

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968920</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/03/2022</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LODGE AT LUTHERAN HAVEN (THE)**

**2035 W RD 426  
OVIEDO, FL 32765**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>An abbreviated re-licensure survey with Extended Congregate Care (ECC) was conducted at The Lodge at Lutheran Haven on . The facility had deficiencies at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A 000               |                                                                                                                          |                          |
| A 086<br>SS=D            | 59A-36.011(10) FAC Training - ADRD<br><br>(10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training.<br>(a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between and shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas:<br>1. Understanding 's and related<br>2. Characteristics of ;<br>3. Communicating with residents with 's ;<br>4. Family issues;<br>5. Resident environment; and,<br>6. Ethical issues.<br>(b) Staff who have successfully completed both | A 086               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| A 086                    | Continued From page 1<br><br>the initial one hour and continuing three hours of<br>ADRD training pursuant to sections 400.1755,<br>429.917 and 400.6045(1), F.S., shall be<br>considered to have met the initial assisted living<br>facility _____ and Related<br>_____ Level I Training.<br>(c) Facility staff who provide direct care to<br>residents with ADRD must obtain an additional 4<br>hours of training, entitled "<br>_____ and Related _____ Level II Training," within 9<br>months of employment. Facility staff who meet<br>the requirements for ADRD training providers<br>under paragraph (g) of this subsection, will be<br>considered as having met this requirement.<br>_____ and Related _____ Level<br>II Training must address the following subject<br>areas as they apply to these _____:<br>1. Behavior management,<br>2. Assistance with ADLs,<br>3. Activities for residents,<br>4. Stress management for the care giver; and,<br>5. Medical information.<br>(d) A detailed description of the subject areas that<br>must be included in an ADRD curriculum which<br>meets the requirements of paragraphs (a) and (b)<br>of this subsection, can be found in the document<br>"Training Guidelines for the Special Care of<br>Persons with _____'s and Related<br>_____, dated _____, incorporated by<br>reference, available from the Department of Elder<br>Affairs, 4040 Esplanade Way, Tallahassee,<br>Florida 32399-7000.<br>(e) Direct care staff shall participate in 4 hours of<br>continuing education annually as required under<br>section 429.178, F.S. Continuing education<br>received under this paragraph may be used to<br>meet 3 of the 12 hours of continuing education<br>required by section 429.52, F.S., and subsection<br>(1) of this rule, or 3 of the 6 hours of continuing | A 086               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LODGE AT LUTHERAN HAVEN (THE)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2035 W RD 426<br/>OVIEDO, FL 32765</b>                                       |                          |                                                        |
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| A 086                                                                    | <p>Continued From page 2</p> <p>education for extended congregate care required by subsection (7) of this rule.</p> <p>(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.</p> <p>(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:</p> <ol style="list-style-type: none"> <li>1. Have 1 year teaching experience as an educator of caregivers for persons with _____ or related _____, or</li> <li>2. Three years of practical experience in a program providing care to persons with _____ or related _____, or</li> <li>3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with _____ or related _____.</li> </ol> <p>(h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g).</p> <p>This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 3 of 5 sampled direct care</p> | A 086                                                                          |                                                                                                                          |                          |                                                        |

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| A 086                    | Continued From page 3<br><br>staff who worked in the facility's secured memory<br>care unit received a minimum of 4 hours of<br>..... and Related .....<br>(ADRD) continuing education annually (A, C, D.)<br><br>Findings:<br><br>Review of personnel records revealed the<br>following:<br><br>1. Staff A was hired on ..... The record<br>contained a certificate of training, dated<br>for 4 hours of ADRD training. There was no<br>documentation to indicate staff A received a<br>minimum of 4 hours annually thereafter.<br><br>2. Staff C was hired on ..... The record<br>contained a certificate, dated<br>for 4 hours<br>of ADRD training. There was no documentation to<br>indicate staff C received a minimum of 4 hours<br>annually thereafter.<br><br>3. Staff D was hired on ..... The record<br>contained a transcript that indicated staff D<br>received a total of only 2.25 hours of annual<br>training.<br><br>On ..... at 1:45 p.m., staff D confirmed all the<br>findings.<br><br>Class III | A 086               |                                                                                                                          |                          |
| CZ814                    | 435.12(2)(b-d), FS Background Screening<br>Clearinghouse<br><br>435.12 Care Provider Background Screening<br>Clearinghouse.-<br>(2)(b) Until such time as the ..... are<br>enrolled in the national retained print .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CZ814               |                                                                                                                          |                          |

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| CZ814                    | <p>Continued From page 4</p> <p>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.</p> <p>(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.</p> <p>(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 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.</p> <p>This Statute or Rule is not met as evidenced by: Based on review of the facility's online background clearinghouse employee roster and interview, the facility failed to update the employee roster within 10 business days of a change in employment for 1 of 5 sampled staff (B).</p> <p>Findings:</p> <p>Review of staff B's personnel record revealed a hire date of _____.</p> <p>Review of the online background clearinghouse</p> | CZ814               |                                                                                                                          |                          |

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| CZ814                    | Continued From page 5<br><br>employee roster on ..... at 9:38 a.m. revealed<br>staff B was not listed. Review of the background<br>screening website revealed staff B listed Staff B<br>eligibility date as .<br><br>On ..... at 3 p.m., the human resource<br>director confirmed the roster was not updated<br>within 10 business days of staff B's hiring.<br><br>Unclassified | CZ814               |                                                                                                                          |                          |