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
	AL11964669	A. BUILDING: _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS OF SEMINOLE	9300 ANTILLES STREET SEMINOLE, FL 33776

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A 000	Initial Comments A re-licensure biennial survey, a limited nursing services monitoring visit, a complaint investigation (complaint number: 2021013822), and generator monitoring were conducted at Arden Courts of Seminole on . Deficiencies were identified at the time of survey.	A 000		
AN277 SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (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. (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. (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. (d) Facilities licensed to provide limited nursing 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. (e) The facility must ensure that nursing services are conducted and supervised in accordance with	AN277		

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AN277	Continued From page 1 Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to coordinate care and service needs with third party nursing service providers (home health and hospice). Furthermore, the Facility failed to meet [redacted] change needs of two Residents (#9 and #11) of two sampled residents that required limited nursing services (LNS). Findings Included: During an observation of Resident #11, conducted on [redacted] at 01:45pm, Resident #11 had a [redacted] to his [redacted] (SPC) entry site that appeared older and had red, brown, and tannish drainage that had leaked through and covered the [redacted]. At 01:55pm, Resident #9 had a thick kerlix type [redacted] that wrapped around the resident's left [redacted] from mid- to above her ankle. There was tan/brownish drainage that had leaked through the entire underside of the [redacted]. Resident #9's left [redacted] was propped up on a pillow with a pink [redacted] chux, [redacted] between her left and the pillow that protected the pillow from the drainage. Resident #9 had a [redacted], on her right [redacted] and there was no [redacted] on her left [redacted]. There was no date or time noted on either Resident #9 or #11's [redacted] of when the [redacted] were last changed or the initials of the person that last changed the [redacted]. During an interview with Staff F (a Licensed Practical Nurse), conducted on [redacted] at 01:45pm, Staff F stated that she was not sure	AN277		

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AN277	Continued From page 2 when Resident #11's [redacted] was changed last. Staff F stated that Resident #11's [redacted] was changed by a third-party home health provider and that the Facility Nurses did not change the resident's [redacted]. Staff F agreed that Resident #11's [redacted] needed to be changed. At 01:55pm, Staff F agreed that Resident #9's [redacted] needed to be changed and was unable to state when the [redacted] was last changed. Staff F stated that the Facility Nurses did not check or change Resident #9's [redacted] and that Hospice Nurses changed her [redacted]. Staff F stated that she had not seen Resident #9's [redacted] at all during the week of survey. A record review for Resident #9, conducted on [redacted], revealed that Resident #9's most recent health assessment form dated [redacted] stated that the resident was bedridden, had a [redacted], 3, or 4, [redacted] to her left that was treated by Hospice Nursing services, and required total care for all activities of daily living. Resident #9's orders for [redacted] care started on [redacted] and she was admitted to LNS and Hospice services on [redacted]. A Podiatry Medical Surgical Consultation for Resident #9 dated [redacted] stated for the resident to continue with [redacted] to [redacted] lower extremities. There were no orders to discontinue either [redacted] in Resident #9's record. There were no orders found for the Facility Nurse to check and change Resident #9's [redacted] as needed. There were no assessments or measurements found that indicated [redacted] healing or worsening. Resident #9's record did not include an interdisciplinary care plan that described the care and services that the resident required, or the care and services provided by Hospice and those provided by the Facility. There was no evidence in	AN277		

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AN277	Continued From page 3 Resident #9's record that the Facility communicated or coordinated with Hospice services related to the excessive drainage. Resident #9's monthly LNS assessments by the LNS Registered Nurse dated and stated that Resident #9's would be changed three times per week and as needed by Hospice and that the Facility Nurses were to assess the weekly and as needed. A record review for Resident #11, conducted on , revealed that Resident #11's most recent health assessment form dated stated that the resident had and was , and the resident required Nursing service by home health for care. Resident #11 was admitted to LNS services on for SPC maintenance and for the site to be changed as needed by home health services. The Facility Nursing progress notes did not have any assessments noted regarding the SPC site, the excessive drainage, changes, or skin condition at the site. There were no orders found in Resident #11's record for the Facility Nurses to check and change the SPC site as needed. Resident #9's monthly LNS assessments by the LNS Registered Nurse dated stated the home health agency was to change the two times per week and that the Facility Nurses were to provide care and keep the clean, dry, and free from . There was no evidence in Resident #11's record that the Facility communicated or coordinated with the home health agency related to the excessive SPC site excessive drainage. During an interview with the Administrator, conducted on at 02:10pm, the	AN277		

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AN277	Continued From page 4 Administrator agreed that Facility Nurses should be checking , every shift. The Administrator agreed that the Facility should ensure that , changes provided by third-party services were actually performed. The Administrator agreed that the Facility did not perform adequate and proper assessments of Resident #9's and Resident #11 SPC site. The Administrator agreed that Nurses should be communicating excessive drainage for and SPC sites to third-party services and coordinate appropriate care and services for residents' needs. The Administrator agreed that Resident #9 was not wearing both , as ordered. Class III	AN277		
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose	CZ815		

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CZ815	Continued From page 5 responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, [illegible] with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or [illegible] with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All [illegible] must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an [illegible] awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony.	CZ815		

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CZ815	Continued From page 6 (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a . . . . . adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale,	CZ815		

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CZ815	Continued From page 7 manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or	CZ815		

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CZ815	Continued From page 8 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining [illegible] pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific	CZ815		

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CZ815	Continued From page 9 record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a	CZ815		

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CZ815	Continued From page 10 position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on employee record review and interview, the facility failed to provide evidence of a Level II Background Screening for one (Staff D) out of three employee records reviewed. Findings included:	CZ815		

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CZ815	Continued From page 11 A review of employee records conducted on revealed that Staff D was hired on . A further review of Staff D employee records revealed a Level II Background Screening from . The facility provided no evidence that Staff D received a Level II Background Screening within the past 5 years. These findings were discussed and confirmed during an interview with the facility Human Resource Manager (HR) on at 2:36 PM. During this interview the HR stated," ...I was unaware of that this was needed every 5 years. I've only been in this role for 2 months and working my way through the records ...I will take care of this." Unclassifed	CZ815		