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
	AL11969734	A. BUILDING: _____ B. WING _____	R 02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNFLOWER SPRINGS AT TRINITY	2300 WELBILT BLVD TRINITY, FL 34655

(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 revisit to limited nursing services monitoring visit, a complaint investigation (complaint number: 2021015585), and a generator monitoring were conducted at Sunflower Springs at Trinity on . Deficiencies were identified at the time of survey.	{A 000}		
{A 083} SS=D	59A-36.011(5) FAC Training - First Aid and . (5) FIRST AID AND . . . . . ( ). A staff member who has completed courses in First Aid and . and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American . . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide staff on each shift with training in . . . . ( ) and first aid as required.	{A 083}		

AHCA Form 3020-0001

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

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{A 083}	Continued From page 1 Findings Included: A record review of the staffing schedule, conducted on , revealed that Staff C, D, and F worked together on the 11:00pm through 07:00am shift on , , and . Staff C, D, and F worked on the 11:00pm through 07:00am shift with Staff E on . Record reviews for Staff C, D, E, and F, conducted on02/01/2022 revealed that there was no evidence of first aid and certification trainings for the employees. Staff C was hired on . Staff D was hired on . Staff E was hired on . Staff F was hired on . During an interview with the Administrator, conducted on at 12:02pm, the Administrator was unable to provide evidence that Staff C, D, E, and F's first aid and training certifications. Class III	{A 083}		
{A 162} SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance ,	{A 162}		

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{A 162}	Continued From page 2 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract	{A 162}		

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{A 162}	Continued From page 3 as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services,	{A 162}		

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{A 162}	Continued From page 4 record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 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 maintain resident records for hospice residents with the required interdisciplinary care plan ( ), an authorization by a health care provider for hospice services, a consent form agreeing to hospice services, and new -to- health assessments with all required data documented on the Agency for Health Care Administration Form 1823 (1823), when residents had significant declines in condition, necessitating	{A 162}		

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{A 162}	Continued From page 5 their admissions to hospice services for three Residents (#1, #2, and #16) of three sampled residents admitted to hospice services. Findings Included: A record review for Resident #1, conducted on , revealed that Resident #1 was admitted to the facility on and had a decline in condition necessitating her admission to hospice services on . Resident #1's record did not include an authorization to admit to hospice services from her health care provider. Resident #1's most recent 1823 was not dated and did not specify the required nursing services of hospice on page one. Resident #1's 1823 was not signed by the Examiner and did not include the Examiner's printed name, medical license number, telephone number, address, or title. A record review for Resident #2, conducted on , revealed that Resident #2 was admitted to the facility on and had a decline in condition necessitating her admission to hospice services on . Resident #2's record did not include an authorization to admit to hospice services from her health care provider. Resident #2's record did not include and that described the care and services that hospice provided and those that the facility provided with agreement between hospice, the facility, and the resident or resident's responsible party. Resident #2's most recent 1823 dated did not specify the required nursing services of hospice on page one, the type of assistance that she required for medication administration, and that her needs could not be met in an assisted living facility. A record review for Resident #16, conducted on	{A 162}		

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{A 162}	Continued From page 6 . . . . . , revealed that Resident #16 was admitted to the facility on and had a decline in condition necessitating her admission to hospice services on an unknown date. There was no consent form agreeing to hospice services in Resident #16's record. Resident #16's record did not include and . that described the care and services that hospice provided and those that the facility provided with agreement between hospice, the facility, and the resident or resident's responsible party. During an interview with the Wellness Director, conducted on at 2:07pm, the Wellness Director agreed Resident #1, #2, and #16's records did not include all required documents for hospice services. Class III	{A 162}		