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
	AL11964559	A. BUILDING: _____ B. WING _____	05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIS POINTE	1200 AVENIDA DEL CIRCO VENICE, FL 34285

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced state relicensure, limited nursing services, emergency power plan monitoring, and focused control survey was conducted on through at Maris Pointe, an assisted living facility in Venice, Florida. The following deficiencies were identified at the time of survey.	A 000		
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff completed the required ( ) training within 30 days of employment for 3 (Staff C, D, and E) of 4 records reviewed. training must be provided from the facilty's policy/procedure. The findings included:	A 090		

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A 090	Continued From page 1 Record review found Staff C was hired as a registered practical nurse on . Further review found no evidence of in-service training. Record review found Staff D was hired as a caregiver on . Further review found no evidence of in-service training. Record review found Staff E was hired as a caregiver on . Further review found no evidence of in-service training. In an interview on at 9:58 a.m., the Human Resources Manager said as far as she knew records were complete and no trainings were missing. In an interview on at 3:30 p.m., the Administrator acknowledged the lack of training. She said she would ensure all staff get trained as required. 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,	A 091		

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A 091	Continued From page 2 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 facility failed to ensure all training certificates or copies of certificates, of any training required include the following documentation: The training program agenda; the trainer's credentials, and professional license number, if applicable for 3 (Staff C, D and E) of 4 staff files reviewed. The findings included: Personnel record review for Staff C, D, and E found no evidence of the training program agenda and the trainer's credentials. Staff C, hired on . . . . . , had trainings on record that lacked the agenda and did not provide the trainer's credentials. Reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to	A 091		

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A 091	Continued From page 3 emergency evacuation completed . Resident rights in an assisted living facility and recognizing and reporting resident , neglect, and , completed on . Resident behavior and needs and providing assistance with the activities of daily living completed on . Safe food handling practices completed . / training completed on . Elopement training completed on . Staff D, hired on , had trainings on record that lacked the agenda and did not provide trainer's credentials. Reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation completed . Resident rights in an assisted living facility and recognizing and reporting resident , neglect, and , completed on . Resident behavior and needs and providing assistance with the activities of daily living completed on . Safe food handling practices completed . / training completed on . Elopement training completed on . Staff E, hired on , had trainings on record that lacked the agenda and did not provide trainer's credentials. Reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation completed on . Resident rights in an assisted living facility and recognizing and reporting resident , neglect, and , completed on . Resident behavior and needs and providing assistance with the activities of daily living	A 091		

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A 091	Continued From page 4 completed on . Safe food handling practices completed . / training completed on . Elopement training completed on . In an interview on at 11:30 a.m., the Administrator said the facility utilized a corporate approved software training that was completed online. The staff was required to complete all training online and then they printed a certificate. They did not have an agenda. The trainer who signed the trainings was in North Carolina. The Administrator said she did not know the trainer's credentials. In a follow-up interview on at 3:30 p.m., the Administrator said she called the software developer, but they did not provide any credentials for the trainer. She said she would reach out to them again and provide evidence of credentials when she received them. The Administrator did not provide any additional information. Class III .	A 091		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the 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	CZ814		

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CZ814	Continued From page 5 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 , 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; ; 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 12 (Staff B, C, D, E, F, G, H, I, J, K, L and M) of 14 staff records reviewed, had the Level 2 Background screening employment status updated within 10 business days on the Agency's Background Screening Clearinghouse website pursuant to Chapter #435 Florida Statute. This had the potential for staff with disqualifying offenses to have access to adults. The findings included: Record review found Caregiver Staff B was hired on . Review of the Agency's Clearinghouse employee roster revealed Staff B was not included on the Clearinghouse roster.	CZ814		

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CZ814	Continued From page 6 Record review found Licensed Practical Nurse (LPN) Staff C was hired on . Review of the Agency's Clearinghouse employee roster revealed Staff C was not included on the Clearinghouse roster. Record review found Caregiver Staff D was hired on . Review of the Agency's Clearinghouse employee roster revealed Staff D was not included on the Clearinghouse roster. Record review found Caregiver Staff E was hired on . Review of the Agency's Clearinghouse employee roster revealed Staff E was not included on the Clearinghouse roster. Record review found Caregiver Staff F was hired on . Review of the Agency's Clearinghouse employee roster revealed Staff F was not included on the Clearinghouse roster. Record review found Caregvier Staff G was hired on . Review of the Agency's Clearinghouse employee roster revealed Staff G was not included on the Clearinghouse roster. Record review found Health Wellness Director Staff H was hired on . Review of the Agency's Clearinghouse employee roster revealed Staff H was not included on the Clearinghouse roster. Record review found Caregiver Staff I was hired on . Review of the Agency's Clearinghouse employee roster revealed Staff I was not included on the Clearinghouse roster. Record review found Maintenance Director Staff J was hired on . Review of the Agency's Clearinghouse employee roster revealed Staff J	CZ814		

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CZ814	Continued From page 7 was not included on the Clearinghouse roster. Record review found Caregiver Staff K was hired on . Review of the Agency's Clearinghouse employee roster revealed Staff K was not included on the Clearinghouse roster. Record review found Caregiver Staff L was hired on . Review of the Agency's Clearinghouse employee roster revealed Staff L was not included on the Clearinghouse roster. Record review found Caregiver Staff M was hired on . Review of the Agency's Clearinghouse employee roster revealed Staff M was not included on the Clearinghouse roster. In an interview on at 12:05 p.m., the Business Office Manager said she had being working for the facility since and did not receive any training on how to add staff to the Clearinghouse roster. She said she did not know what the Clearinghouse employee roster was and what had to be done. In an iterview on at 12:15 p.m., the Administrator said only herself and the business office manager have access to the Clearinghouse employee roster. She said she was aware of the regulatory requirement of adding staff within 10 business days from the time of hire. TheAdministrator said she thought the business office manager was informed of the regulatory requirements. The Administrator acknowledged none of the staff mentioned above were included in the Clearinghouse employee roster. Unclassified .	CZ814		

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CZ830	Continued From page 8	CZ830		
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	CZ830		

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CZ830	Continued From page 9 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 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 10	CZ830		

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 14 of 30 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 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 , , , , , , , , , , , , and .

Interview on at 10:51 a.m., the Executive Director said "If she gets to the facility and things are happening, she forgets." The Executive Director confirmed the entries were missing.

Class III

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