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
	AL11969287	A. BUILDING: _____ B. WING _____	R 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMER OAKS LLC	1525 PALMER AVE WINTER PARK, FL 32789

(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 083 SS=D	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 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 staff schedule review, personnel record review and interview, the facility failed to ensure 1 of 3 sampled staff who was scheduled to work alone with the residents had current, valid training in First Aid (L). Findings: On at 10:10AM, staff L was working alone in the facility. Review of the personnel record for caregiver L, hired on , revealed certification in First Aid that expired on , training was valid	A 083		

AHCA Form 3020-0001

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

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A 083	Continued From page 1 until . . . . . . (photographic evidence obtained) On at 11:45 AM, staff L stated she was scheduled to take a new First Aid and . class on . On at 1:00 PM in a phone interview the assistant administrator, she confirmed a class was scheduled for and acknowledged that staff L would need a class as soon as possible to be able to work alone with residents. Class III	A 083		
CZ816	408.809(2a-c) 435.05(2) 59A-35.090(2d-3c Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's , , to the Federal Bureau of Investigation for a national criminal history record check unless the person's , , . . . are enrolled in the Federal Bureau of Investigation's national retained print . . . . notification program. If the , , . . . of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit , , . . . electronically to the Department of	CZ816		

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CZ816	Continued From page 2 Law Enforcement for state processing, and the Department of Law Enforcement shall forward the [illegible] to the Federal Bureau of Investigation for a national criminal history record check. The [illegible] shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person [illegible]. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with [illegible], the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.	CZ816		

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CZ816	Continued From page 3 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if . . . . . for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to . , , ... to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively	CZ816		

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CZ816	Continued From page 4 licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the . . . report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure all staff had signed the Affidavit of Compliance with Background Screening Requirements for 1 of 3 sampled staff (N). Findings: Review of the personnel record for staff N, caregiver hired . . . . , revealed a level 2 background screening result dated . Continued review of the record did not find a signed attestation for compliance with the background screening requirements. On . . at 3:00PM, staff L confirmed the finding.	CZ816		

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{A 000}	Initial Comments A fourth revisit to complaint investigation #2020009877 was conducted at Palmer Oaks Assisted Living on . Deficiencies were found at the time of the visit.	{A 000}		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

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A 054	Continued From page 6 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain and up to date Medication Observation Record (MOR) for 1 of 2 sampled residents (#7). Findings: Review of the record for resident #7 revealed an admission date of . She required assistance with self-administration of medications. Review of the , MOR at 12:00PM, revealed: , DR 20mg, 1 capsule daily was marked with an "x" on and , and blank on 3/125mg, one tablet twice daily was blank on at 8PM. , 100mg, one capsule three times a day was blank on at 8PM. , 500mg, take 2 capsules every 12 hours, was blank for the 8AM and 8AM doses on . Refresh P.M. , instill 1 application I both , at bedtime was blank on and at 8PM. was blank for any doses on , , and . There was a log attached that instructed staff to document 4 times a day. Two values were listed on , 3 readings on , and no readings on . The reverse side of the MOR was blank and did not indicate why the medications were not given. On at 12:15PM, staff L confirmed the findings. Class III	A 054		

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{A 078}	Continued From page 7	{A 078}		
{A 078} SS=D	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 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	{A 078}		

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{A 078}	Continued From page 8 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: DEFICIENCY REMAINED UNCORRECTED Based on observation, record review, and interview, the facility failed to 1) ensure all staff providing services to residents were qualified to perform those duties in accordance with their level of training & education and allowed unlicensed staff to administer medications to 2 of 3 sampled residents. (#4 & #7), and 2) ensure all staff had obtained an annual negative . . . . . ( ) examination and free from communicable . . statement from a	{A 078}		

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{A 078}	Continued From page 9 healthcare provider for 2 of 3 sampled staff (M, N). Findings: 1. Observation on at 10:15AM revealed resident #4 asleep in a hospital bed in position. During the visit from 10AM until 1:30PM, resident #4 did not wake up. Review of , MOR showed unlicensed staff signed as giving medications to resident #4 for all doses in , . On at 10:30AM, staff L stated they sometimes get resident #4 up for meals, but they have to feed her. Staff L stated sometimes she put the crushed medications in a small amount of juice in a sipper cup which the resident was occasionally able to hold and drink from on her own, but it was hard to get all of the medication from the juice cup. She said most of the time she crushed the medications and put them in applesauce and fed the medications to resident #4, since the resident was unable to hold a spoon and get it to her . 2. Observation on at 11:28AM, unlicensed staff L brought resident #7 to the dining table for breakfast and . Staff L had assisted the resident with a reading prior to coming to the table. Staff L stated the reading was 205. Staff L read the dosage for the from a sheet posted inside the kitchen cabinet and then drew up the . She handed the resident the syringe and the resident injected herself. On at 11:48AM, resident #7 stated she was able to draw up her own , but said the staff was worried about her vision. She said she	{A 078}		

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{A 078}	Continued From page 10 was capable. On at 12:15PM, staff L said she did not know she could not prepare the syringe for resident #7. 3. Review of the personnel record for staff M, caregiver hired , revealed a freedom from statement dated . Continued review did not find any statement dated within the previous 12 months as required. 4. Review of the personnel record for staff N, caregiver hired , did not find any evidence of freedom from communicable or in the record. On at 1:00 PM, the assistant administrator said the staff put the crushed medications for resident #4 in juice and the resident could drink the juice on her own. She said she did not know the unlicensed staff could not draw up for a resident. She confirmed the finings for the documentation for staff M and N. Class III	{A 078}		
{A 081} SS=D	59A-36.011( ) FAC Training - Staff In-Service (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	{A 081}		

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{A 081}	Continued From page 11	{A 081}		

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 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

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{A 081}	Continued From page 12 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. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on personnel record review and interview, the facility failed to ensure 2 of 2 sampled staff had documentation of completion of the required training (L & N).	{A 081}		

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{A 081}	Continued From page 13 Findings: 1. Review of the personnel record for staff L (caregiver hired) revealed a certificate for a preservice orientation dated . The certificate was not signed by the employee as required. Another certificate for the 2-hour preservice orientation was provided, this one dated and signed by the employee. However, the signature for the trainer appeared to be a photocopy. (photographic evidence obtained) 2. Review of the personnel record for staff N (caregiver hired) revealed a certificate for training that included " control, , emergency management" and other topics was reviewed. The certificate did not include the timing for each of the subjects covered, and also had a trainer signature that appeared to be a photocopy. In addition, the date of the training had been altered by pasting small squares of paper on top of the certificate date with a new date in the pasted pieces. (photographic evidence obtained) On at 1:00PM in a phone interview with the assistant administrator, she confirmed the findings. Class III	{A 081}		