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
	AL11932659	A. BUILDING: _____ B. WING _____	R 03/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODMONT A PACIFICA SENIOR LIVING COMMUNIT	3207 NORTH MONROE STREET TALLAHASSEE, FL 32303

(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 revisit to the licensure survey was conducted at Woodmont A Pacifica Senior Living Community on -22, 2022. A new complaint investigation and revisits to two complaint surveys were conducted in conjunction. The provider had deficiencies at the time of the visit.	{A 000}		
{A 078} SS=E	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	{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 constitute a risk of transmitting a communicable (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 ensure 11 of 11 sampled employees submitted a written statement from a health care provider verifying that they do not have any signs	{A 078}		

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{A 078}	Continued From page 2 or symptoms of communicable . . . . . . (Employees A, B, C, D, E, F, G, H, I, J and K) The findings include: A personnel record review was conducted for the following 11 employees: Staff A hired ... . Staff B hired Staff C hired . . . . . . Staff D hired Staff E hired . . . . . . Staff F hired Staff G hired . . . . . . Staff H hired Staff I hired . . . . . . Staff J hired . Staff K hired . . . . . . Review of the personnel records revealed that none of them contained a written communicable . . . . . statement from a health care provider. On . . . . . at approximately 9:53 AM, an interview was conducted with the Business Office Manager who reviewed each of the 11 employees' personnel records and confirmed that they did not contain a written communicable statement. The facility was not able to produce communicable . . . . . statements for the above employees at any time during the survey. Class III	{A 078}		
{A 081} SS=E	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service	{A 081}		

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{A 081}	Continued From page 3 429.52(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 4 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 5 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 record review and interview, the facility failed to ensure that 9 of 11 staff who provided direct care to residents received 3 hours of in-service training within 30 days of employment on the following subjects: resident behavior and needs; providing assistance with the activities of	{A 081}		

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{A 081}	Continued From page 6 daily living (ADLs); facility's resident elopement response policies and procedures. (Employees B, C, D, E, F, G, I, J, and K) The findings include: A personnel record review revealed no evidence that 3 hours of in-service training on resident behavior and needs, providing assistance with ADLs, or the facility's elopement response policies and procedures was conducted for the following 9 employees: Staff B hired Staff C hired Staff D hired Staff E hired Staff F hired Staff G hired Staff I hired Staff J hired Staff K hired On at approximately 9:53 AM, an interview was conducted with the Business Office Manager who reviewed each of the 9 employees' personnel records and confirmed that they did not contain training records for resident behavior and needs, providing assistance with ADLs, or the facility's elopement response policies and procedures. The facility was not able to produce records of completed training for the above employees at any time during the survey. Class III	{A 081}		

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A 082	Continued From page 7	A 082		
A 082	59A-36.011(4) FAC Training - /	A 082		

(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 record review and interview, the facility failed to ensure that 10 of 11 sampled employees received . . ./ . . . . . (/) training within 30 days of employment. (Employees A, B, C, D, E, F, G, H, I, and K)

The findings include:

A personnel record review revealed no evidence of completed / training for the following 10 employees:

Staff A hired
Staff B hired . . . . . .
Staff C hired
Staff D hired . . . . . .
Staff E hired
Staff F hired . . . . . .
Staff G hired
Staff H hired . . . . . .
Staff I hired

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A 082	Continued From page 8 Staff K hired . . . . . . On . . . . . at approximately 9:53 AM, an interview was conducted with the Business Office Manager who reviewed each of the 10 employees' personnel records and confirmed that they did not contain a record of completed training on / . The facility was not able to produce records of completed training for the above employees at any time during the survey. Class III	A 082		
{A 086} SS=E	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 requirement. Initial training, entitled " . . . . . and Related . . . . . Level I Training,"	{A 086}		

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{A 086}	Continued From page 9 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 Persons with 's and Related ," dated , incorporated by	{A 086}		

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{A 086}	Continued From page 10	{A 086}		

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 . . . . . .
(h) With reference to requirements in paragraph (g), a Master's degree from an accredited college

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{A 086}	Continued From page 11 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 ensure that 10 of 11 sampled employees received and Related (ADRD) Level I Training within 3 months of employment (Employees A, B, C, D, E, F, G, H, I and K) and further failed to ensure that 2 of the 11 sampled employees received ADRD Level II Training within 9 months of employment (Employees I and K). The findings include: A personnel record review was conducted for the following 11 employees: Staff A hired Staff B hired Staff C hired Staff D hired Staff E hired Staff F hired Staff G hired Staff H hired Staff I hired Staff K hired Review of the personnel records revealed no evidence of completed ADRD Level I Training for Employees A, B, C, D, E, F, G, H, I and K. Further review revealed no evidence of completed ADRD Level II Training for Employees	{A 086}		

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{A 086}	Continued From page 12 I and K. On ..... at approximately 9:53 AM, an interview was conducted with the Business Office Manager who reviewed each of the 11 employees' personnel records and confirmed that they did not contain the ADRD Level I or Level II trainings. The facility was not able to produce records of completed training for the above employees at any time during the survey. 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 ensure that 11 of 11 sampled employees received at least one hour of training in the facility's policies and procedures regarding Do	A 090		

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A 090	Continued From page 13 Not Orders ( ) within 30 days after employment. (Employees A, B, C, D, E, F, G, H, I, J and K) The findings include: A personnel record review was conducted for the following 11 employees: Staff A hired Staff B hired Staff C hired Staff D hired Staff E hired Staff F hired Staff G hired Staff H hired Staff I hired Staff J hired Staff K hired Review of the personnel records revealed that none of them contained a record of training on the facility's policies and procedures regarding On at approximately 9:53 AM, an interview was conducted with the Business Office Manager who reviewed each of the 11 employees' personnel records and confirmed that they did not contain a record of training on the facility's policies and procedures regarding The facility was not able to produce training records for the above employees at any time during the survey. Class III	A 090		

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WOODMONT A PACIFICA SENIOR LIVING COMMUNIT	3207 NORTH MONROE STREET TALLAHASSEE, FL 32303

(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
{AN277}	Continued From page 14	{AN277}		
{AN277} SS=E	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to obtain an authorizing health care practitioner order for Limited Nursing Services	{AN277}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{AN277}	Continued From page 15 (LNS) for 1 of 2 residents receiving those services. {Resident #7} The findings include: On at approximately 12:00 PM, Resident #7 was observed ambulating in the facility with the assistance of a rolling walker. She was asked about what services the nursing staff provided and she indicated they help her with [illegible]. A review of the facility's limited nursing services log and nursing assessments revealed Resident #7 was receiving assistance with [illegible] as needed at 2 liters per minute via [illegible]. On at approximately 1:50 PM, an interview was conducted with the Facility Administrator who reported she was unable to locate any orders from Resident #7's healthcare practitioner for the limited nursing services. Class III	{AN277}		