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
	AL11910568	A. BUILDING: _____ B. WING _____	11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN VIEW ALF	526 N. MARY AVE. PANAMA CITY, FL 32404

(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 complaint survey was conducted at Garden View assisted living facility located in Panama City, FL on to review complaint number 2021014254. Deficient practice was identified at the time of the survey.	A 000		
A 075 SS=D	429.255( ) FS Use of Personnel; Emergency Care (....) (3)(a) An assisted living facility licensed under this part with 17 or more beds shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2)(b). (b) The facility is encouraged to register the location of each automated external defibrillator with a local emergency medical services medical director. (c) The provisions of ss. 768.13 and 768.1325 apply to automated external defibrillators within the facility. (4) Facility staff may withhold or withdraw or the use of an automated external defibrillator if presented with an order not to executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Facility staff and facilities may not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing or use of an automated external defibrillator pursuant to such an order and rules adopted by the agency. The absence of an order not to executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing or use of an automated external defibrillator as otherwise	A 075		

AHCA Form 3020-0001

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

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A 075	Continued From page 1 permitted by law. (5) The agency may adopt rules to implement the provisions of this section relating to use of an automated external defibrillator. This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the automated external defibrillator ( ) in safe operating condition by failing to ensure the defibrillator pads were not expired and the batteries were fully charged. The findings include: An observation of the facility was conducted in the presence of the Administrator on 11/23/21 at 10:36 AM. The defibrillator pads label revealed the pads expired on (photographic evidence obtained). At approximately 10:39 AM, the Administrator confirmed the pads were expired and the was audibly making a beeping noise. She stated the batteries were probably low. The Administrator further stated, they had checked the a few months ago, but did not check the pads for expiration. The Administrator confirmed the facility census was 29 residents. Class III	A 075		
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	A 090		

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A 090	Continued From page 2 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 reviews and staff interview, the facility failed to ensure all direct care staff receive at least 1 hour of training on the facility's policies and procedures regarding . . . . . ( ) for 3 of 5 sampled staff. (Staff A, B, and D) The findings include: Review of employee A's (resident aid) facility file revealed a hire date of . Employee A's file contained no documentation of training. Review of employee B's (resident aid) facility file revealed a hire date of . . . . . Employee B's file contained no documentation of training. Review of employee D's (resident aid) facility file revealed a hire date of . Employee D's file contained no documentation of training. An interview was conducted with the Administrator on 11/23/21 at 10:17 AM. She stated she could not locate training in any of the employee files, she guessed they did not complete the training and she does not know why. She then stated some of the files may have been lost during hurricane Michael. Class III	A 090		