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
	AL11967402	A. BUILDING: _____ B. WING _____	06/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCELSIOR OMEGA INC	15 DADE AVE SARASOTA, FL 34232

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint survey for complaint #2021001482 and #2021004377 was conducted on through at Excelsior Omega Inc, an assisted living facility in Sarasota, Florida. Complaint #2021001482 was unsubstantiated. Complaint #2021004377 was substantiated with a deficencies at A0030 and A0083. The following is description of the deficiencies.	A 000		
A 030	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident . . . . . , neglect, and . ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which	A 030		

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A 030	Continued From page 2 residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other	A 030		

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A 030	Continued From page 3 similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is	A 030		

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A 030	Continued From page 4 harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where	A 030		

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A 030	Continued From page 5 complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed honor each residents' right to adequate and	A 030		

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A 030	Continued From page 6 appropriate healthcare by failing to initiate or continue , , ( ) until Paramedics arrived for 1 (Resident #3) of 1 resident sampled for an unexpected . Also refer to Chapter 429.255 (4) Florida Statute for provision or withholding of and Chapter 59A-36.009 Florida Administrative Code for provision around . ( ). Failure to honor a resident's right to obtain in an emergency lead to the resident not being . The findings included: Record review revealed Resident #3 was admitted to the facility on . A Resident Health Assessment AHCA (Agency for Health Care Administration) form 1823 completed on included diagnosis of , , and dystonia (involuntary that cause repetitive or twisting movements). Further documentation revealed Resident #3 had signed a form saying he had not executed a ( ) Advanced Directive on . Review of the ( ) policy revealed the Facility's . Policy is to honor a legally executed , but until such information is provided, life saving measures will be provided and Emergency Treatment will be sought by calling 911. On , a review of caregiver Staff B's training records revealed a First Aid/ / (Automated External Defibrillator) certificate dated through . Caregiver Staff B was no longer employed at the facility and the phone number was not answered when called	A 030		

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A 030	Continued From page 7 multiple times. A Resident Observation Log entry dated 11/26/21 showed on " . . . at about 6.29 [6:29 p.m.] staff [caregiver Staff B] went to change his diaper observe that his Breathing very heavy like . . . . . 911 call and . start he was laid down on Floor Flat started until paramedic arrive and take over [illegible word] one pronounce [as]." On , Record review of the Sarasota County Emergency Services "Pre-hospital report" revealed the Primary Impression was . . on . . . . . at 18:28 (6:28 p.m.) The Paramedics documented: "Rescue 5 responded to the indicated address for . . . . . . On arrival, patient was found lying supine on the ground. was not in progress. Staff [caregiver Staff B] did not come to the [door] for about a minute, patient was scene [sic] threw [sic] the front door. ALF staff advised patient was given a . . . . due to his . Staff advised after treatment when she went . . . . to check on him, he was not breathing. She called 911, she put patient to the floor without initiating . . . . Care Provided Prior to Arrival: No. . . . Use Prior to . . Arrival: No. First Monitored Rhythm of the Patient: , [cessation of electrical and mechanical activity of the]. Date and time of : . . . . . 18:20. Witnessed By: Witnessed by Healthcare Provider. . . . . Attempted by : Attempted . . . . . , Initiated . . . . . , ... Any Return of Spontaneous Circulation: No. . . . . Rhythm on Arrival at Destination:	A 030		

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A 030	Continued From page 8 Date/Time . . . . . Discontinued: . . . . 19:03." Further the document showed the emergency call was received on at 18:27:23 (6:27 p.m.), Unit was dispatched at 18:27:35 (6:27 p.m.), Unit arrived at the facility at 18:30:58 (6:31 p.m.), paramedics were at the patient's side at 18:32:14 (6:32 p.m.) and was discontinued at 19:03:29 (7:03 p.m.). arrived within 5 minutes of receiving the 911 call, and witnessed no . . . . . occurring. Interview on . . . . at 4:50 p.m., the documenting Paramedic stated when they arrived at the facility [Resident #3] was lying on the floor naked and no staff were observed doing . He reported the staff took their time to open the door for them. He reported he has had many instances at the facility when they have been called and staff are talking on the phone to the Administrator when they arrived. A review of the "ALF Incident Report" form showed on at 7:30 pm, While sitting on couch [Resident #3] started breathing heavy, 911 was called, the [sic] rendered and other measures, He was pronounced ded [sic] at 7:30 pm." Under "Emergency Treatment Given (if any) performed by . . . ." The document was signed by the administrator and the caregiver Staff B on . . . . at 8:45 a.m. On . . . . at 2:55 p.m., the administrator reported she returned to the facility when the paramedics were working on the resident. She stated the resident had . Class I	A 030		

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A 083	Continued From page 9	A 083		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff had First Aid (FA), , , ( ) and Automated External Defibrillator ( ) training and demonstration for 1 (Administrator) of 3 Staff records reviewed. Failure to obtain and maintain training in FA/ / directly affects the ability to provide needed emergency medical assistance effectively in an emergency. The findings included: 1. Record review of the FA/ / training	A 083		

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A 083	Continued From page 10	A 083		

certificate belonging to the Administrator revealed it was from an on-line course and lacked demonstration of . . The course certificate documented, "The mentioned Individual is now Certified in the mentioned Course by demonstrating proficiency by successfully passing the Examination in accordance with the Terms and Conditions of National Foundation (NCPRF)." The certificate was dated and good for 2 years.

A review of the websites: www.onlineprecertification.net and www.nationalcprfountation.com revealed both were on-line courses and neither were accredited by the Commission on Accreditation for Pre-Hospital Continuing Education. On-line courses do not meet the requirement to demonstrate, in person, that he or she is able to perform .

2. On at 11:08 a.m., the administrator verified there were only herself and caregiver Staff A employed and working at the assisted living facility. The administrator said she usually gets someone in to do the training, but with the pandemic no one is doing it in person. She said they up dated on line and she would get the trainer in as soon as she could find someone.

On . . . . . at 11:35 p.m., a phone call to the American Red Cross found that they are doing in person training. A review of the website www.redcross.org > local > florida > take-a-class shows that in person classes are being held.

A review of the American Association shows their training links to the American Red Cross training website.

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A 083	Continued From page 11 Class III	A 083		