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
	AL11963950	A. BUILDING: _____ B. WING _____	R 11/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEVA LAKES ASSISTED LIVING CENTER	743 S. BENEVA ROAD SARASOTA, FL 34232

(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 An unannounced a follow-up to the complaint survey completed on 6/29/21 was conducted on 11/29/21 at Beneva Lakes Assisted Living Center, an assisted living facility in Sarasota, Florida. The following is a description of the deficiencies.	{A 000}		
{A 077}	429.176 FS; 429.52(4-5),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010	{A 077}		

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{A 077}	Continued From page 1	{A 077}		

(1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.
(a) An administrator must:
1. Be at least 21 years of age;
2. If employed on or after October 30, 1995, have, at a minimum, a high school diploma or G.E.D.;
3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.;
4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to July 1, 1997, are not required to take the competency test unless specified elsewhere in this rule; and,
5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.
(b) In the event of extenuating circumstances, such as the death of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility

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{A 077}	Continued From page 2	{A 077}		

administrator must:
1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and,
2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.
(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile radius of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.
(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to April 20, 1998, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not simultaneously serve as an administrator of any other facility.
(e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, June 2016, which is incorporated by reference and available online

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{A 077}	Continued From page 3 at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the administrator, who is responsible for the operation and maintenance of the facility, failed to employ enough housekeeping and maintenance staff to provide residents the services needed to have a clean and sanitary environment facility wide, and failed to refurbish rooms as needed. Findings included: A letter dated 07/19/21 provided by the Executive Director as representing the plan of correction for the survey conducted on 6/29/21 reads, "Effective 7/12/2021 staffing for housekeeping department increased to two housekeepers as well as a floor tech and dedicated Manager for the ALF [assisted living facility] ....New daily cleaning checklist created...New deep cleaning schedule and checklist created, housekeeping staff educated." On 11/29/21 at 9:30 a.m. the Executive Director (ED) stated Staff B had been acting as the floor tech for the assisted living facility. The ED stated there were two housekeepers working at the ALF doing housekeeping and laundry. On 11/29/21 at 9:42 a.m. the ED was asked to provide the daily documentation of the cleaning checklist. The ED was observed to ask Staff B if he had the documentation. Staff B was observed to state to the ED, "I have not been working on this side". This statement was referring to Staff B working at the nursing home and not at the ALF.	{A 077}		

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{A 077}	Continued From page 4 On 11/29/21 at 9:45 a.m. Resident #1 complained that the carpet in her room was filthy dirty and she had complained to staff and housekeeping, and they had not cleaned her carpet in several months. On 11/29/21 at 10:46 a.m. Resident #5 complained that her carpet was dirty. She said she complains to housekeeping staff and they tell keep telling her they will put her on the list. Resident #5 said they are still having problems with housekeeping staff. She said the rooms are not being cleaned and the Laundry is not being returned to her in a timely manner. On 11/29/21 at 12:27 p.m. housekeepers, Staff C, and Staff D said they were having trouble completing all the Laundry in the facility. Staff C said both staff members were currently working on 19 residents' laundry. Staff C said she was using the dryer at the nursing home to try to catch the laundry up. Staff D said she had been the only person cleaning rooms in the ALF because a staff member had quit. On 11/29/21 at 1:36 p.m. The Director of Housekeeping provided documentation of the hours housekeeping staff had worked from 11/7/21 to 11/28/21. The documentation showed only one housekeeper was working from 11/7/21 to 11/13/21. Observations while touring the facility from 10:45 a.m. to 11:30 a.m. showed: Room 103 had cobwebs built up in the window. *See photographic evidence* Room 106 was dirty and completely covered in stains. *See photographic evidence*	{A 077}		

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{A 077}	Continued From page 5 Room 110 is full of clutter caused by an overabundance of the resident's belongings. The floor is dirty and stained. The resident residing in the room complained that a roach was on her head during the night, and that her dog had fleas. There was a bowel with dog food observed on the floor of the room. The resident complaint that she could not use the bathroom because the bathroom was not clean. Observation of the bathroom showed feces on the side of the toilet bowel and the shower had dirt covering the floor of the shower. Room 213 was observed to have a floor covered in dirt in the resident's room and bathroom. Room 222 was observed to have a Bathroom floor covered in dirt. *See photographic evidence* Room 301 was observed to have stains on a chair in the room and the bedside table covered in dirt and stains. The bathroom sink faucet was observed to have a black substance growing on the surface around the sink. *See photographic evidence* Room 307 was observed to have frayed carpet, and the carpet is covered in stains and dirt. *See photographic evidence* On 11/29/21 at 2:10 p.m. the Resident Council President, Resident #4 said her carpet was covered in dirt and stains and staff had not cleaned her carpet in over 6 months. On 11/29/21 at 2:30 p.m. the ED said she had two rooms scheduled to have the carpet replaced. The ED verified there had been no flooring in any room replaced since the last	{A 077}		

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{A 077}	Continued From page 6 survey completed on 6/29/21.	{A 077}		
{A 152}	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, chest or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who	{A 152}		

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require such services. Linens provided by a facility must be free of tears, stains and must not be threadbare.

This Statute or Rule is not met as evidenced by:
Based on observation, interview, an record review the facility failed to provide the residents with a homelike environment, free from pests, dirt, debris, hazardous areas, and clutter for 11 of 14 resident rooms observed of 87 resident rooms and other common areas.

The findings included:

A letter dated 07/19/21 provided by the Executive Director as representing the plan of correction for the survey conducted on 6/29/21 reads, "Effective 7/12/2021...New daily cleaning checklist created...New deep cleaning schedule and checklist created, housekeeping staff educated...All assessable outside windows were cleaned 7/18/21...rooms that require flooring replacement have been identifed and plan for replacement."

Observations while touring the facility from 10:45 a.m. to 11:30 a.m. showed:

Room 103 had cobwebs built up in the window. *See photographic evidence*

Room 106 was dirty and completely covered in stains. *See photographic evidence*

Room 110 is full of clutter caused by an overabundance of the resident's belongings. The floor is dirty and stained. The resident residing in the room complained that a roach was on her head during the night, and that her dog had fleas. There was a bowel with dog food observed on the

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{A 152}	Continued From page 8 floor of the room. The resident complaint that she could not use the bathroom because the bathroom was not clean. Observation of the bathroom showed feces on the side of the toilet bowel and the shower had dirt covering the floor of the shower. Room 213 was observed to have a floor covered in dirt in the resident's room and bathroom. Room 222 was observed to have a Bathroom floor covered in dirt. *See photographic evidence* Room 301 was observed to have stains on a chair in the room and the bedside table covered in dirt and stains. The bathroom sink faucet was observed to have a black substance growing on the surface around the sink. *See photographic evidence* Room 307 was observed to have frayed carpet, and the carpet is covered in stains and dirt. *See photographic evidence* On 11/29/21 at 2:30 p.m. the ED said she had two rooms scheduled to have the carpet replaced. The ED verified there had been no flooring in any room replaced since the last survey completed on 6/29/21.	{A 152}		
{A 160}	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this	{A 160}		

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section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.
(1) FACILITY RECORDS. Facility records must include:
(a) The facility's license displayed in a conspicuous and public place within the facility.
(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:
1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a stage 2 pressure sore; and,
2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of death.
(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff.
(e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C.
(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C.

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(g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C.
(h) If the facility advertises that it provides special care for persons with Alzheimer's disease or related disorders, a copy of all such facility advertisements as required by section 429.177, F.S.
(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C.
(j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.
(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years.
(l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years.
(m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.
(n) The facility's resident elopement response policies and procedures.
(o) The facility's documented resident elopement response drills.
(p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules

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{A 160}	Continued From page 11 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to follow their grievance policy and ensure residents were informed of how to ensure greivences were documented and a grievance log was maintained for residents greivences. The finding included: Review of the Greivence Policy which was last revised on 11/24/08 reads, "Upon hearing a concern, the staff member who has knowlege of the issue is to bring it to the immedicate attention of thier supervisor or the Executive Director. The Executive Director or the Manager will log the informationon the greivence log." A letter dated 07/19/21 provided by the Executive Director as representing the plan of correction for the survey conducted on 6/29/21 reads, "...Letter to residents as a reminder to report all grievences" On 11/29/21 at 9:45 a.m. Resident #1 complained that the carpet in her room was filthy dirty and she had complained to staff and housekeeping, and they had not cleaned her carpet in several months. Resident #1 said she had not been to by staff there was a greivence form that she could fill out and have a record of her grievences. On 11/29/21 at 10:13 a.m. Resident #2 said she had several complaints regarding other resident's behavior and pet care in the facility. She stated she had spoken to staff and the ED regarding her	{A 160}		

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{A 160}	Continued From page 12 complaints and no one was listening to her. Resident #2 said she was not aware of there being a grievence form that she could fill out and have a record of her grievences. On 11/29/21 at 10:46 a.m. Resident #5 complained that her carpet was dirty. She said she complains to housekeeping staff and they tell keep telling her they will put her on the list. Resident #5 said they are still having problems with housekeeping staff. She said the rooms are not being cleaned and the Laundry is not being returned to her in a timely manner. On 11/29/21 at 2:10 p.m. the Resident Council President, Resident #4 said her carpet was covered in dirt and stains and staff had not cleaned her carpet in over 6 months. On 11/29/21 at 2:30 p.m. the Administrator said she could not provide documentaion of the letter sent to residents on following the greivence procedure.	{A 160}		