

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967749	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/30/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ANGEL CARE ASSISTED LIVING FACILITY

4301 31ST ST SOUTH

SAINT PETERSBURG, FL 33712

(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 A revisit to complaint investigations (# 2021013808, #2021014439, #2021014634 and #2021015394) was conducted at Angel Care Assisted Living Facility on Deficiencies were identified at the time of the survey.	{A 000}		
{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	{A 054}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 054}	Continued From page 1 physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain daily Medication Observation Records (MORs) that were immediately updated each time a medication was offered to six (# 1, #2, #3, #4, #5, and #6) of six sampled residents. Findings Included: A review of the MOR conducted on _____ for Resident #1, revealed blanks in scheduled _____ medication on 13 days. Additionally, there were blanks on the MOR for one other scheduled medication. There were no exceptions noted by staff for the blanks. A review of the MOR conducted on _____ for Resident #2, revealed blanks in four scheduled _____ medications and two other medications. There were no exceptions noted by staff for the blanks. A review of the MOR conducted on _____ for Resident #3 revealed blanks in multiple scheduled medications for conditions such as _____ and _____. There were no exceptions noted by staff for the blanks. A review of the MOR conducted on _____ for Resident #4 revealed blanks in multiple scheduled medications for conditions such as _____ and _____. There were no exceptions noted by staff for the blanks.	{A 054}		

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{A 054}	Continued From page 2 A review of the MOR conducted on _____ for Resident #5 revealed blanks in multiple scheduled medications for conditions such as smoking cessation, _____. There were no exceptions noted by staff for the blanks. A review of the MOR conducted on _____ for Resident #6 revealed blanks in multiple scheduled medications for conditions such as _____. There were no exceptions noted by staff for the blanks. In an interview with the Administrator conducted on _____ at 6:30am she said that the MORs should not have blanks on scheduled medications and that there should be initials circled and exceptions documented to explain why medication was not given. Class III	{A 054}		
{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.	{A 081}		

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NAME OF PROVIDER OR SUPPLIER ANGEL CARE ASSISTED LIVING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712		
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{A 081}	Continued From page 3 The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or 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	{A 081}			

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{A 081}	Continued From page 4 home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in _____ control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its _____ control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to _____ borne _____, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident _____, neglect, and _____. The facility must use its _____ prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living.	{A 081}			

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{A 081}	Continued From page 5 (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 ensure that all required in-service trainings required with in thirty days from date of hire were in employee personnel files for three employees (Staff A and Staff B) of three sampled employees. Findings included: A record review for Staff A, conducted on _____ with a date of hire of _____ revealed that Staff A did not have documentation of completing resident rights training or resident _____ and neglect training. A record review for Staff B, conducted on _____ with a date of hire of _____ revealed that Staff B did not have documentation of completing resident rights training.	{A 081}		

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{A 081}	Continued From page 6 An interview was conducted with the Administrator on at 5:35am, when asked about providing proof that Staff A and Staff B had completed the resident rights or resident trainings the Administrator stated Staff A and Staff B had completed the trainings but that the certificates had not been printed out and signed by the staff members. Class III	{A 081}		