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
	AL11953545	A. BUILDING: _____ B. WING _____	04/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEA VIEW INN AT FOREST LAKES	3548 SEA VIEW STREET SARASOTA, FL 34239

(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 Care Provider Background Screening Clearinghouse.- (2)(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 interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse and report any changes of status within 10 business days for 3 (Staff A, Staff B and Administrator) of 4 employee files reviewed for the Background Screening Clearinghouse,	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 pursuant to Florida statute Chapter 435. This has the potential for staff with disqualifying offenses to have access to . . . . . adults. The findings included: Review of the employee records for Staff A revealed a hire date of as a medication technician/caregiver. Staff A was not listed on the employee roster. Record review of the administrator's employee record revealed a hire date of . . . . . , with a promotion to administrator on . The administrator was not listed on the employee roster. Review of the Agency's clearinghouse facility employee roster revealed Staff B was not listed on the employee roster. On at 2:15 p.m., in an interview, the administrator acknowledged the staff had not being listed on the employee roster within 10 days as required. Unclassified .	CZ814		
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435:	CZ815		

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CZ815	Continued From page 2 (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ␣ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ␣ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ␣ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing	CZ815		

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CZ815	Continued From page 3 statutes must not have an [redacted] awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of	CZ815		

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CZ815	Continued From page 4 credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or . . . . . with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees	CZ815		

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CZ815	Continued From page 5	CZ815		

may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.

(6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who:
1. Does not have an active professional license or certification from the Department of Health; or
2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification.
(b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.

(7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining , pursuant to s. 943.05(2).

(8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the

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CZ815	Continued From page 6 person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved	CZ815		

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CZ815	Continued From page 7	CZ815		

in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed.
(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter.

435.02 Definitions.-For the purposes of this chapter, the term:
(2) "Employee" means any person required by

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CZ815	Continued From page 8 law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to conduct level 2 background screening pursuant to Florida Statutes Chapter 435 for 1 (Staff B) out of 4 staff records reviewed for level 2 background screening. This has the potential for staff with disqualifying offenses to have access to adults. The findings included: Arrived at the facility on at approximately 7:55 a.m. Staff B performed screening for temperature with questionnaire for signs and symptoms of COVID-19. Staff B said she was the only staff on duty. Observed Staff B preparing and serving breakfast for residents in the facility. Observed Staff B assisting residents with activities of daily living. Observed Staff B perform screening for temperature with COVID-19 questionnaire for a family visit entry into the facility to pick up a resident for an On at 11:35 a.m., interviewed Staff B pertaining to job and duties. On 11:05 a.m., requested Staff B's employee file. On at 11:40 a.m., observed Staff B preparing lunch for residents at the facility. Review of the Agency's background screening clearinghouse revealed Staff B was not listed on the facility roster; also revealed no level II background for Staff B.	CZ815		

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CZ815	Continued From page 9 On at 1:30 p.m., in an interview, the administrator stated she could not locate the file, she was looking for it. On at 2:15 p.m., in an interview, the administrator acknowledged she had no evidence of level II background screening being completed for Staff B. Unclassified	CZ815		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) 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 Law Enforcement for state processing, and the Department of Law Enforcement shall forward the to the Federal Bureau of	CZ816		

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CZ816	Continued From page 10 Investigation for a national criminal history record check. The ... 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 ... . 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 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. 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	CZ816		

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CZ816	Continued From page 11 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 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	CZ816		

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CZ816	Continued From page 12 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. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to maintain the signed background screening compliance attestation in the employee's personnel file for 2 (Staff A and Staff B) of 3 personnel files reviewed for a signed attestation. The findings included: On , a review of Staff A's employee file revealed a hire date of as a caregiver. Staff A's employee file failed to contain a signed background screening compliance attestation. On Staff B's employee file was requested for review. The file was not provided, the facility had no documentation of background screening compliance attestation on file at the facility for Staff B. On at 2:15 p.m., in an inteview, the Administrator acknowledged Staff A's file did not contain documentation of a signed background screening compliance attestation. The administrator said she could not locate the employee file for Staff B. She acknowledged no background screening compliance attestation was on site at the facility for Staff B. Unclassified.	CZ816		

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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 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.	CZ830		

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CZ830	Continued From page 14 (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 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.	CZ830		

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CZ830	Continued From page 15 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide status updates to the Emergency Status System (ESS) for 54 days from through 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 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 to revealed the facility failed to report on through . During an interview on at 12:10 p.m., the administrator said she was not sure what the ESS was and she was never trained on reporting the ESS daily. Class	CZ830		

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A 000	Initial Comments An unannounced relicensure, emergency power plan monitoring and focused control survey was conducted on at Sea View Inn at Forest Lakes, an assisted living facility in Sarasota, Florida. The following is a description of the deficiencies: .	A 000		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident ' s medications or dosages change. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications.	A 052		

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A 052	Continued From page 1 (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations.	A 052		

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A 052	Continued From page 2 (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups,	A 052		

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A 052	Continued From page 3	A 052		

and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.
(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,
2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.
(f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S.
1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.

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A 052	Continued From page 4 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to follow physician orders when assisting with self-administration of medication and failed to provide appropriate assistance with self-administration of medications for 2 (Resident #5 and Resident #3) of 2 residents being observed for assistance with self-administration of medications. The findings included: On . . . . at 8:46 a.m., the administrator who is a medication technician (med tech), was observed assisting Resident #5 with self-administration of medications. Resident #5's Medication Observation Record (MOR) indicated she takes 10 different medications at 8 a.m. The administrator rolled the medication (med) cart into Resident #5's room. She adjusted Resident #5's bed, using the bed controller on the side of the bed to raise the bed to a 90-degree angle and touching the bed with her . . . . No . . hygiene was performed after using the bed controller and adjusting the bed. She opened the MOR book, pulled out Resident #5's medications, one by one calling the resident's name, she popped the pills into a souffle cup and signed for	A 052		

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A 052	Continued From page 5 each pill popped into the cup. The administrator counted the pills in the cup before giving them to the resident. She counted a total of 13 pills and proceeded to give the cup with the medications to Resident #5. The administrator did not tell Resident #5 what medications she was being given. Resident #5 asked what one of the medications was, indicating it looked like ( ) and telling the administrator she was to . The Administrator told Resident #5, "It was her medications, she did not give her ." Record review of Resident #5's MOR and the medication cards given showed (synthetic medication) scheduled at 8 a.m., ordered to be given on an empty . Medication cards also showed the administrator gave additional (drug) and (relaxant) scheduled for 1:00 p.m. was given with the 8 a.m. medications which totaled for a count of 13 pills given. Resident #5 should have been given 11 pills at 8:00 a.m. On at 9:00 a.m., in an interview, Resident #5 said she was in the middle of eating her breakfast when the administrator gave her the medications, she said the staff always give her all of her morning medications together when she is eating her breakfast. On at 9:18 a.m., in an interview, the administrator said she never assists with the medications, this was her first time assisting the residents with medications today, that staff on duty would normally assist the residents with their medications. The administrator said in the medication class they were taught to read the medications aloud to the residents when assisting	A 052		

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A 052	Continued From page 6 them, and that the [redacted] is to be given on an empty [redacted] before the resident eats as per the orders. She acknowledged she did not follow the med order and did not follow appropriate med training for assisting with medications by reading the medications to Resident #5 and performing [redacted] hygiene after assisting with adjusting Resident #5's bed, before assisting with the medications. On [redacted] 9:40 a.m., the administrator (med tech) was observed assisting Resident #3 with self-administration of medications. The administrator rolled the med cart into Resident #3's room. She pulled out the MOR book and opened it to the resident medication list. The administrator pulled Resident #3's medications from the cart, called his name and read the medications aloud to Resident #3 and popped the pills into a souffle cup. In the midst of popping the medications into the cup, Resident #3's [redacted] ([redacted]) and [redacted] ([redacted]) dropped onto the top of the med cart, the administrator picked both pills up from the cart with her bare [redacted] and placed them into the cup with the other medications and signed the MOR. She proceeded to give the cup of medications to Resident #3 with a glass of water and observed the resident take the medications. On [redacted] at 2:30 p.m., in an interview, the administrator said she had taken her med tech training, and any medications that dropped should be disposed of and not picked up with her bare [redacted] and given to the resident. She acknowledged the medication orders were not followed and she did not follow her medication training. Class III	A 052		

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A 052	Continued From page 7 .	A 052		
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 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	A 078		

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A 078	Continued From page 8 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 interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . . and evidence of freedom from . . . . . ( ) documented annually thereafter for 1 (Staff B) of 4 employee records reviewed. The findings included:	A 078		

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A 078	Continued From page 9 Arrived at the facility on at approximately 7:55 a.m. Staff B performed screening for temperature with questionnaire for signs and symptoms of COVID-19. Staff B stated she was the only staff on duty. Observation of Staff B preparing and serving breakfast for residents in the facility, Observation of Staff B assisting residents with activities of daily living, Observation of Staff B performing screening for temperature with COVID questionnaire for family visit entry into the facility to pick up a resident for an . . On at 11:35 a.m., an interview was conducted with Staff B pertaining to job and duties. On 11:05 a.m., the employee file for Staff B was requested. On at 11:30 a.m., files were provided all except the file for Staff B. The administrator said she couldn't find it, she was looking for it. On at 11:40 a.m., observed Staff B preparing lunch for residents at the facility. On at 4:00 p.m., the administrator acknowledged there was no evidence of an employee file for Staff B. No an application with references, level II background screen, written statement from a healthcare provider indicating Staff B was free from signs and symptoms of communicable , including or documentation of compliance with all training requirements on site at the facility for Staff B. On at 4:24 p.m., in an interview, Resident #5 stated Staff B has been working at the facility for about 4 weeks and had been assisting him	A 078		

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A 078	Continued From page 10 with his showers, [illegible] and medications. 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 (1).	A 081		

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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
A 081	Continued From page 11 (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 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.	A 081		

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	AL11953545	A. BUILDING: _____ B. WING _____	04/21/2021

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A 081	Continued From page 12 (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. This Statute or Rule is not met as evidenced by:	A 081		

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A 081	Continued From page 13 Based on observation, record review, and interview, the facility failed to ensure facility employees complete the in-service training required by Florida Administrative Code within 30 days of employment. The facility also failed to provide at least a 2 hour pre-service orientation prior to interacting with residents for 1 (Staff B) of 4 staff reviewed hired after . The findings included: Arrived at facility on at approximately 7:55 a.m. Staff B performed screening for temperature with questionnaire for signs and symptoms of COVID 19. Staff B stated she was the only staff on duty. Observation of Staff B preparing and serving breakfast for residents in the facility, Observation of Staff B assisting residents with activities of daily living, Observation of Staff B performing screening for temperature with COVID questionnaire for family visit entry into the facility to pick up resident for , , . On at 11:35 a.m., an interview was conducted with Staff B pertaining to job and duties. On at 11:05 a.m., the employee file for Staff B was requested. On at 11: 30 a.m., files were provided all except the employee files for Staff B. The administrator said she couldn't find it, she was looking for it. On at 11:40 a.m., observed Staff B preparing lunch for residents at the facility. On at 4:24 p.m., in an interview, Resident #5 said Staff B had been working at the facility for	A 081		

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A 081	Continued From page 14 about 4 weeks, and had been assisting him with his showers, and medications. On at 5:00 p.m., in an interview, the administrator acknowledged there was no evidence of an employee file which contained documentation of having completed a pre-service orientation, control training, activities of daily living and behavioral needs training, elopement response training, reporting major incidents/adverse incidents/facility emergency procedures, incident report training, resident rights and recognizing/reporting and neglect training, and nutrition and safe food handling on site at the facility for Staff B. Class III	A 081		
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	A 091		

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A 091	Continued From page 15 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 interview, the facility failed to appropriately document required trainings for 1 (Staff C) of 4 employees reviewed. The findings included: Record review for Staff C revealed a hire date of . Further review revealed a certificate of completion dated for resident behavior and needs, ( ), /acquired (/), nutrition and food handling, certificates of a completion date of for elopement, reporting major incidents, reporting adverse incidents, universal precautions, certificates of completion dated for resident rights, and control training. The certificates did not include the agenda, the location of the trainings, the trainer's credentials and license, and did not indicate the status of the trainer being core trained. On at 11:20 a.m., in an interview, the administrator said she is not sure who the trainer listed on the certificates for Staff C was and she does not know if the trainer is core trained. The administrator acknowledged the training certifications on file for Staff C did not meet	A 091		

Agency for Health Care Administration

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A 091	Continued From page 16 regulatory requirements. Class III	A 091		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or	A 161		

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A 161	Continued From page 17 more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity [redacted] to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to maintain personnel records for each staff containing documentation required for compliance with Florida Administrative Code for 1 (Staff B) of 4 employee files reviewed. The findings included: Arrived at the facility on at approximately 7:55 a.m. Staff B performed screening for temperature with questionnaire for signs and symptoms of COVID-19. Staff B said she was the only staff on duty. Observed Staff B preparing and serving breakfast for residents in the facility. Observed Staff B assisting residents with activities of daily living.	A 161		

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A 161	Continued From page 18 Observed Staff B performing screening for temperature with COVID - 19 questionnaire for a family visit entry into the facility to pick up a resident for an , , . On at 11:35 a.m., an interview was conducted with Staff B pertaining to job and duties. On at 11:05 a.m., Staff B's employee file was requested. On at 11: 30 a.m., files were provided except the file for Staff B. The administrator said she can't find it, she is looking for it. On at 11:40 a.m., observed Staff B preparing lunch for residents at the facility. On at 4:00 p.m., the administrator acknowledged there is no evidence of an employee file which contained at a minimum, an application with references, level II background screen and documentation of compliance with all training requirements on site at the facility for Staff B. On at 4:24 p.m., in an interview. Resident #5 said Staff B had been working at the facility for about 4 weeks and had been assisting him with his showers, and medications. On at 5:00 p.m., in an interview, the administrator confirmed Staff B assisted the residents at the facility with their care and medications. She confirmed there was no employee file on site at the facility for Staff B. Class III	A 161		