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
	AL11964447	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDERMAN OAKS RETIREMENT CENTE	727 HUDSON AVENUE SARASOTA, FL 34236

(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 focused control survey was conducted on . . . . . at Alderman Oaks, an assisted living facility in Sarasota, Florida. The following is a description of the deficiency: .	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 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	A 030		

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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;
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5. Reporting resident , neglect, and , ;
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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 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.

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A 030	Continued From page 2 (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 similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence,	A 030		

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A 030	Continued From page 3 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 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	A 030		

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A 030	Continued From page 4 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 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	A 030		

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A 030	Continued From page 5 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 observations, interviews, and record review, the facility failed to ensure resident rights were protected for 39 residents by not following CDC guidelines regarding the mitigation of COVID-19.	A 030		

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A 030	Continued From page 6 The findings included: 1. Observation on at 3:30 p.m., revealed Marketing Staff A was screening visitors at the front door. Staff A was wearing a surgical mask and -glasses. Record review of an email to the facility from the Department of Health (DOH) on with CDC website reference, recommend the screener wear protection when screening visitors and personnel. "Health Care Personnel (HCP) performing symptom and temperature monitoring of those entering the building should wear a facemask. For HCP working in areas with moderate to substantial community transmission, protection should also be worn." https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html Interview on at 3:46 p.m., Compliance Officer Staff C said she is the person who "takes care of the COVID stuff." Staff C said she was out sick on the day DOH visited the facility recently and was not aware of the email from DOH outlining COVID mitigation recommendations with CDC website references. 2. Interview on at 3:56 p.m., during a tour of the 2nd floor, Compliance Officer Staff C said the COVID residents are on the 2nd floor. She said there are gowns in the hallway near a few resident rooms, but the other personal protective equipment (PPE) such as surgical masks, N95s, gloves, and -based sanitizer (ABHS) are kept in 2 storage rooms on the 2nd floor. Staff C confirmed the only PPE near the rooms were gowns, and they were not at each residents' room. Staff C confirmed there were no surgical	A 030		

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A 030	Continued From page 7 masks, N95s, gloves, ABHS, or , protection at each residents' room. Record review of an email to the facility from DOH on with CDC website reference, recommend facility increase access to PPE in resident care areas by having personal protective equipment (PPE) available immediately outside each resident room. This includes gowns, gloves, , protection, N95, and surgical mask. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html 3. Interview on at 4:00 p.m., Medication Technician (MT) Staff B was working on the 2nd floor. Staff B said the N95 can be kept and used for a week. Record review of an email to the facility from the DOH on with CDC website reference, recommend limiting N95 usage to 5 donning/doffing's as per National Institute for Occupational Safety & Health (NIOSH) guidance. The elastic on N95 , have shown to only hold its integrity for a limited number of uses. This effects the seal and fit of , on the of the wearer and can compromise their effectiveness. NIOSH released an update recommending N95s are not reused more than 5 donning doffing to limit this effect on personal protective equipment reuse. See NIOSH guidance: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html redirected to the following page: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse- , . ml	A 030		

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A 030	Continued From page 8 Interview on . . . . . at 5:13 p.m., the assistant administrator said she was at the facility when DOH visited the facility recently. She said she did not tour with DOH but they talked to her in the office. She said she received an email from DOH, but did not receive the email with numbered recommendations. On at 6:00 p.m., the assistant administrator rechecked her email and confirmed the email from DOH with the numbered recommendations was received on . . . . . but overlooked by herself. Interview on at 6:00 p.m., Complaince Officer Staff C confirmed they were not limiting the use of N95s as outlined in the DOH letter and the CDC guidelines. https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html Compliance Officer Staff C confirmed they had not increased the accessibility to ABHR by mounting more in hallways containing resident rooms. As outlined in the letter from DOH with CDC website reference, put ABHR in every resident room (ideally both inside and outside of the room) and other resident care and common areas. https://www.cdc.gov/coronavirus/2019-ncov/hcp/longterm-care.html 4. Interview on . . . . . at 6:00 p.m., Compliance Officer Staff C confirmed they had not created a plan for managing new admissions and readmissions whose COVID-19 status was unknown as outlined in the email from the DOH on with CDC website reference. https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html 5. Interview on at 6:00 p.m., Compliance	A 030		

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A 030	Continued From page 9 Officer Staff C confirmed they have not developed a , , protection program that includes fit testing all HCP who will need to wear an N95 level , as outlined in the email from the DOH on with CDC website reference. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%252 Class III	A 030		

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A 030	Continued From page 3 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 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	A 030		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964447	A. BUILDING: _____ B. WING _____	08/17/2021

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A 030	Continued From page 4 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 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	A 030		

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A 030	Continued From page 5 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 observations, interviews, and record review, the facility failed to ensure resident rights were protected for 39 residents by not following CDC guidelines regarding the mitigation of COVID-19.	A 030		

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A 030	Continued From page 6 The findings included: 1. Observation on at 3:30 p.m., revealed Marketing Staff A was screening visitors at the front door. Staff A was wearing a surgical mask and -glasses. Record review of an email to the facility from the Department of Health (DOH) on with CDC website reference, recommend the screener wear protection when screening visitors and personnel. "Health Care Personnel (HCP) performing symptom and temperature monitoring of those entering the building should wear a facemask. For HCP working in areas with moderate to substantial community transmission, protection should also be worn." https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html Interview on at 3:46 p.m., Compliance Officer Staff C said she is the person who "takes care of the COVID stuff." Staff C said she was out sick on the day DOH visited the facility recently and was not aware of the email from DOH outlining COVID mitigation recommendations with CDC website references. 2. Interview on at 3:56 p.m., during a tour of the 2nd floor, Compliance Officer Staff C said the COVID residents are on the 2nd floor. She said there are gowns in the hallway near a few resident rooms, but the other personal protective equipment (PPE) such as surgical masks, N95s, gloves, and -based sanitizer (ABHS) are kept in 2 storage rooms on the 2nd floor. Staff C confirmed the only PPE near the rooms were gowns, and they were not at each residents' room. Staff C confirmed there were no surgical	A 030		

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A 030	Continued From page 7 masks, N95s, gloves, ABHS, or , protection at each residents' room. Record review of an email to the facility from DOH on with CDC website reference, recommend facility increase access to PPE in resident care areas by having personal protective equipment (PPE) available immediately outside each resident room. This includes gowns, gloves, , protection, N95, and surgical mask. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html 3. Interview on at 4:00 p.m., Medication Technician (MT) Staff B was working on the 2nd floor. Staff B said the N95 can be kept and used for a week. Record review of an email to the facility from the DOH on with CDC website reference, recommend limiting N95 usage to 5 donning/doffing's as per National Institute for Occupational Safety & Health (NIOSH) guidance. The elastic on N95 , have shown to only hold its integrity for a limited number of uses. This effects the seal and fit of , on the of the wearer and can compromise their effectiveness. NIOSH released an update recommending N95s are not reused more than 5 donning doffing to limit this effect on personal protective equipment reuse. See NIOSH guidance: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html redirected to the following page: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse- , .ml	A 030		

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A 030	Continued From page 8 Interview on . . . . at 5:13 p.m., the assistant administrator said she was at the facility when DOH visited the facility recently. She said she did not tour with DOH but they talked to her in the office. She said she received an email from DOH, but did not receive the email with numbered recommendations. On at 6:00 p.m., the assistant administrator rechecked her email and confirmed the email from DOH with the numbered recommendations was received on . . . . but overlooked by herself. Interview on at 6:00 p.m., Complaince Officer Staff C confirmed they were not limiting the use of N95s as outlined in the DOH letter and the CDC guidelines. https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html Compliance Officer Staff C confirmed they had not increased the accessibility to ABHR by mounting more in hallways containing resident rooms. As outlined in the letter from DOH with CDC website reference, put ABHR in every resident room (ideally both inside and outside of the room) and other resident care and common areas. https://www.cdc.gov/coronavirus/2019-ncov/hcp/longterm-care.html 4. Interview on . . . . at 6:00 p.m., Compliance Officer Staff C confirmed they had not created a plan for managing new admissions and readmissions whose COVID-19 status was unknown as outlined in the email from the DOH on with CDC website reference. https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html 5. Interview on at 6:00 p.m., Compliance	A 030		

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A 030	Continued From page 9 Officer Staff C confirmed they have not developed a , , protection program that includes fit testing all HCP who will need to wear an N95 level , as outlined in the email from the DOH on with CDC website reference. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%252 Class III	A 030		