	CZ830		

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A 000	Initial Comments An unannounced state relicensure, limited nursing services, emergency power plan monitoring and focused control survey, was conducted on through at Lehigh Acres Place, an assisted living facility in Lehigh Acres, Florida. The following deficiencies were identified at the time of the survey.	A 000		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011	A 081		

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A 081	Continued From page 1 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service	A 081		

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A 081	Continued From page 2 training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . ., neglect, and , . The facility must use its . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the	A 081		

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A 081	Continued From page 3 implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that 2 (Staff D and Staff E) out of 3 records reviewed received in-service trainings as required. The findings included: Record review for Staff D found she was hired on as a resident aide. Further review found no record of 1 hour in-service training within 30 days of employment that covers reporting major incidents, adverse incidents and emergency procedures, elopement training and evidence of staff receiving the facility's elopement policy and procedure, and demonstration of competency in implementing the facility's elopement policies and procedures. Furthermore Staff D lacked 3 hours in-service training in resident behavior and needs and assisting resident with activities of daily living, reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and 1 hour in-service training within 30 days of employment in safe food handling practices. Record review for Staff E was hired on ..... as s resident aide and medication technician. Further review found Staff E lacked the following 1 hour in-service training within 30 days of employment that covers: reporting major incidents, adverse incidents and emergency	A 081		

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A 081	Continued From page 4 procedures, elopement training and evidence of staff receiving facility's elopement policy and procedures, and demonstration of competency in implementing the facility's elopement policies and procedures. On at 2:00 p.m., the designee and regional registered nurse acknowledged the lack of trainings for Staff D and Staff E. Class III	A 081		
A 082	59A-36.011(4) FAC Training - / (4) (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure facility employees completed a one-time education course on , and (/) and failed to maintain documentation of completion for 2 (Staff D and Staff E) of 3 employee files reviewed. The findings included:	A 082		

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A 082	Continued From page 5 Record review for Staff D found she was hired on [redacted] as a resident aide. Staff D's employee file contained no documentation of having completed a course on / . Staff E was hired on [redacted] as a resident aide and medication technician. Staff E's employee file contained no documentation of having completed a course on / . On at 2:00 p.m., the designee and regional registered nurse acknowledged the lack of trainings for Staff D and Staff E. Class III	A 082		
A 090	59A-36.011(11) FAC Training - (11) [redacted] TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding [redacted]. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure facility employees	A 090		

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A 090	Continued From page 6 complete at least one hour of training in the facility's policies and procedures regarding [redacted] ( ) within 30 days after employment and maintain documentation of completion for 2 (Staff D and Staff E) of 3 employee files reviewed. The findings included: Record review found Staff D was hired on [redacted]. Further review found Staff D did not complete training. Record review found Staff E was hired on [redacted]. Further review found Staff E did not complete training. On at 2:00 p.m., the designee and regional registered nurse acknowledged the lack of trainings for Staff D and Staff E. Class III	A 090		