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
	AL11965107	A. BUILDING: _____ B. WING _____	03/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMPA GARDENS SENIOR LIVING	16702 NORTH DALE MABRY HWY TAMPA, FL 33618

(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 numbers: 2022000602 and 2022001237), extended congregate care monitoring visit, and a generator monitoring were conducted at Tampa Gardens Senior Living on . Deficiencies were identified at the time of survey.	A 000		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	A 078		

AHCA Form 3020-0001

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

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A 078	Continued From page 1 . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain evidence that employees were free from ( ) annually and failed to obtain one-time statements that employees were free from communicable . . . from a health	A 078		

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A 078	Continued From page 2 care provider for three employees (Administrator and Staff B, and Staff D) of four sampled employees. Findings Included: A record review for the Administrator, conducted on , revealed that the Administrator's employee record did not include evidence from a health care provider that the employee was free from or a one-time statement that the employee was free from communicable within thirty days of employment. The Administrator was hired on . A record review for Staff B, conducted on , revealed that Staff B's employee record did not include evidence from a health care provider that the employee was free from or a one-time statement that the employee was free from communicable within thirty days of employment. Staff B was hired on . A record review for Staff D, conducted on , revealed that Staff D's employee record did not include a one-time statement from a health care provider that the employee was free from communicable within thirty days of employment. Staff D was hired on . During an interview with the Business Office Manager, conducted on at 04:34pm, the Business Office Manager agreed that the Administrator and Staff B's employee records did not have evidence from a health care provider that the employees were free from within thirty days of employment. The Business Office Manager agreed that the Administrator and Staff B and D's employee records did not have a	A 078		

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A 078	Continued From page 3 one-time statement from a health care provider that the employees were free from communicable [illegible] within thirty days of employment. Class III	A 078		
A 080 SS=D	429.52( ) FS; 59A-36.011(1) FAC Training - Core & Competency Test 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting [illegible], neglect, and [illegible]. (c) Special needs of elderly persons, persons with mental illness, and persons with [illegible] and how to meet those needs. (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication. (f) Firesafety requirements, including fire	A 080		

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A 080	Continued From page 4 evacuation drill procedures and other emergency procedures. (g) Care of persons with [illegible]'s [illegible] and related [illegible]. 59A-36.011 (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to [illegible], and managers who attended the core training program prior to [illegible], shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education	A 080		

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A 080	Continued From page 5 requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and, 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to provide evidence that the Administrator satisfied a minimum of twelve hours of continuing education every two years pursuant to rule 59A-36.011, Florida Administrative Code for assisted living facility CORE training requirements. Findings Included: An employee record review for the Administrator, conducted on [redacted], revealed that the Administrator completed assisted living CORE training on [redacted]. There was no evidence in the Administrator's record that the employee completed twelve hours of continuing education every two years for assisted living CORE training requirements. The Administrator was hired on [redacted]. During an interview with the Business Office Manager, conducted on [redacted] at 04:34pm, the Business Office Manager agreed that the Administrator's record did not include evidence that the employee had completed twelve hours of	A 080		

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A 080	Continued From page 6 continuing education every two years as required. Class III	A 080		
A 081 SS=D	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 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).	A 081		

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A 081	Continued From page 7 (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: 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.	A 081		

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A 081	Continued From page 8 (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. (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:	A 081		

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A 081	Continued From page 9 Based on record review and interview, the facility failed to provide employees with the required two-hour pre-service orientation and control trainings prior to interacting with residents. Furthermore, the facility failed to provide employees with activities of daily living and behavioral needs; elopement; safe food handling; emergency procedures; incident reporting and adverse incident reporting; and, resident rights and recognizing and reporting , neglect, and trainings within thirty-days of employment for four employees (Administrator, Staff B, and Staff D) of four sampled employees. Findings Included: A record review for the Administrator, conducted on , revealed that the Administrator's employee record did not have evidence that the employee completed training regarding elopements that was required for all employees within thirty days of employment. The Administrator was hired on . A record review for Staff B and D, conducted on , revealed that Staff B and D's employee records did not have evidence that the employees completed the required two-hours pre-service orientation and control trainings prior to interacting with residents. Staff B and D's employee records did not have evidence that the employees completed activities of daily living and behavioral needs; elopement; safe food handling; emergency procedures; incident reporting and adverse incident reporting; and resident rights and recognizing and reporting , neglect, and , trainings within thirty days of employment. Staff B was hired on . Staff D was hired on 11/25/2021.	A 081		

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A 081	Continued From page 10 During an interview with the Business Office Manager, conducted on [redacted] at 04:34pm, the Business Office Manager agreed that the Administrator, Staff B and Staff D's employee records did not have evidence that the employees obtained all required trainings in their employee records. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - [redacted] (4) [redacted] ([redacted]). 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 [redacted], 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that employees had the required one-time education course for [redacted] ([redacted]) within thirty days of employment for two employees (Staff B and Staff D) of three sampled employees. Findings Included: A record review for Staff B and Staff D, conducted	A 082		

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A 082	Continued From page 11 on . . . . . , revealed that Staff B and Staff D's employee records did not have evidence that the employees completed a one-time education course for / within thirty days of their employment. Staff B was hired on . . . . . Staff D was hired on . During an interview with the Business Office Manager, conducted on . . . . . at 04:34pm, the Business Office Manager agreed that Staff B and Staff D's employee records did not have evidence that the employees completed a one-time education course for / . . within thirty days of employment. Class III	A 082		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (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. (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	A 086		

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A 086	Continued From page 12 requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of	A 086		

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A 086	Continued From page 13 Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (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. (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: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 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 .	A 086		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965107	A. BUILDING: _____ B. WING _____	03/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMPA GARDENS SENIOR LIVING	16702 NORTH DALE MABRY HWY TAMPA, FL 33618

(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 086	Continued From page 14 (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). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide the four-hours required training regarding 's and related (ADRD) level-I and level-II trainings for two employees (Administrator and Staff C) of four sampled employees. Findings Included: A record review for the Administrator, conducted on , revealed that the Administrator's employee record did not have evidence that the employee completed four-hours training for ADRD level- withing three months of employment. The Administrator was hired on . A record review for Staff C, conducted on , revealed that Staff C's employee record did not have evidence that the employee completed four-hours training for ADRD level-II within nine months of employment. Staff C was hired on . During an interview with the Business Office Manager, conducted on at 04:34pm, the Business Office Manager agreed that the Administrator's employee record did not contain evidence that the employee had four-hours ADRD	A 086		

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A 086	Continued From page 15 level-I training within three months of employment. The Business Office Manager agreed that Staff C's employee record did not contain evidence that the employee had four-hours ADRD level-II training within nine months of employment. Class III	A 086		
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 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 review and interview, the facility failed to have evidence that employees received the required one-hour training for ( ) within thirty days of hire for three employees (Staff B, C, and D) of three sampled employees. Findings Included: A record review for Staff B, C, and D, conducted	A 090		

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A 090	Continued From page 16 on . . . . . , revealed that Staff B, C, and D's employee records did not include evidence that the employees received a one-hours training for within thirty days of employment. Staff B was hired on . . . . . Staff C was hired on , Staff D was hired on 11/25/2021. During an interview with the Business Office Manager, conducted on . . . . . at 04:34pm, the Business Office Manager agreed that Staff B, C, and D's employee records did not include evidence that the employees received one-hours training for . . within thirty days of employment. Class III	A 090		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable	A 161		

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A 161	Continued From page 17 . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ˬ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain personnel records with an application that included references and job descriptions for four employees (Administrator and Staff B, C, and D) of four sampled	A 161		

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A 161	Continued From page 18 employees. Findings Included: A record review for the Administrator, conducted on , revealed that the Administrator's employee record did not include an application with references or a high school diploma. The Administrator was hired on . A record review for Staff B, conducted on , revealed that Staff B's employee record did not include a job description for the employee. Staff B was hired on . A record review for Staff C, conducted on , revealed that Staff C's employee record did not include an application with references or a job description for the employee. Staff C was hired on . A record review for Staff D, conducted on , revealed that Staff D's employee record did not include an application with references for the employee. Staff D was hired on . During an interview with the Business Office Manager, conducted on at 04:34pm, the Business Office Manager agreed that the Administrator and Staff C and D did not have application with references in their employee records. The Business Office Manager agreed that Staff B and C did not have job descriptions in their employee records. The Business Office Manager agreed that the Administrator's record did not have evidence that the employee had a high school diploma. Class III	A 161		

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