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
	AL11968541	A. BUILDING: _____ B. WING _____	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN AGE ALF OF TAMPA BAY INC	3328 W SPRUCE ST TAMPA, FL 33607

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the employment status of current and former employees on the facility's Agency for Health Care Administrations Employee Roster (AHCAER) for four current and former employees (Staff B, C, D, and E) of four sampled current and former employees.	CZ814		

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CZ814	Continued From page 1 Findings Included: A review of the facility's AHCAER, conducted on . . . . . , revealed that there were four employees listed on the AHCAER which included the Administrator and Staff A, D, and E. A review of the staffing schedule, conducted on , revealed that there were four employees scheduled to work in the facility which included the Administrator and Staff A, B, and C. A review of employee records, conducted on . . . . . , revealed that the Administrator was hired on and continued as an employee. Staff A was hired on . . . . . and continued as an employee. Staff B was hired on . . . . . and continued as an employee. Staff C was hired on and continued as an employee. During an interview with the Administrator, conducted on , the Administrator agreed that the facility's current employees were himself and Staff A, B, and C and that Staff D and E had not worked for the facility in a long time. The Administrator agreed that the facility's AHCAER was not up to date. Unclassified	CZ814		

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A 000	Initial Comments A re-licensure biennial survey and a generator monitoring were conducted at Golden Age ALF of Tampa Bay Inc on 11/30/2021. Deficiencies were identified at the time of survey.	A 000		
A 052 SS=D	429.256(. .); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an . . syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . . . . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this	A 052		

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A 052	Continued From page 1 section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed,"	A 052		

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A 052	Continued From page 2 unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups,	A 052		

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A 052	Continued From page 3	A 052		

and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.
(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,
2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.
(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.
(g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.
(h) All trained staff must adhere to the facility's

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A 052	Continued From page 4 . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to ensure proper assistance with self-administration of medications according to the required steps in 429.256 Florida Statutes and failed to follow . . . . control standards while assisting with medications for two Residents (#2 and #6) of two sampled residents that required assistance with self-administration of medication. Findings Included: During a medication pass observation with Staff A (an unlicensed Medication Technician) for Residents #2 and #6, conducted on . . . . . at 12:20pm, Staff A did not wash or sanitize her . . . and had the same gloves on that she had while in the kitchen preparing food. Staff A retrieved two clear plastic containers with white lids from the medication file cabinet. There were no medication labels on either container and Surveyor was unable to identify what medications were in the containers or which residents they belonged to. Staff A did not compare any medication labels to Resident #2 or #6's medication observation records. Staff A walked up to Residents #2 and #6 who were sitting beside each other at the dining room table. Staff A opened the container that had two pills in it and poured the pills into Resident #6's . Staff A then opened the other container that had three pills in it and poured these three pills into	A 052		

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A 052	Continued From page 5 Resident #2's . Staff A did not wash or sanitize her in between the residents or change her gloves. The container with the two pills were consistent to Resident #6's 12:00pm prescribed medications , 1mg and , 50mg. The container that had the three pills in it were consistent to Resident #2's 12:00pm prescribed medications , 0.5mg, , 25mg, and , / , 10-325mg. Staff A did not have medication labels present and told the residents the names of their medications by memory and told resident #2 that one of his medications was , and not , . Staff A returned the two empty containers inside the medication file cabinet. Staff A obtained Resident #2 and #6's medication observation record and documented the medications as given. Staff A returned to the kitchen to continue with food prep and did not change her gloves and did not wash or sanitize her . During an interview with the Administrator, conducted on at 02:30pm, the Administrator agreed that unlicensed Medication Technicians were to follow their training for assisting residents with self-administration of medications. The Administrator agreed that Medication Technicians were supposed to pop pills from medication packs in front of residents from the original containers with the medication labels present. The Administrator agreed that Medication Technicians were supposed to compare medication labels to the medication observation records and provide one resident at a time with their medications. Class III	A 052		

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A 056	Continued From page 6	A 056		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must	A 056		

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A 056	Continued From page 7 be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and,	A 056		

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A 056	Continued From page 8 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to store medications with proper labeling and filed to have a pharmacist transfer medication from the original container to another container for two Residents (#2 and #6) of two sampled residents. Findings Included: During an observation of the medication pass with Staff A for Residents #2 and #6, conducted on at 12:20pm, Staff A obtained two clear plastic containers with white lids from the medication filed cabinet. There were no medication labels on these containers. One container held two medication tablets consistent with Resident #6's 12:00pm medications. The other container held three medication tablets consistent with Resident #2's 12:00pm medications. During an interview with Staff A (an unlicensed Medication Technician), conducted on /2201 at 12:20pm, Staff A stated that she had popped the medications from the pill packs earlier for Residents #2 and #6. During an interview with the Administrator, conducted on at 02:30pm, the Administrator agreed that unlicensed Medication	A 056		

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A 056	Continued From page 9 Technicians were supposed to pop pills from pill packs in front of residents. Class III	A 056		
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	A 078		

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A 078	Continued From page 10 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. (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 obtain evidence of a negative ( ) examination annually as required and a one-time statement that the employee was free from communicable from a health care provider for two employees (Administrator and Staff C) of four sampled	A 078		

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A 078	Continued From page 11 employees. Findings Included: A record review for the Administrator, conducted on , revealed that the Administrator did not have evidence of a negative examination annually as required. One examination was dated and the other was dated . The Administrator's date of hire was . A record review for Staff C, conducted on , revealed that Staff C did not have evidence of a negative examination within thirty days of hire. Staff C did not have a onetime statement from a health care provider that the employee was free from communicable . Staff C was hired on . During an interview with the Administrator, conducted on at 02:30pm, the Administrator agreed that himself and Staff C did not have evidence of a negative examination and that Staff C did not have a onetime statement that she was free from communicable . 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	A 081		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968541	A. BUILDING: _____ B. WING _____	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN AGE ALF OF TAMPA BAY INC	3328 W SPRUCE ST TAMPA, FL 33607

(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 12 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 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	A 081		

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A 081	Continued From page 13 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 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	A 081		

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A 081	Continued From page 14 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 (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 provide direct care staff with the required in-service trainings, which included a two-hours pre-service orientation and control trainings prior to interacting with residents and trainings regarding activities of daily living, behavioral needs, elopement, emergency procedures, adverse incident reporting, incident reporting, resident rights, and recognizing and reporting , neglect, and , within thirty-days of hire for three employees (Staff A, B, and C) of three sampled employees. Findings Included:	A 081		

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A 081	Continued From page 15 An employee record review for Staff A, conducted on [redacted], revealed that Staff A's employee record did not contain evidence that the employee had required in-service trainings regarding elopement, emergency procedures, adverse incident reporting, and incident reporting within thirty-days of hire. Staff A was hired on [redacted]. An employee record review for Staff B, conducted on [redacted], revealed that Staff B's employee record did not contain evidence that the employee had required in-service trainings regarding a two-hours pre-service orientation and [redacted] control trainings prior to interacting with residents and trainings regarding activities of daily living, behavioral needs, elopement, emergency procedures, adverse incident reporting, incident reporting, resident rights, and recognizing and reporting [redacted], neglect, and [redacted] within thirty-days of hire. Staff B was hired on [redacted]. An employee record review for Staff C, conducted on [redacted], revealed that Staff C's employee record did not contain evidence that the employee had required in-service trainings regarding a two-hours pre-service orientation prior to interacting with residents and a training incident reporting with within thirty-days of hire. Staff C was hired on [redacted]. During an interview with the Administrator, conducted on [redacted] at 02:30pm, the Administrator agreed that Staff A, B, and C did not have evidence in their employee records that they received all of the assisted living facility required in-service trainings.	A 081		

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A 081	Continued From page 16 Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) / (/). 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 newly hired employees had the required onetime education course on / (/) training for one employee (Staff B) of three sampled employees within thirty days of employment. Findings Included: A record review for Staff B, conducted on , revealed that there was no evidence in Staff B's employee record that the employee had completed a onetime education regarding / within thirty days of employment. Staff B was hired on . During an interview with the Administrator, conducted on at 02:30pm, the Administrator agreed that B's employee record	A 082		

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A 082	Continued From page 17 did not include evidence that the employee had onetime education regarding / within thirty-days of employment. 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: Based on record review and interview, the facility failed to have evidence that employees were trained in the facility's policy and procedures regarding . within thirty-days of employment for two employees (Staff A and B) of three sampled employees. Findings Included: A record review for Staff A and B, conducted on . . , revealed that there was no evidence in Staff A and B's employee records that the employees had completed one-hour of training in	A 090		

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A 090	Continued From page 18 the facility's policy and procedures regarding within thirty-days of employment. Staff A was hired on . Staff B was hired on . During an interview with the Administrator, conducted on at 02:30pm, the Administrator agreed that Staff A and B's employee records did not include evidence that the employees had 1-hour of training on the facility's policy and procedures regarding within thirty-days of employment. Class III	A 090		