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
	AL11967749	A. BUILDING: _____ B. WING _____	11/30/2021

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 complaint investigation (#2021015997) was conducted at Angel Care Assisted Living Facility on . Deficiencies were identified at the time of the visit.	A 000		
A 025 SS=D	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 or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . 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 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	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 59A-36.012, F.A.C. (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 observation, interview, and record review, the facility failed to have an accurate resident roster and failed to maintain a general awareness of the resident's whereabouts for three (Residents #1, #2 and #3) of three sampled residents. Findings Included: In an interview conducted on . . . . . at 2:30am Staff D stated she was assigned to work the memory care unit and had only worked three days. She said she was not sure how many residents were on the memory care unit. Additionally, she said "there was no one here	A 025		

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A 025	Continued From page 2 when I came in to get report from, so I just looked in the room to see if there was a body in the bed or not." She agreed that someone could be missing, and she would not know. In an interview with Staff A conducted on [redacted] at 2:43am on the south hallway she stated she did not know if Resident #2 had moved [redacted] to her old room or not. In an observation conducted on [redacted] at 3:19am in response to surveyor request, Staff A, Staff B and Staff C were observed performing a resident [redacted] count on the unit. In an observation conducted on [redacted] at 3:20am there were fifteen residents on the memory care unit in their beds. In an interview with the Administrator conducted on [redacted] at 3:44am she stated that Resident #1 was in assisted living and was exit seeking so she was moved to the memory care unit. In a record review conducted on [redacted] at 3:49am the resident roster was received with 77 residents listed, 14 residents of which were on the memory care unit. Resident #2 was listed in a room on the south hallway. In an observation on [redacted] at 3:10am Resident #2 was found asleep in a room on the North hallway. In a record review of the resident roster conducted on [redacted] at 4:35am Resident #1 was not listed. In an interview with the Administrator conducted	A 025		

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A 025	Continued From page 3 on . . . . . at 4:37am, she agreed that Resident #1 was not listed on the resident roster and said that there were 73 residents in the facility. In a review of the resident roster conducted on . . . . . at 4:37am there were 77 residents listed. In an interview with the Administrator conducted on . . . . . at 5:00am, she said Resident #2 was listed in the wrong room and hallway on the roster, and four additional residents were listed on the roster in error. In a review of the facility communication log on the South hallway conducted on . . . . . at 5:30am Resident #3 was listed on the . log as being sent to the hospital. The . . . . . communication log listed her as still at the hospital. In a review of the resident roster conducted on at 5:30am Resident #3 was listed on the roster. In an interview with the Administrator conducted on at 5:35am, she stated that she was not aware that Resident #3 had not returned from the hospital and said "I guess we have 72 residents then." In an interview with Staff A conducted on at 5:30am she said she helps Staff D on the memory care unit because she is new. She said that the resident rooms' have the resident names on the doors, so she knows how many residents are on the unit. In an interview with the Administrator conducted	A 025		

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A 025	Continued From page 4 on . . . . . at 5:36am she said that Resident #1 does not have a name tag on her door, yet she resides in the memory care unit. In an observation conducted on . . . . . at 6:22am on the memory care unit six out of fifteen residents did not have their names on the door. In an interview with the Administrator conducted at . . . . . at 6:40am she agreed the resident roster was not updated. Class III	A 025		
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 5 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 6 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 7 (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, Staff C and Staff D) of four sampled employees. Findings included: A record review for Staff A, conducted on with a date of hire (DOH) of revealed that Staff A did not have documentation of completing preservice training and elopement training. A record review for Staff C, conducted on , DOH of revealed that Staff C did not have documentation of completing preservice training (photographic evidence obtained). A record review of Staff D conducted on , DOH of revealed Staff D did not have documentation of completing preservice training and elopement training (photographic evidence obtained).	A 081		

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A 081	Continued From page 8 An interview was conducted with the Administrator on at 5:35am, the Administrator stated Staff A and Staff D had completed the trainings but that the certificates had not been printed out and signed by the staff members. Additionally, the Administrator was unable to find a signed certificate of completion for preservice training for Staff C. Class III	A 081		