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
	AL11969599	A. BUILDING: _____ B. WING _____	03/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSONAL TOUCH FAMILY HOME 2, LLC	1451 THE 12TH FAIR WAY WELLINGTON, FL 33414

(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 Relicensure and Generator Monitoring survey was conducted on . . . . . at Personal Touch Family Home 2, LLC. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 077	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be	A 077		

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A 077	Continued From page 1 under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [illegible] of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:	A 077		

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A 077	Continued From page 2 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile . . . . . of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , . . . , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not . . . . . , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, ... , which is incorporated by reference and available online at:	A 077		

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A 077	Continued From page 3 http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure the Administrator completed 12 hours of the continuing education requirement every 2 years after completion of the CORE examination for Assisted Living Facility training. The findings included: Review of the personnel record for the Administrator revealed a date of hire of . Further review of the personnel record revealed the Administrator passed the CORE competency examination on with the most recent certificate of 12 hours of continuing education training dated . Continued review of the personnel record revealed no additional continuing education for 2020 and 2021. On at 1:00 PM, an interview was conducted with the Administrator inquiring about the lack of the required continuing education training to which she stated she is a Registered Nurse, and she uses her nursing continuing education hours to account for the required 12 hours of continuing education every 2 years. The Administrator was unable to provide evidence of her continuing education at this time. Class III	A 077		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service	A 081		

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A 081	Continued From page 4 429.52(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). (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	A 081		

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A 081	Continued From page 5 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. (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.	A 081		

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A 081	Continued From page 6 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: Based on interview and record review the facility failed to ensure 4 of 4 employee personnel records reviewed contained the required mandatory in-service training to include the Administrator, Staff A, Staff B and Staff C.	A 081		

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A 081	Continued From page 7 The findings included: 1) Review of the personnel record for the Administrator revealed a date of hire of . . . . . Further review of the personnel record revealed the 1-hour in-service training pertaining to Incident Reporting, and 1-hour Resident Rights and Recognizing/Reporting . . . . and Neglect training were not available for review. 2) Review of the personnel record for Staff A revealed a date of hire of . . . . . as Direct Care Personnel to work the 7:00 PM to 7:00 AM shift. Further review of the personnel record revealed the 3-hour in-service training pertaining to Activities of Daily Living (ADL) and Behavioral Needs training and 1-hour in-service training pertaining to Incident Reporting were not available for review. 3) Review of the personnel record for Staff B revealed a date of hire of . . . . . as Direct Care Personnel to work the 7:00 AM to 7:00 PM shift. Further review of the personnel record revealed the 1-hour in-service training pertaining to Incident Reporting was not available for review. 4) Review of the personnel record for Staff C revealed a date of hire of as Direct Care Personnel to work flexible hours. Further review of the personnel record revealed the 3-hour in-service pertaining to ADL and Behavioral Needs training and 1-hour of Nutritional and Safe Food Handling training were not available for review. On at 3:00 PM, an interview was conducted with the Administrator who acknowledged the personnel records did not	A 081		

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A 081	Continued From page 8 include the required training documentation. 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. This Statute or Rule is not met as evidenced by: Based on interview and record review it was determined that the facility failed to ensure 3 of 4 employee personnel records reviewed contained the required in-service training for (/) training to include Staff A, Staff B, and Staff C. The finding included: 1) Review of the personnel record for Staff A revealed a date of hire of as Direct Personal Care to work the 7:00 PM to 7:00 AM shift. Further review of the personnel record revealed the 1-hour in-service training for / was not available for review.	A 082		

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A 082	Continued From page 9 2) Review of the personnel record for Staff B revealed a date of hire of as Direct Personal Care to work the 7:00 AM to 7:00 PM shift. Further review of the personnel record revealed the 1-hour in-service training for / was not available for review. 3) Review of the personnel record for Staff C revealed a date of hire of as Direct Personal Care to work flexible hours on flexible shifts. Further review of the personnel record revealed the 1-hour in-service training for / was not available for review. On at 4:00PM, an interview was conducted with the Administrator who acknowledged the findings. 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 employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C.	A 090		

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A 090	Continued From page 10 This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure 2 of 4 personnel records reviewed contained the required in-service training for [redacted] ([redacted]) Policies and Procedures, to include the Administrator and Staff B. The findings included: 1) Review of the personnel record for the Administrator revealed a date of hire of [redacted]. Further review of the personnel record revealed the 1-hour in-service training for [redacted] Policies and Procedures was not available for review. 2) Review of the personnel record for Staff B revealed a date of hire of [redacted] as Direct Care Personnel to work the 7:00 AM to 7:00 PM shift. Further review of the personnel record revealed the 1-hour in-service training for Policies and Procedures was not available for review. On [redacted] at 4:00 PM, an interview was conducted with the Administrator who acknowledged the findings. Class III	A 090		