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
	AL11964934	A. BUILDING: _____ B. WING _____	03/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABOT RESERVE ON THE GREEN	4450 8TH STREET SARASOTA, FL 34232

(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
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 2 (Assistant Administrator and Staff A) of 5 staff records reviewed, had employment status updated within 10 business days on the facility roster pursuant to Chapter #435. 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 Assistant Administrator was hired . . . . . Review of the facility employee roster revealed the Assistant Administrator was added to the roster on . . Record review found Staff B was hired on . . . . . Review of the facility employee roster revealed Staff B was added to the roster on . . . . . . The Assistant Administrator, Business Office Manager and Administrator acknowledged the findings on . . . . . at 12:15 p.m. 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, 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	CZ830		

Agency for Health Care Administration

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CZ830	Continued From page 2	CZ830		

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 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

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CZ830	Continued From page 3 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 interview, the facility failed to provide status updates to the Emergency Status System (ESS) for 23 of 40 days reviewed as required by 408.821(4) Florida Statutes. 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	CZ830		

Agency for Health Care Administration

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CZ830	Continued From page 4 agency to report information to the agency regarding the provider's emergency status, planning, or operations. The findings included: A review of the ESS system from [redacted] to revealed the facility failed to report on [redacted] and [redacted]. During an interview on [redacted] at 9:05 a.m., the Facility Administrator stated he has no explanation as to why the facility status updates were not being done. The Administrator confirmed the entries were missing. Class III	CZ830		

Agency for Health Care Administration

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A 000	Initial Comments An unannounced relicensure, extended congregate care, emergency power plan monitoring and focused control survey was conducted on through at Cabot Reserve on the Green, an assisted living facility in Sarasota, Florida. The following is a description of the deficiencies:	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care	A 078		

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A 078	Continued From page 1 provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from	A 078		

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A 078	Continued From page 2 a health care provider documenting the individual is free from signs/symptoms of communicable . . . . . and evidence of a negative . . . . . examination documented annually thereafter for 3 (Administrator, Assistant Administrator and Staff C) of 5 employee records reviewed. The findings included: The Administrator's employee file revealed a hire date of . . . . with a promotion to Administrator on . The Administrator's file contained documentation of a negative . . . . . test on and a statement indicating the Administrator was free of signs and symptoms of communicable dated . The Administrator's file contained no further evidence of a negative examination annually thereafter. The Assistant Administrator's employee file revealed a hire date of . The Assistant Administrator's file contained documentation of a negative test on and a statement indicating the Assistant Administrator was free of signs and symptoms of communicable . . . . . dated . . . . . The Administrator's file contained no further evidence of a negative . . . . . examinationfree annually thereafter. Staff C's file revealed a hire date of as a medication technician. Staff C's filed contained documentation of a negative test on . . . . . Staff C's file contained documentation of an Employee Pre-employment Screening Physical Results dated and signed . . . . . and did not indicate Staff C was free from signs and symptoms of communicable	A 078		

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A 078	Continued From page 3 On .. ... at 12:15 p.m., the Administrator and Business Office Manager confirmed the findings. Class III	A 078		
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 (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	A 081		

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A 081	Continued From page 4 (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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service 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	A 081		

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A 081	Continued From page 5 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 implementation of the elopement response policies and procedures.	A 081		

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A 081	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure facility employees complete 1 hour of training for Nutritional and Safe food handling for 1 (Staff B) within 30 days of hire out of 3 staff records reviewed. The findings included: On . . . . a review of Staff B's employee file revealed a hire date of as a medication technician. Staff B's file contained no documentation of having completed 1 hour of training for Nutritional and Safe Food Handling. During an interview on . . . . at 11:20 a.m., the Business Office Manger confirmed the findings. Class III	A 081		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (. .). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . . and which is issued by an instructor or training provider that is approved to provide . . training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies	A 083		

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A 083	Continued From page 7 this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a staff member who has completed a course in - (.) and First Aid and holds a currently valid card is in the facility at all times for 10 (Administrator, Assistant Administrator, Wellness Coordinator, Staff B,C,D,E,F,G and H) of 10 employee records reviewed. The findings included: Staff B's employee file revealed a hire date of as a medication technician (med tech). Staff B's file contained no documentation of a current, valid or First Aid card. Staff C's employee file revealed a hire date of as a med tech. Staff C's file contained no documentation of a current, valid First Aid card. Staff D's employee file revealed a hire date of as a med tech. Staff D's file contained no documentation of a current, valid or First Aid card. Staff E's employee file revealed a hire date of as a med tech. Staff E's file contained no documentation of a current, valid or First Aid card. Staff F's employee file revealed a hire date of	A 083		

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A 083	Continued From page 8 . .... as a med tech. Staff F's file contained no documentation of a current, valid or First Aid card. Staff G's employee file revealed a hire date of as a med tech. Staff G's file contained no documentation of a current, valid . or First Aid card. Staff H's employee file revealed a hire date of .. .... as a med tech. Staff H's file contained no documentation of a current, valid . or First Aid card. The Wellness Coordinator's employee file revealed a hire date of . The Wellness Coordinator's file contained no documentation of a current, valid or First Aid card. The Administrator's employee file revealed a hire date of .... and a promotion as Administrator on . The Administrator's file contained no documentation of a current, valid or First Aid card. The Assistant Administrator's employee file revealed a hire date of ..... The Assistant Administrator's file contained no documentation of a current, valid First Aid card. On .. .... at 11:41 a.m., in an interview with the Administrator, he acknowledged the staff have no current valid . or First Aid cards, and admits there would have been times the facility was staffed without someone present with both current, valid and/or First Aid cards. Class III	A 083		

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A 090	Continued From page 9	A 090		
A 090	59A-36.011(11) FAC Training -	A 090		

(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 record review and staff interview, the facility failed to ensure facility employees complete at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment and maintain documentation of completion for 1 (Staff B) of 3 employee files reviewed.

The findings included:

On a review of Staff B's employee file revealed a hire date of as a medication technician. Staff B's file contained no documentation of having completed an in-service on .

On at 11:20 a.m., in an interview the Business Office Manager verified and confirmed Staff B's file contained no documentation of

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
	AL11964934	A. BUILDING: _____ B. WING _____	03/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABOT RESERVE ON THE GREEN	4450 8TH STREET SARASOTA, FL 34232

(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 090	Continued From page 10 completing training for . . . . Class III	A 090		
A 091	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the	A 091		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964934	A. BUILDING: _____ B. WING _____	03/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABOT RESERVE ON THE GREEN	4450 8TH STREET SARASOTA, FL 34232

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A 091	Continued From page 11 facility failed to appropriately document required trainings for 4 (Assistant Administrator, Staff B, C and D) of 5 staff reviewed. The findings included: Record review for the Assistant Administrator revealed a hire date of . Further review revealed a certificate of completion dated for Extended Congregate Care (ECC) training. The certificate did not include the agenda, hours, the trainer's name, credentials license, and dated signature. Record review for Staff B revealed a hire date of as a medication technician (med tech). Further review revealed a certificate of completion dated for Extended Congregate Care (ECC) training. The certificate did not include, the agenda, hours, the trainer's name, credentials license and dated signature. Record review for Staff C revealed a hire date of as a med tech. Further review revealed a certificate of completion dated for Extended Congregate Care (ECC) training. The certificate did not include, the agenda, hours, the trainer's name, credentials license and dated signature. Record review for Staff D revealed a hire date of as a med tech. Further review revealed a certificate of completion dated for Extended Congregate Care (ECC) training. The certificate did not include, the agenda, hours, the trainer's name, credentials license and dated signature. On at 11:20 a.m., in an interview with the Business Office Manager, verified and confirmed	A 091		

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
	AL11964934	A. BUILDING: _____ B. WING _____	03/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 091	Continued From page 12 the ECC training certifications on file did not meet regulatory requirements. Class III	A 091		