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 |
|---|---|---|---|
| | AL11965363 | A. BUILDING: _____ B. WING _____ | 10/25/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| RESIDENCES OF BRANDON MEMORY CA | 1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511 |

| (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 |
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| A 000 | Initial Comments<br><br>An extended congregate care, a limited nursing services, and a generator monitoring visit and a complaint investigation (complaint number: 2021011566) were conducted at . . , . . . Residences of Brandon Memory Care on . . . . . . . . . . Deficiencies were identified at the time of survey. | A 000 | | |
| A 078 SS=D | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(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.<br>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 . . . . . .<br>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 | A 078 | | |

AHCA Form 3020-0001

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

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| A 078 | Continued From page 1<br>constitute a risk of transmitting a communicable<br><br>(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 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.<br>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.<br>(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.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the Facility failed to obtain evidence from a health care provider that employees were free from communicable within thirty days of their | A 078 | | |

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| A 078 | Continued From page 2<br><br>dates of hire for three employees (Staff B, C, and D) of four sampled employees.<br><br>Findings Included:<br><br>A record review for Staff B, C, and D, conducted on . . . . . , revealed that Staff B, C, and D did not have a one-time statement from a health care provider that they were free from communicable within thirty days of their dates of hire. Staff B was hired on . . . . . . . Staff C was hired on . Staff D was hired on . . . . . .<br><br>During an interview with the Administrator, conducted on at 03:17pm, the Administrator agreed that Staff B, C, and D's employee records did not include a one-time statement by their health care provider that they were free from communicable . The Administrator stated Management Company's Information Technician was on site and had the Facility's computer systems down and she was unable to check the computer systems for the documents.<br><br>Class III | A 078 | | |
| A 081 SS=D | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52(1)<br>(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 | A 081 | | |

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| A 081 | Continued From page 3 | A 081 | | |

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).
(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

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| A 081 | Continued From page 4 | A 081 | | |

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.
(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

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| A 081 | Continued From page 5<br><br>following subjects:<br>1. Resident behavior and needs.<br>2. Providing assistance with the activities of daily living.<br>(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.<br>(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.<br>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.<br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the Facility failed to have employees participate in a two-hours pre-service orientation training prior to interacting with residents for three employees (Staff B, C, and D) of three sampled employees.<br><br>Findings Included:<br><br>A record review for Staff B, C, and D, conducted on . . . . . , revealed that Staff B, C, and D did not have evidence that they attended a two-hours pre-service orientation prior to interacting with residents. Staff B was hired on . Staff C was hired on . . . . . . . . . . . Staff D was hired on . | A 081 | | |

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| A 081 | Continued From page 6<br><br>During an interview with the Administrator, conducted on at 03:17pm, the Administrator agreed that Staff B, C, and D's employee records did not include a two-hours pre-service orientation training. The Administrator stated Management Company's Information Technician was on site and had the Facility's computer systems down and she was unable to check the computer systems for the documents.<br><br>Class III | A 081 | | |
| A 083 SS=D | 59A-36.011(5) FAC Training - First Aid and<br><br>(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.<br>(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.<br>(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. | A 083 | | |

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| A 083 | Continued From page 7<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the Facility failed to provide staff on each shift with training in [redacted] and first aid as required.<br><br>Findings Included:<br><br>A record review for Staff B and D, conducted on [redacted], revealed that Staff B and D did not have evidence that they had training in [redacted] and first aid. There was no evidence provided that there were employees on each shift that had and first aid training.<br><br>A review of the staffing schedule, conducted on [redacted], revealed that the Facility had a significant number of employees used from a staffing agency on each shift.<br><br>During an interview with the Administrative Assistant, conducted on [redacted] at 02:45pm, the Administrative Assistant agreed that Staff B and D did not have training in [redacted] and first aid.<br><br>During an interview with the Administrator, conducted on [redacted] at 03:17pm, the Administrator agreed that Staff B and D's employee records did not include [redacted] and first aid training. The Administrator stated Management Company's Information [redacted] Technicianwas on site and had the Facility's computer systems down and she was unable to check the computer systems for the documents.<br><br>Class III | A 083 | | |

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| A 160 | Continued From page 8 | A 160 | | |
| A 160 SS=D | 59A-36.015(1) FAC Records - Facility<br><br>The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.<br>(1) FACILITY RECORDS. Facility records must include:<br>(a) The facility's license displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:<br>1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and,<br>2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of .<br>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).<br>(d) The facility's emergency management plan, | A 160 | | |

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| A 160 | Continued From page 9<br>with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff.<br>(e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C.<br>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C.<br>(g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C.<br>(h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S.<br>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C.<br>(j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.<br>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years.<br>(l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years.<br>(m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions | A 160 | | |

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| A 160 | Continued From page 10<br><br>and moratoriums issued by the agency within the last 5 years.<br>(n) The facility's resident elopement response policies and procedures.<br>(o) The facility's documented resident elopement response drills.<br>(p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the Facility failed to maintain satisfactory inspection reports from the local health department.<br><br>Findings Included:<br><br>During an attempt to review the local health department's group care and food inspection reports, conducted on [redacted], no documents were provided to review.<br><br>During an interview with the Administrator, conducted on [redacted] at 03:17pm, the Administrator agreed that there was no evidence that the Facility had obtained a satisfactory inspection by the local health department. The Administrator stated Management Company's Information [redacted] Technician was on site and had the Facility's computer systems down and she was unable to retrieve the documents from her email.<br><br>Class III | A 160 | | |

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| A 162 | Continued From page 11 | A 162 | | |
| A 162 SS=D | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. [illegible],<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance [illegible],<br>8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,<br>9. Name, address, and telephone number of the health care provider and case manager, if applicable.<br>(b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C.<br>(c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable.<br>(e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C.<br>(f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. | A 162 | | |

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| A 162 | Continued From page 12<br><br>(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.<br>(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C.<br>(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C.<br>(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S.<br>(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S.<br>(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.<br>(m) Documentation of the , , of a health care surrogate, health care proxy, | A 162 | | |

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| RESIDENCES OF BRANDON MEMORY CA | 1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511 |

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| A 162 | Continued From page 13<br>guardian, or the existence of a power of attorney, where applicable.<br>(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C.<br>(o) The resident's , DH Form 1896, if applicable.<br>(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:<br>1. A log listing the names of residents participating in this arrangement,<br>2. The resident demographic data required in this paragraph,<br>3. The health assessment described in rule 59A-36.006, F.A.C.,<br>4. The resident's contract described in rule 59A-36.018, F.A.C.; and,<br>5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.<br>(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.<br>(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, | A 162 | | |

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| A 162 | Continued From page 14<br>59A-36.021 and 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the Facility failed to maintain resident records for Hospice residents with the required Interdisciplinary Care Plan ( ), an authorization by a health care provider for Hospice services, and a new -to- health assessments documented on the Agency for Health Care Administration Form 1823 (1823), when the residents had significant declines in condition, necessitating their admission to Hospice services for two Resident (#1 and #2) of two sampled residents.<br><br>Findings Included:<br><br>A record review for Resident #1, conducted on , revealed that Resident #1 was admitted to Hospice services on . There was no authorization or order from Resident #1's Health Care Provider for Hospice services. Resident #1's most recent 1823 was dated and did not include the resident's required nursing services of Hospice on page one. Resident #1's record did not include an interdisciplinary care plan specifying the care and services that Hospice would provide and those that the Facility would provide until at 01:20pm. Resident #1 was admitted into the Facility on .<br><br>A record review for Resident #2, conducted on , revealed that Resident #2 was admitted to Hospice services on .<br>There was no authorization or order from Resident #2's Health Care Provider for Hospice services. Resident #2's most recent 1823 was dated and did not include the | A 162 | | |

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| A 162 | Continued From page 15<br><br>resident's required nursing services of Hospice on page one. Resident #2's record did not include an interdisciplinary care plan specifying the care and services that Hospice would provide and those that the Facility would provide. Resident #2 was admitted into the Facility on .<br><br>During an interview with the Administrator, conducted on at 03:17pm, the Administrator agreed that Residents #1 and #2's records did not include the required documents for continued residency under Hospice services. The Administrator stated Management Company's Information , Technician was on site and had the Facility's computer systems down and she was unable to check the computer systems for the documents.<br><br>Class III | A 162 | | |
| AE203 SS=D | 59A-36.021(3) FAC ECC - Staffing Requirements<br><br>(3) STAFFING REQUIREMENTS. The following staffing requirements apply for extended congregate care services:<br>(a) Supervision by an administrator who has a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or persons. If an administrator appoints a manager as the supervisor of an extended congregate care facility, both the administrator and manager must satisfy the requirements of subsection 59A-36.010(1), F.A.C.<br>1. A baccalaureate degree may be substituted for one year of the required experience.<br>2. A nursing home administrator licensed under chapter 468, F.S., is qualified under this | AE203 | | |

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| AE203 | Continued From page 16<br><br>paragraph.<br>(b) Provide staff or contract the services of a nurse who must be available to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care residents.<br>(c) Provide enough qualified staff to meet the needs of extended congregate care residents in accordance with rule 59A-36.010, F.A.C., and to provide the services established in each resident's service plan.<br>(d) Ensure that adequate staff is awake during all hours to meet the scheduled and unscheduled needs of residents.<br>(e) Immediately provide additional or appropriately qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because insufficient staffing, in accordance with the staffing standards established in rule 59A-36.010, F.A.C.<br>(f) Ensure and document that staff receive extended congregate care training as required in rule 59A-36.011, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the Facility failed to provide evidence that a Registered Nurse was employed or to provide extended congregate care (ECC) services.<br><br>Findings Included:<br><br>During an attempt to review the qualifications of the employed or Registered Nurse providing ECC services, conducted on at 11:30am, 12:45pm, 01:30pm, 02:45pm, and 03:00pm, the qualifications of the employed or Registered Nurse was | AE203 | | |

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| AE203 | Continued From page 17<br>not provided.<br><br>During an interview with the Administrator, conducted on at 03:17pm, the Administrator agreed that she was unable to provide the qualifications of the employed Registered Nurse providing ECC services. The Administrator stated Management Company's Information Technician was on site and had the Facility's computer systems down and she was unable to check the computer systems for the documents.<br><br>Class III | AE203 | | |
| AE208 SS=D | 59A-36.021(8) FAC 429.07(3)(b)3, FS ECC - Records<br><br>59A-36.021(8) RECORDS.<br>(8) RECORDS. In addition to the records required in rule 59A-36.015, F.A.C., a facility providing extended congregate care services must maintain the following:<br>(a) The service plans for each resident receiving extended congregate care services;<br>(b) The nursing progress notes for each resident receiving nursing services from the facility's staff;<br>(c) Nursing assessments; and,<br>(d) The facility's extended congregate care policies and procedures.<br><br>429.07 (3)(b), FS<br>3. A facility that is licensed to provide extended congregate care services shall maintain a written progress report on each person who receives such nursing services from the facility's staff which describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's | AE208 | | |

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| AE208 | Continued From page 18<br><br>health. A registered nurse, or appropriate designee, representing the agency shall visit the facility at least twice a year to monitor residents who are receiving extended congregate care services and to determine if the facility is in compliance with this part, part II of chapter 408, and relevant rules. One of the visits may be in conjunction with the regular survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of the team that inspects the facility. The agency may waive one of the required yearly monitoring visits for a facility that has:<br>a. Held an extended congregate care license for at least 24 months;<br>b. No class I or class II violations and no uncorrected class III violations; and<br>c. No ombudsman council complaints that resulted in a citation for licensure.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the Facility failed to maintain extended congregate care (ECC) records as required for one Resident (#1) of one sampled resident admitted to ECC services.<br><br>Findings Included:<br><br>An ECC record review for Resident #1, conducted on . . . . . , revealed that Resident #1 was admitted to ECC services on . Resident #1's ECC records did not include a preliminary services plan or the required assessment of whether Resident #1 met the Facility's residency criteria, an appraisal of the | AE208 | | |

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| AE208 | Continued From page 19<br><br>resident's unique physical, and , , , , , and social needs and preferences, and an evaluation of the Facility's ability to meet the resident's needs. There was no authorization or order from Resident #1's Health Care Provider for ECC services. Resident #1's ECC record did not include frequent progress notes that described the type, amount, duration, scope, and outcome of the ECC services and the general status of Resident #1's health. Resident #1's health assessment form dated was not obtained no more than sixty days prior to receiving ECC services and did not note the required ECC nursing services on page one.<br><br>During an interview with the Administrator, conducted on at 03:17pm, the Administrator agreed that Resident #1's ECC record did not include all required documents and stated that their Management Company's Information Technician was on site and had the Facility's computer systems down and she was unable to check the computer systems for the documents.<br><br>Class III | AE208 | | |
| AE210 SS=D | 59A-36.011(8) FAC ECC - Training<br><br>(8) EXTENDED CONGREGATE CARE (ECC) TRAINING.<br>(a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted | AE210 | | |

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| AE210 | Continued From page 20<br><br>living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , shall not be required to take the assisted living facility core training competency test.<br>(b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with 's or related .<br>(c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the Facility failed to provide evidence that employees completed two-hours of Extended Congregate Care (ECC) training within six months of employment for three employees (Staff B, C, and D) of three four sampled employees.<br><br>Findings Included:<br><br>A review of the Facility's license, conducted on , revealed that the Facility held a specialty ECC license.<br><br>A record review for Staff B, C, and D, conducted on , revealed that Staff B, C, and D did not have evidence that they completed a | AE210 | | |

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| AE210 | Continued From page 21<br><br>two-hours ECC training within six months of employment. Staff B was hired on . Staff C was hired on . Staff D was hired on .<br><br>During an interview with the Administrator, conducted on at 03:17pm, the Administrator agreed that Staff B, C, and D's employee records did not contain evidence that they had obtained two-hours of ECC training within six months of employment. The Administrator stated Management Company's Information Technician was on site and had the Facility's computer systems down and she was unable to check the computer systems for the documents.<br><br>Class III | AE210 | | |
| AN277 SS=D | 59A-36.022(2) FAC LNS - Resident Care Standards<br><br>(2) RESIDENT CARE STANDARDS.<br>(a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C.<br>(b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided.<br>(c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file.<br>(d) Facilities licensed to provide limited nursing | AN277 | | |

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| AN277 | Continued From page 22<br><br>services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files.<br>(e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the Facility failed to maintain documentation of the qualifications of employed or Registered Nurse providing limited nursing services (LNS) in the Facility's personnel files. Furthermore, the Facility failed to have a written LNS policy and procedures for the coordination of care.<br><br>Findings Included:<br><br>During an attempt to review the LNS policy and procedures, conducted on at 11:30am, 12:45pm, 01:30pm, 02:45pm, and 03:00pm, the LNS policy and procedures were not provided.<br><br>During an attempt to review the qualifications of the employed or Registered Nurse providing LNS services, conducted on at 11:30am, 12:45pm, 01:30pm, 02:45pm, and 03:00pm, the qualification of the employed or Registered Nurse was not provided. | AN277 | | |

Agency for Health Care Administration

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| AN277 | Continued From page 23<br><br>During an interview with the Administrator, conducted on at 03:17pm, the Administrator agreed that she was unable to provide the qualifications of the employed Registered Nurse providing LNS services. The Administrator stated Management Company's Information Technician was on site and had the Facility's computer systems down and she was unable to check the computer systems for the documents.<br><br>Class III | AN277 | | |