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
	AL11968535	A. BUILDING: _____ B. WING _____	12/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORTEGA GARDENS SPECIAL CARE CI	5760 TIMUQUANA RD JACKSONVILLE, FL 32210

(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 (complaint #2021002933) was conducted at Ortega Gardens Special Care Center on . Deficiencies were identified at the time of survey. .	A 000		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or	A 055		

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A 055	Continued From page 1	A 055		

habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or
6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.
(c) Centrally stored medications must be:
1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,
4. Kept separately from the medications of other residents and properly closed or sealed.
(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.
(e) When a resident's stay in the facility has ended, the administrator must return all

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medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).
(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, staff interviews and facility policy and procedure, the facility failed to ensure centrally stored medication was kept in a locked medication cart at all times on one of three units within the facility.

The findings include:

During a tour of the facility on at 12:14 PM, the medication cart on the Reflections Unit was observed to be unlocked.

During an interview with Employee B, Medication Technician (MT)/Caregiver on ... at 12:15 PM, she was informed that the medication cart was unlocked. She walked over to the cart and observed the locking mechanism was not pushed in. She confirmed that the cart was not locked and stated, "I'm not passing medication

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A 055	Continued From page 3 today, (Employee A, Licensed Practical Nurse (LPN)) is passing meds." "She must have left it unlocked." Employee B, MT then left the nurse's station to go to a resident's room without locking the cart. During an interview with Employee A, LPN on at 1:00 PM, she was informed that the medication cart was unlocked during the tour of the facility at 12:15 PM. She appeared to be surprised and stated that she was unaware that she had left it unlocked. She left the interview to go ensure the cart was locked. During an interview with the Health Services Director (HSD) at 3:45 PM, she was informed that the medication cart was observed to be unlocked from 12:15 PM to 12:30 PM. In addition, Employee B, MT was informed and confirmed the medication cart was unlocked but did not lock it. The HSD expressed concern that the medication cart was unlocked and left unlocked. She confirmed that the medication cart should be locked at all times. A review of the facility policy and procedure for medication storage read: "Medications will be kept in a locked medication cart at all times." (Copy obtained) Class III	A 055		
A 081	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	A 081		

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A 081	Continued From page 4 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 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:	A 081		

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A 081	Continued From page 5 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 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.	A 081		

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A 081	Continued From page 6 (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. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure one (Employee A) out of five sampled employees received 3 hours of in-service trainings in Activities of Daily Living (ADLs) and Behavioral Needs training, 1 hour of Nutrition and Safe Food Handling training, 1 hour of Reporting Adverse Incidents training and Facility Emergency Procedures training, Incident Reporting training, and Reporting Major Incidents training within 30	A 081		

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A 081	Continued From page 7 days of employment. The findings include: A review of Employee A's record showed a hire date of . The record revealed that Employee A did not have the required training for Activities of Daily Living (ADLs) and Behavioral Needs training, 1 hour of Nutrition and Safe Food Handling training, 1 hour of Reporting Adverse Incidents training and Facility Emergency Procedures training, Incident Reporting training, and Reporting Major Incidents training. (Copy obtained). During an interview with the Health Services Director on at 3:45 PM, she confirmed that Employee A did not have the required trainings listed above. Class III	A 081		
A 082	59A-36.011(4) FAC Training - / (4) ./ (/), Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.	A 082		

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A 082	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure that one (Employee A) out of three sampled employees had received 2 hours of training on . . ( )/ , ... (. . .) Training within 30 days of hire. The findings include: A review of Employee A's record showed a hire date of . . . . . . The record revealed that Employee A did not have the required 2 hours of / . . training. (Copy obtained) During an interview with the Health Services Director on at 3:45 PM, she confirmed that Employee A did not have the required 2 hours of training on / . Class III	A 082		
A 090	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	A 090		

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A 090	Continued From page 9 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 employee record review and staff interview, the facility failed to ensure that one (Employee A) out of five sampled employees received 1 hour of required training on the facility policy and procedure for ... (...) within 30 days of hire. The findings include: A review of Employee A's record showed a hire date of ... . The record revealed that Employee A did not have the required 1 hour training for ... . (Copy obtained). During an interview with the Health Services Director on ... at 3:45 PM, she confirmed that Employee A did not have the training for ... . Class III	A 090		

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6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.
(c) Centrally stored medications must be:
1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,
4. Kept separately from the medications of other residents and properly closed or sealed.
(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.
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Based on observation, staff interviews and facility policy and procedure, the facility failed to ensure centrally stored medication was kept in a locked medication cart at all times on one of three units within the facility.

The findings include:

During a tour of the facility on at 12:14 PM, the medication cart on the Reflections Unit was observed to be unlocked.

During an interview with Employee B, Medication Technician (MT)/Caregiver on ... at 12:15 PM, she was informed that the medication cart was unlocked. She walked over to the cart and observed the locking mechanism was not pushed in. She confirmed that the cart was not locked and stated, "I'm not passing medication

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(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 081	Continued From page 4 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 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:	A 081		

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	AL11968535	A. BUILDING: _____ B. WING _____	12/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORTEGA GARDENS [illegible] SPECIAL CARE CI	5760 TIMUQUANA RD JACKSONVILLE, FL 32210

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A 081	Continued From page 5 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 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.	A 081		

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A 081	Continued From page 6 (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. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure one (Employee A) out of five sampled employees received 3 hours of in-service trainings in Activities of Daily Living (ADLs) and Behavioral Needs training, 1 hour of Nutrition and Safe Food Handling training, 1 hour of Reporting Adverse Incidents training and Facility Emergency Procedures training, Incident Reporting training, and Reporting Major Incidents training within 30	A 081		

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A 081	Continued From page 7 days of employment. The findings include: A review of Employee A's record showed a hire date of . The record revealed that Employee A did not have the required training for Activities of Daily Living (ADLs) and Behavioral Needs training, 1 hour of Nutrition and Safe Food Handling training, 1 hour of Reporting Adverse Incidents training and Facility Emergency Procedures training, Incident Reporting training, and Reporting Major Incidents training. (Copy obtained). During an interview with the Health Services Director on at 3:45 PM, she confirmed that Employee A did not have the required trainings listed above. Class III	A 081		
A 082	59A-36.011(4) FAC Training - / (4) (/), Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.	A 082		

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A 082	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure that one (Employee A) out of three sampled employees had received 2 hours of training on ( )/ , ( ) Training within 30 days of hire. The findings include: A review of Employee A's record showed a hire date of . The record revealed that Employee A did not have the required 2 hours of / training. (Copy obtained) During an interview with the Health Services Director on at 3:45 PM, she confirmed that Employee A did not have the required 2 hours of training on / . Class III	A 082		
A 090	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	A 090		

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A 090	Continued From page 9 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 employee record review and staff interview, the facility failed to ensure that one (Employee A) out of five sampled employees received 1 hour of required training on the facility policy and procedure for ... (...) within 30 days of hire. The findings include: A review of Employee A's record showed a hire date of ... . The record revealed that Employee A did not have the required 1 hour training for ... . (Copy obtained). During an interview with the Health Services Director on ... at 3:45 PM, she confirmed that Employee A did not have the training for ... . Class III	A 090		