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
	AL11969452	A. BUILDING: _____ B. WING _____	R 12/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF DR PHILLIPS	7233 DELLA DRIVE ORLANDO, FL 32819

(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 second revisit to the re-licensure survey including Extended Congregate Care was conducted for Harborchase Assisted Living Facility on . . . . Deficiencies were identified at the time of the survey.	{A 000}		
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 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	A 081		

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A 081	Continued From page 1 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 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	A 081		

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A 081	Continued From page 2 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 (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.	A 081		

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A 081	Continued From page 3	A 081		

This Statute or Rule is not met as evidenced by:
Based on personnel record reviews and interview, the facility failed to have evidence that 2 of 8 sampled staff (I and J) received the required in-service training.

Findings:

1. Personnel record review for staff I, a caregiver hired revealed there was no documentation to confirm she had received at least a 2-hour pre-service orientation prior to interacting with residents that covered resident rights and the facility's license type and services offered by the facility. That included the signature of the staff and the administrator.

Further personnel record review revealed there were online training's only and not facility specific training for the following:

Emergency procedure, preventing, recognizing, and reporting , control, and elopement.
There was only a 1-hour training for activities of daily living (ADL's). There was no documentation that she had received the required 3 hours of in-service training that covered Resident behavior and needs and providing assistance with the activities of daily living. There was no evidence to confirm she was a nurse, certified nursing assistant, or home health aide.

On at 2 PM, the business office manager confirmed the findings.
2. Review of staff J's personnel record revealed a hire date of . The record did not contain documentation to indicate staff J received

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A 081	Continued From page 4 the required 2-hour preservice orientation and it did not contain evidence to indicate staff J completed core training to exempt her from the requirement. On at 2:25 p.m. the business office manager (BOM) said staff J did not receive a 2-hr preservice orientation. Class III	A 081		
{A 084} SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and	{A 084}		

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{A 084}	Continued From page 5 medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the	{A 084}		

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{A 084}	Continued From page 6 resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of	{A 084}		

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{A 084}	Continued From page 7 medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on personnel record review and interview 2 of 2 sampled unlicensed staff (A and I) who provided assistance with the residents medication did not receive annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility provided by a licensed registered nurse, or a licensed pharmacist. Findings: On at 11 AM, the director of nursing said staff I assisted the resident's with the self administrator of their medications. Personnel record review for staff I hired . . . . revealed a 6 hour medication training dated . The director of nursing provided a certificate dated . . . . . that was completed by an online provider approvedmedicalce.com. The training was for 4 hours of continuing education units for the self-study course titled "assistance with self-medications." The certificate was signed by a nursing home administrator (NHA). The administrator said on at 1 PM, the training was an online training course provided by guardian pharmacy and provided a letter from the	{A 084}		

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{A 084}	Continued From page 8 pharmacy that noted the following: "The 2-hour med tech certification course offered by guardian pharmacy is provided through Guardian pharmacyce.com. The class content was developed by licensed RN and a licensed NHA (their names were listed on the letter). As a pharmacist, consultant pharmacist and president of Guardian of Orlando, I have personally reviewed and certified the class, its contents and all details around its administration and certification." The administrator was informed at the time, that the certificate provided was for a 4 hour self study course, not a 2 hour medication class as the pharmacist letter was . She was also informed that the website that was on the certificate was not the same website used by the guardian pharmacist. The training also did not indicate that it was provided by a licensed pharmacist or licensed registered nurse. The administrator confirmed the findings at the time. Review of staff A's personnel record revealed a certificate, dated , for 6 hours of training on assistance with self-administration of medications. The record did not contain documented evidence to indicate staff A completed 2 hours of training on assistance with self-administration of medications annually thereafter. On at 3 p.m. the DON provided a certificate that indicated staff A completed 2-hours of training on medication administration, a task in which unlicensed staff were not qualified to perform. In addition, the certificate was dated (the day of the survey). The DON confirmed the findings and said staff A completed the training after the surveyor pointed out that the	{A 084}		

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{A 084}	Continued From page 9 personnel record did not contain a certificate of training on the topic. Review of resident #17's medication observation record (MOR) revealed staff A, whose initials were identified by the DON, signed that she gave the resident medications on , which was more than a year since staff A completed the 6-hour training on . Class III	{A 084}		
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 review and interview the facility failed to have evidence that 1 of 8 sampled staff (I) had at least one hour of training in the facility's policies and procedures regarding ('s) that included information in Rule 59 A-5.0186, F.A.C. within 30 days after employment.	A 090		

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A 090	Continued From page 10 Findings: Personnel record review for staff I, a caregiver hired revealed an online certificate dated titled advanced directives and training for Florida. There was no documentation to confirmed she had received at least a 1-hour training on the facility's specific policies and procedures regarding { 's) that included information in Rule 59 A-5.0186, F.A.C. within 30 days after employment. On at 2 PM, the business office manager confirmed the findings. 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.	{A 091}		

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{A 091}	Continued From page 11 (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, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on personnel record review and interview the facility failed to ensure staff had certificates that included the required information for 2 of 8 sampled staff (A and C). Findings: 1. Personnel record review for staff C, a caregiver hired .. .. , revealed a certificate dated for 8 hours that noted , neglect and , ... , resident rights, ... control/universal precaution, adverse reporting, emergency procedures, elopement, do not resituate order, licensure and services provided. The certificate did not list the duration of each training listed on the certificate as required. There was another certificate dated for 2 hours that noted the same training. This certificate did not list the duration of each of the training's that were listed. Review of staff A's personnel record revealed a hire date of . The record contained a certificate of training, dated , that	{A 091}		

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{A 091}	Continued From page 12 contained the following facility specific topics: , neglect, and , control/universal precautions emergency procedures However, the certificate did not contain a training duration for each of those topics. On at 2 PM, the business office manager confirmed the findings for both staff A and C. Class	{A 091}		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the , 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 submission to	CZ814		

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CZ814	Continued From page 13 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; ... ; 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 personnel record reviews, review of the facility's online employee background roster, and interview, the facility failed to update its background roster within 10 business days of an employee status change for 2 of 8 sampled staff (J & K.) Findings: Review of staff J's personnel record revealed a hire date of ... ... Review of staff K's personnel record revealed an employment termination date of . However, review of the facility's online employee background roster on ... at 12:20 p.m. revealed staff J was not on the roster and staff K did not have an employment end date. On ... ... at 2:25 p.m. the business office manager confirmed both findings and said that although she was responsible for updating the roster with any changes, she had not yet had a chance to do so. Unclassified	CZ814		