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
	AL11966929	A. BUILDING: _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEVAL EXQUISITE CARE LLC	323 NW 45TH AVENUE DEERFIELD BEACH, FL 33442

(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 abbreviated Relicensure and Generator Monitoring survey was conducted on . . . . . at Keval Exquisite Care LLC. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 032	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all	A 032		

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A 032	Continued From page 1 facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(i), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct and document at least two elopement drills per year. The findings included: On the elopement drills were reviewed	A 032		

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A 032	Continued From page 2 for the facility's licensure period 2019 through 2021 with Home Health Aide Staff A and Home Health Aide Staff C. A side by side review revealed the following: The Administrator was hired on . There was no evidence of participation in elopement drills for 2019 or 2020. Home Health Aide Staff A was hired on . There was no evidence of participation in elopement drills for 2019 or 2020. Home Health Aide Staff B was hired on . There was no evidence of participation in elopement drills for 2019 and participation in one elopement drill in 2020. Home Health Aide Staff C was hired on . There was no evidence of participation in elopement drills for 2019 or 2020. During an interview with Staff A and Staff C on at 11:27 AM, Staff C stated she did not know two elopement drills had to be conducted for all of the employees. They acknowledged the findings and no additional information was provided. Class III	A 032		
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	A 081		

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A 081	Continued From page 3	A 081		

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).
(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

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A 081	Continued From page 4 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 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:	A 081		

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A 081	Continued From page 5 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: Based on interview and record review, the facility failed to ensure staff who have direct resident contact have the required in-service training for 1 of 4 sampled staff employee personnel records reviewed, for Home Health Aide Staff C. The findings included: Review of the employee personnel record for Home Health Aide Staff C revealed a date of hire of [redacted] with duties to include providing direct resident care. Further review of the employee personnel record revealed the 2 hour mandatory Preservice Orientation training certificate was not available for review in the employee personnel record.	A 081		

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A 081	Continued From page 6 On at 1:15 PM, an interview was conducted with Home Health Aide Staff A and Home Health Aide Staff C. They were given an opportunity to locate the documents. The findings were acknowledged and no additional information was provided. Class III	A 081		
A 085	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the person responsible for the facility's Food Service and Supervision of Food Service designated staff completed the mandatory annual in-service continuing food service education requirements, for Home Health Aide Staff C. The findings included:	A 085		

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A 085	Continued From page 7 Review of the employee personnel record for Home Health Aide Staff C revealed a date of hire of . In an interview conducted with Home Health Aide Staff C on , she stated she is the facility Food Service designee. Review of the employee personal record for Home Health Aide Staff C revealed a 2 hour training Nutrition and Food Service certificate dated -2018. Further review of the employee personnel record revealed no documentation of the mandatory annual Nutrition and Food Service in-service training required for 2019, 2020 or up to the current date of . On at 1:15 PM , an interview was conducted with Home Health Aide Staff A and Home Health Aide Staff C. They were given an opportunity to locate the documentation. The findings were acknowledged, and no additional information was provided. Class III	A 085		
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 returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening	CZ814		

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CZ814	Continued From page 8 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 interview the facility failed to maintain the employment status of their former employees within the Background Screening Clearinghouse for employment status for 5 out of 9 sampled staff for Staff D, Staff E, Staff F, Staff G, and Staff H. The findings included: The facility's staffing schedule for was compared to the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse Roster dated . The AHCA Background Screening Clearinghouse Roster listed the following employees who are no longer employed at the facility however remained listed on the Roster as still employed at the facility: Staff D, Home Health Aide date of hire ; Staff E, Assistant Administrator date of hire ; Staff F, Home Health Aide date of hire ; Staff G, Home Health Aide date of hire ;	CZ814		

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CZ814	Continued From page 9 and Staff H, Home Health Aide date of hire An interview was conducted with Home Health Aide Staff A and Home Health Aide Staff C on at 11:57 AM. Home Health Aide Staff C confirmed that the above mentioned staff members were no longer employed with the facility for over one year. She was not aware they were still listed as active employees on the Background Screening Clearinghouse Roster. During an interview with Home Health Aide Staff A and Home Health Aide Staff C on at 3:09 PM, the findings were acknowledged and no additional information was provided. Unclassified	CZ814		