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
	AL11968376	A. BUILDING: _____ B. WING _____	03/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMITAS ASSISTING LIVING FACILITY III, LLC	939 PARK MANOR DR ORLANDO, FL 32825

(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 abbreviated re-licensure survey was conducted at Carmita's Assisting Living III, LLC on . Deficiencies were identified at the time of survey.	A 000		
A 090 SS=D	59A-36.011(11) FAC Training - (11) 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 . (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 personnel record review and interview, the facility failed to ensure that 1 of 3 sampled staff (C) who was trained on the facility's ( ) policy understood the policy. Findings: During an interview with staff C, a caregiver on at 12:45 PM, who when asked "What is a " she was unable to answer the question. The Agency representative wrote in a sheet of paper and showed it to the staff. She replied she could not remember. The Agency	A 090		

AHCA Form 3020-0001

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

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A 090	Continued From page 1 representative gave her a hint (D meant Do, N meant Not). When told the letters stood for (order) she was still unclear as to what was about. The interview was conducted in Spanish. Review of the personnel record for staff C, revealed she was hired . A certificate indicated the administrator conducted the training for the staff to understand Florida's and that the administrator translated the procedures to the staff. The certificate was not dated and did not indicate the duration of the in-service. In an interview with the administrator on at 2 PM who said she trained the staff and forgot to date and write the duration of the training , asked if she could edit the certificate at the moment or she could re-train the staff in the presence of the Agency representative. Class III	A 090		
A1300 SS=D	Dem Emerg Order 20-011 Visitation 1. Every facility must continue to prohibit the entry of any individual to the facility, except in the following circumstances: A. Family members, friends, and individuals visiting residents in end- of-life situations including any resident enrolled in hospice; B. Hospice or , care workers caring for residents in end-of-life situations including any resident enrolled in hospice; C. Any individuals or providers giving necessary health care to a resident, provided that such individuals or providers: (1) comply with the most recent Centers for Control and Prevention (CDC) requirements for personal	A1300		

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A1300	Continued From page 2	A1300		

protective equipment (PPE), (2) are screened for signs and symptoms of COVID-19 prior to entry, and (3) comply with the most recent control requirements of the CDC and the facility;

D. Facility staff;

E. Facility residents;

F. Attorneys of Record for residents in Adult Mental Health and Treatment Facilities or forensic facilities for court-related matters if virtual or telephonic means are unavailable;

G. Public Guardians as set forth in chapter 744, Florida Statutes, Professional Guardians as defined by subsection 744.102(17), and their professional staff pursuant to subsection 744.361(14), Florida Statutes;

H. Attorneys and their legal staff who are acting in their capacity as the legal representatives of residents where (a) the residents and lawyers are engaged in an active 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

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

ii. Regarding compassionate care visitors, the facility shall:

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

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

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

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.

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A1300	Continued From page 4 iii. Compassionate care visitors shall: 1. Wear a surgical mask and other PPE as appropriate. PPE for compassionate care visitors must be consistent with the most recent CDC guidance for health care workers; 2. Participate in facility-provided training on . . . . prevention and control, use of PPE, use of masks, sanitation, and social distancing, and sign acknowledgement of completion of training and adherence to the facility's . . . . prevention and control policies; 3. Comply with facility-provided COVID-19 testing, if offered; 4. Visit in the resident's room or in facility-designated visitation areas within the building; and 5. Maintain social distance of at least six with staff and other residents and limit movement in the facility except compassionate 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	A1300		

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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 [illegible] supplies; and

6. Adequate capacity at referral hospitals for the facility.

ii. General visitors must:

1. Wear a mask and perform proper [illegible] 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 [illegible] 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 [illegible] positive for COVID-19 and not recovered (as defined by most recent CDC guidance), or [illegible] 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

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week;

5. Schedule visitors by , , only;

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

7. Immediately cease general visitation if a resident--other than in a dedicated wing or unit that accepts COVID-19 cases from the community--tests positive for COVID- 19, or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19, or a staff person who was in the facility in the prior ten (10) days tests positive for COVID-19;

8. Monitor visitor adherence to appropriate use of masks, PPE, and social distancing;

9. Notify and inform residents and their representatives of any changes in the facility's visitation policy;

10. Clean and . . . . visiting areas 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.

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A1300	Continued From page 7 v. Limit the number of visitors per resident at one time, vi. Each facility may require general visitors to submit to facility- provided COVID-19 testing so long as use of testing is based on the most recent CDC and FDA guidance. L. Barbers and beauty salons may resume services to residents with the following precautions: i. Services are permissible only if: 1. Other than in a dedicated wing or unit that accepts COVID-19 cases, the facility has had no new facility- onset of resident COVID-19 cases in the previous fourteen (14) days; and 2. Fourteen (14) days have passed with no new staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test. ii. Barbers and salon staff must wear 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	A1300		

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A1300	Continued From page 8 below: A. Any person with COVID-19 who does not meet the most recent criteria from the CDC to end isolation. B. Any person showing, presenting signs or symptoms of, or disclosing the presence of a , including , chills, , repeated shaking with chills, new loss of taste or smell, or any other COVID-19 symptoms identified by the CDC. C. Any person who has been in close contact with any person(s) known to be with COVID-19, who does not meet the most recent criteria from the CDC to end . 3. All facilities must require any individual who is entering the facility and who will have physical contact with any resident to wear PPE pursuant 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	A1300		

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A1300	Continued From page 9 within fourteen (14) days of a visit to the facility. 6. Documentation showing compliance with the following requirements must be kept for all visitation within a facility: A. Individuals entering a facility must be screened. To achieve this purpose, a facility may use a standardized questionnaire or other form of documentation. B. The facility is required to maintain documentation of all non-resident individuals entering the facility. The documentation must contain: i. Name of the individual entering the facility; ii. Date and time of entry; and iii. The screening mechanism used by the facility to conclude that the individual did not meet any of the enumerated COVID-19 screening criteria. This documentation must include the screening employee's printed name and signature. This Statute or Rule is not met as evidenced by: Based on facility record review and interview the facility failed to ensure it developed and implemented visitation policies and procedures and that documentation of compliance with the requirement was kept for all visitation within the facility. Findings: During the entrance on . . . . . at 9 AM staff C greeted the agency representative. She took a temperature measurement and then proceeded to allow the Agency's representative to enter the facility. She did not conduct or provide a COVID-19 screening. Resident #1 was identified as being under the care of hospice.	A1300		

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A1300	Continued From page 10 Review of the facilities policies and procedures revealed the policy indicated all visitors entering their facility will be screened for signs and symptoms of COVID-19. The policy did not: 1. Address compassionate care visitors and 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. Establish limits on the length of visits, days, hours, and number of visits allowed per week. Schedule visitors by , , only. Develop an agreeable schedule in concert with the residents and visitors, including evening and weekends, to accommodate work or childcare barriers. Limit the number of visitors per resident at one time. 3. Provide instructional signage throughout the facility and prevention and control education, including education on proper use of PPE, hygiene, and social distancing. 4. Designate key staff to support prevention and control training. 5. Screen compassionate care visitors and general visitors to prevent possible introduction of COVID-19. 6. Maintain a visitor log for signing in and out. 7. Provide facility 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	A1300		

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A1300	Continued From page 11 and control policies. 8. Provide outdoor visitation spaces that were 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. 9. Create indoor visitation spaces for residents in a room that was not accessible by other residents, or in the resident's private room if the resident was bedbound and for health reasons cannot leave his or her room. 10. 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: Name of the individual entering the facility; Date and time of entry; and 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. In an interview on . . . . . at 10:15 AM with the assistant administrator who said they did not have a screening tool; all the facility has been doing was taking temperatures before allowing visitors to come in. In an interview with the administrator on at 2 PM who said she did not allow any	A1300		

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A1300	Continued From page 12 visitors inside the facility. All visitation was done on the outside. Class III	A1300		