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
	AL11965130	A. BUILDING: _____ B. WING _____	10/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF LADY LAKE (THE)	620 GRIFFIN AVE. LADY LAKE, FL 32159

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A 000	Initial Comments An unannounced biennial re-licensure survey, a complaint investigation (complaint numbers 2021010387 and 2021011648), and a COVID-19 focused control survey were conducted at Springs of Lady Lake on through . Deficiencies were identified at the time of the survey.	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or hygiene may include the use of -based rubs, handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an exposure to transmissible agents in , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by:	A 036		

AHCA Form 3020-0001

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

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A 036	Continued From page 1 Based on observation, record review and interview, the facility failed use standard precautions to provide services in a manner that reduces the risk of transmission of [illegible] for 1 of 2 residents sampled, Resident #13. Findings: On [illegible], at approximately 3:32 PM, a medication observation was conducted with Staff C, LPN (Licensed Practical Nurse.) Staff C was observed administering medication to Resident #13. Staff C did not wash her [illegible] or put on gloves before administering medication to Resident #13. Staff C checked the resident's [illegible] level using a lancet device to stick resident's [illegible], then used the [illegible] meter to check the [illegible] sample. Staff C used an [illegible] wipe and wiped the resident's [illegible] that contained [illegible] without wearing gloves. Staff C then exited the resident's room without washing her [illegible]. During an interview on [illegible], at approximately 3:44 PM, Staff C stated she forgot to put on gloves before she began because she was nervous. During an interview on [illegible], at approximately 9:50 AM, the Health and Wellness Director confirmed it is required that the nurses wash their [illegible] and wear gloves before and after a [illegible] check. Review of Facility Policies and Procedures revealed a policy titled, "Handwashing/ Hygiene," revised [illegible], that read, "#6 use of [illegible] based [illegible] rub, or alternatively, soap and water for the following situations after contact	A 036		

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A 036	Continued From page 2 with . . . or . . . , ...* Class III	A 036		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (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. 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 . . 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 constitute a risk of transmitting a communicable . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of	A 078		

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A 078	Continued From page 3 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. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (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. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure within 30 days after beginning employment, newly hired staff submitted a written statement from a health care provider documenting that the individual did not have any signs or symptoms of a communicable for 3 of 3 staff reviewed, Staff E, Staff F, and Staff G.	A 078		

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A 078	Continued From page 4 Findings A review of the facility's personnel records revealed no evidence of written statements from a health care provider documenting that Staff E, Med Tech (Medication Technician), Staff F, Med Tech, and Staff G, Med Tech, did not have signs and symptoms of a communicable . . . . . . During an interview on . . . . . , at approximately 3:44 PM, the Human Resources Manager confirmed she does not have this required documentation for Staff E, Staff F, or Staff G. Class III	A 078		
A 081 SS=D	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 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	A 081		

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A 081	Continued From page 5 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 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	A 081		

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A 081	Continued From page 6 offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [redacted] borne [redacted], 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 [redacted], neglect, and [redacted]. The facility must use its [redacted] 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: 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	A 081		

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A 081	Continued From page 7 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 record review and interview, the facility failed to ensure 3 of 3 staff sampled were provided a pre-service orientation training prior to interacting with residents, Staff E, Staff F, and Staff G. In addition, the facility failed to ensure 3 of 3 staff reviewed obtained training on Control, ADL and Behavioral Needs, Reporting Major Incidents/Adverse Incidents, Incident Reporting, and Nutritional and Safe Food Handling, Staff E, Staff F, and Staff G. Findings: A review of the facility's personnel records revealed no evidence that Staff E, Med Tech (Medication Technician), Staff F, Med Tech, and Staff G, Med Tech had been provided with training on control, ADL and behavioral needs, reporting major incidents/adverse incidents, incident reporting, nutritional and safe food handling, and pre-service orientation. During an interview on , at approximately 4:06 PM, the Health and Wellness Director confirmed facility staff had previously completed training in the Relias computer system, but they	A 081		

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A 081	Continued From page 8 do not have any training certificates in their employee files at this time because she does not have access to the old system. During an interview on [redacted], at approximately 3:44 PM, the Human Resources Manager confirmed she does not have any training documentation or training certificates for Staff E, Staff F, or Staff G. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - [redacted] (4) [redacted] ([redacted]). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that staff obtained [redacted] training within 30 days of employment for 3 of 3 staff reviewed, Staff E, Staff F, and Staff G. Findings: A review of the personnel record revealed no evidence that Staff E, Med Tech (Medication Technician), Staff F, Med Tech, and Staff G, Med	A 082		

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A 082	Continued From page 9 Tech were provided / training within 30 days of employment. During an interview on , at approximately 4:06 PM, the Health and Wellness Director confirmed staff had previously completed training in the Relias computer system, but they do not have any training certificates in their employee files at this time because she does not have access to the old system. During an interview on , at approximately 3:44 PM, the Human Resources Manager confirmed she does not have any training documentation or training certificates for Staff E, Staff F, or Staff G. Class III	A 082		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by:	A 090		

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A 090	Continued From page 10 Based on record review and interview, the facility failed to ensure currently employed staff received training in the facility's policies and procedures regarding for 3 of 3 staff reviewed, Staff E, Staff F, and Staff G. Findings Review of the personnel records for Staff E, Med Tech (Medication Technician), Staff F, Med Tech, and Staff G, Med Tech revealed no evidence of one hour training or training updates regarding During an interview on , at approximately 3:44 PM, the Human Resources Manager confirmed she does not have any documentation of training certificates for Staff E, Staff F, or Staff G. During an interview on , at approximately 4:06 PM, the Health and Wellness Director confirmed staff had previously completed training in the Relias computer system, but they do not have any training certificates in their employee files at this time because she does not have access to the old system. Class III	A 090		
AE210 SS=D	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (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	AE210		

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AE210	Continued From page 11 beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to [illegible], shall not be required to take the assisted living facility core training competency test. (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, [illegible], or social needs of frail elderly and [illegible] persons, or persons with [illegible]'s or related [illegible]. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all direct care staff providing care to residents in an ECC (Extended Congregate Care) program completed at least two hours of in-service training within six months of beginning employment for 3 of 3 staff reviewed, Staff E, Staff F, and Staff G. Additionally, the facility failed to ensure there is a supervisor for the ECC program. Findings: Review of the facility's ECC records conducted on	AE210		

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AE210	Continued From page 12 . . . . . revealed the ECC program has no ECC supervisor. There are no records of in-service training related to the ECC program for Staff E, Med Tech (Medication Technician), Staff F, Med Tech, or Staff G, Med Tech. During an interview on . . . . , at approximately 4:06 PM, the Health and Wellness Director confirmed staff had previously completed training in the Relias computer system, but they do not have any training certificates in their employee files at this time because she does not have access to the old system. Class III	AE210		