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
	AL11965368	A. BUILDING: _____ B. WING _____	10/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AT OCOEE	80 NORTH CLARK RD OCOEE, FL 34761

(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 Complaint Investigation #2021015100 was conducted on [redacted] Madison at Ocoee had deficiencies identified at the time of visit.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.	A 025		

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A 025	Continued From page 1 (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on facility report review, hospital records, record review, observations and interview, the facility staff failed to use appropriate interventions to meet the needs of 1 of 3 sampled residents (#2) who resided in the secured memory care unit when she became aggressive, resulting in the resident sustaining an oblique . . . . to the right . . Findings: Facility's documentation noted the following for resident #2. On . . . . . at 4:03 PM, "Resident was in memory care and became agitated. Caregiver tried to redirect her. As she was holding resident , resident pulled on it	A 025		

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A 025	Continued From page 2 and caregiver heard a crack. Resident was in , on right arm. [R]esident sent to ER for evaluation. Staff member terminated because when a resident is refusing to do something, you can not [sic] grab their and guide them away form [sic] area. Especially in resident, they often resist and pull . Staff member was terminated and staff was educated on challenging behaviors in a resident." The resident had , on right arm and was sent to emergency room (ER) via emergency medical services ( ) for evaluation at 4:30 PM on . She was diagnosed with right , was there overnight and returned to the facility. Resident #2's hospital history and physical, dated , noted the resident was brought to the hospital via ambulance after she had a while in the memory care unit. The circumstances surrounding the were uncertain as the resident was and unable to provide history. The resident sustained a closed displaced oblique of shaft of the right . The was partially reduced in the ER. A right arm was placed and an orthopedic consultation was consulted for further recommendations. Resident #2's , findings from read, "Oblique one third diaphysis of the right , improved positioning. No other . No . Impression: 1. Oblique one third diaphysis right 2. changes right ." Review of the facility's investigation revealed a statement from staff D, dated , which read, "I asked her [the resident] to have a seat and she put her in my , so I get up of	A 025		

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A 025	Continued From page 3 the chair and she try to pull her out of min[e], and I heard something crack and she was screaming out and hold her [sic]. I went and got the nurse." The staff documented the resident was misbehaving. A statement from staff E, who witnessed the incident, read, "[Name of resident] ...was becoming aggressive with everyone. [Staff D's name] was trying to calm her down while doing so [resident name] hit her [staff D's] . [Staff D's name] tried to get her [resident's name] to sit down and calm down. While doing so [resident's name] was still resisting and fighting and then we heard a crack from her arm. That's how we noticed something was wrong and she was in . We then notified the nurse." Observations on at 10 AM found resident #2 sitting in a chair in the secured memory care unit. She had a hard on her right arm. Resident #2 was pleasantly and was not able to answer questions asked at the time. A telephone interview was conducted on at 10:30 AM with staff D who said on that some of the residents in the memory care unit were sitting in the common are watching TV. Resident #2 was walking around the memory care unit, bothering the other residents. She said she told her to stop and to go sit with one of the other residents. She said the resident sort of pushed her in her and became agitated and began to try to fight with her. She said when the resident attempted to fight her, she (staff D) held the resident's to prevent her from hitting her. During this time, resident #2 was twisting her arm trying to get away from her (staff D) and heard a snap. She said she immediately	A 025		

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A 025	Continued From page 4 called the nurse who looked at the resident's arm. She said she did not intentionally twist her arm. She said she was very surprised that it happened that way. A telephone interview was attempted with staff E who witnessed the incident, and calls were not returned. Resident #2's health assessment form 1823, dated . . . . . , reflected diagnoses including and . . The facility's electronic notes did not include the incident of . . . . The facility's nurses documented the following: . . /2021at 7:58 PM - "Resident was observed by writer at approximately 4 PM crying out loud and saying her right arm was in , . . When writer assessed her arm, it was noted to writer the resident arm was uneven to left arm and her right was blush. Resident continually crying loudly her arm was hurting. Writer spoke with 911 ( ) and called to have resident transported to ER for assessment and treatment of possible broken arm. 911 ( ) came and assessed resident and transported her to the hospital. Wellness director aware of resident being sent to hospital for care." at 6:53 PM, "Resident returned from hospital in wheelchair via medical transporter and family. Has right arm in sling due to broken . . . . . " at 9:41 PM - "Resident is monitored by staff, was found taking off . . bandage and sling from right arm. Nurse and staff reinforced sling and . . . bandage." at 6 PM - "Resident keeps bandage from . , and staff continue to redress. In conjunction with daughter, resident	A 025		

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A 025	Continued From page 5 was sent to ER again." at 4 PM - "Notified by daughter that resident was admitted for the weekend and hospital was able to apply a hard on right arm. Daughter is hoping that she will return on Monday." at 10:40 PM - "Resident returned from hospital in wheelchair via medical transportation and family. Resident has a scratch in the middle of her forehead. Resident's daughter stated that the scratch was already there, and that resident picked at it." On at 4 PM, the health and wellness director said he was present the day of the incident. He said he and another nurse went to the memory care unit when the staff informed him of what had occurred to assess the resident. He said resident #2 was sitting in a wheelchair. He said when he arrived and looked at her arm, he knew something was wrong with it. The other nurse tried to keep it folded and not let it hang because that is when the resident would yell. He kept it braced to prevent her from moving it. was called, the resident was transported to the hospital, and family was called. He said the hospital placed the resident's in a half-shell brace wrapped with an wrap. The resident continued to remove it. She was sent to the hospital because the family wanted her to have a hard . . . When the resident returned, she had the hard on her right arm. On at 4:15 PM, the administrator said he did not feel staff D meant to intentionally harm resident #2. He said the way she handled the resident was wrong. He confirmed the staff should not have been physical with the resident. Class II	A 025		

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A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ␣ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Medication Observation Record (MOR) for 1 of 3 sampled residents was properly updated (#3).	A 054		

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A 054	Continued From page 7 Findings: Resident #3's 1823 health assessment form, dated [redacted], indicated her diagnoses included [redacted] type 2, [redacted], and she required assistance with self-administration of medications. Review of the resident's [redacted] MOR revealed documentation on [redacted] through [redacted] and 10/252021 through [redacted] that the resident was physically unable to take the medications. On [redacted] at 1:05 PM, the health and wellness coordinator said the MOR was coded incorrectly that the resident was "physically unable to take" medication. The documentation actually meant the medication was unavailable, the resident self-medicated that dose or the resident refused the medication. The health and wellness coordinator was unable to determine which of the accurate reasons was for which date. All of the resident's medication were circled on [redacted] for the reason that she was out of the facility. On [redacted] at 2:15 p.m., staff F confirmed the resident was out of the facility and said when the resident returned, staff F gave the medications but was unable to document it on the MOR because she had already chosen "out of the facility". She said she did not document that she gave the medications elsewhere in the resdient's record. Class III	A 054		

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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 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	A 078		

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A 078	Continued From page 9 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 personnel record reviews and interviews, the facility failed to ensure 2 of 4 sampled staff submitted a written statement from a health care provider documenting freedom from communicable within 30 days after beginning employment (D & E), and failed to ensure the personnel record for 1 of 4 sampled staff contained documented evidence of a negative ( ) exam on an annual basis (E). Findings:	A 078		

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A 078	Continued From page 10 1. Staff D's personnel record revealed a hire date of . The record did not contain a written statement from a health care provider documenting freedom from communicable . 2. Staff E's personnel record revealed a hire date of . There was no documentation to confirm she was free from annually. On at 3 PM, the business office manager confirmed the findings and said she was unable to provide additional information. 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 inservice training. A single certificate of	A 081		

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A 081	Continued From page 11 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 offering this training. Documentation of	A 081		

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A 081	Continued From page 12 compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty	A 081		

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A 081	Continued From page 13 (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 personnel record reviews and interview, the facility failed to ensure that 1 of 4 sampled staff received the required in-service training as described in 59A-36.011( ) FAC (D). Findings: Review of staff D's personnel record revealed a hire date of . The record contained the following information: An online certificate of training, dated , on resident , neglect, . An online certificate, dated , on resident elopement. Two online certificates, both dated , on control and emergency preparedness. All the certificates indicated the agenda included the facility's policies and procedures. However, none of them were signed by a facility representative to indicate the facility specific training was in fact given. On at 2:30 p.m., the business office manager confirmed the findings and said all of the trainings were taken only online and that staff D did not receive training on the facility's policies	A 081		

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(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 081	Continued From page 14 and procedures. Class III	A 081		
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: Based on personnel record reviews and interview, the facility failed to ensure 1 of 4 direct care staff received at least one hour of training in the facility's policy and procedures regarding . . . . . (. . .) that included information in Rule 59A-36.009, F.A.C. (D). Findings: Staff D's personnel record revealed a hire date of . . . . . . The record contained an online certificate, dated , on . The certificate indicated the agenda included the facility's policies and procedures. However, it was not signed by a facility representative to indicate	A 090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965368	A. BUILDING: _____ B. WING _____	10/29/2021

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A 090	Continued From page 15 the facility specific training was in fact given. On . . . . . at 2:30 p.m., the business office manager confirmed the findings and said the training was taken only online and that staff D did not receive training on the facility's policies and procedures. Class III	A 090		
A 091 SS=B	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training,	A 091		

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A 091	Continued From page 16 which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on personnel record review, facility's in-service sign-in sheet and interview, the facility did not have adequate documentation to confirm that facility staff was trained on challenging behaviors as noted in their corrective action plan for an incident. Findings: Facility's documentation noted the following for resident #2: On [redacted] at 4:03 PM, "Resident was in memory care and became agitated. Caregiver tried to redirect her. As she was holding resident , resident pulled on it and caregiver heard a crack. Resident was in , on right arm. [R]esident sent to ER for evaluation. Staff member terminated because when a resident is refusing to do something, you can not [sic] grab their and guide them away form [sic] area. Especially in resident, they often resist and pull . Staff member was terminated and staff was educated on challenging behaviors in a resident." The hospital history and physical, dated , noted resident #2 sustained an acute closed displaced of the shaft of the right . The in-service staff education sign-in sheet was dated . The subject was challenging behaviors. The training sign-in sheet staff D's printed and signed name as an attendee but staff D was suspended on . During a telephone interview with staff D on	A 091		

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A 091	Continued From page 17 . . . . . at 10:30 AM, she said she was asked to leave the facility on when the incident occurred, and has not been . . . to the facility because she was terminated. She said she did not print or sign her name on a training on . On at 11:30 AM, caregiver staff A, who worked in the memory care unit, was asked if she attended a training on because her printed name and signature was listed. She said she did not recall. She was shown the sign-in sheet for the training. She then stated she did attend that day if her signature was there. Review of the staff schedule revealed staff A was off on . On at approximately 11:45 AM, staff B, a caregiver who worked in the memory care unit, was shown the sign-in sheet. She said that was her signature and she had attended the training. The health and wellness director said on at 12:15 PM, staff D did not return to work after . . . . He was asked if staff D attended the training on . He reviewed the sign-in sheet and said it was a mistake. He said he must have used the wrong sign-in sheet. The health and wellness director returned and provided an agenda titled "Nursing Staff Meeting . . . . . ". He said the sign-in sheet attached to the Challenging Behavior agenda was for the . . . . . nursing staff meeting. He said he recalled that the top of the sign in-sheet was left and blank and only had the signatures and names of the staff that attended, and he thought it was for the Challenging Behavior Training, and he used that sign-in sheet by mistake and filled in the top of sheet in error. He said he could not find the sign-in sheet to confirm which staff attended	A 091		

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A 091	Continued From page 18 the Challenging Behavior Training, as noted in the facility's corrective action plan following the ..... incident involving resident #2. Class	A 091		