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
	AL11965739	A. BUILDING: _____ B. WING _____	03/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON CLUB AT PRESTANCIA (THE)	3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print 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. (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. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] 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; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 2 (Staff A and D) of 4 staff records reviewed, had the Level 2 background screening employment status updated within 10 days on the Agency's Background screening clearinghouse website pursuant to chapter 435. This had the potential for staff with disqualifying	CZ814		

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CZ814	Continued From page 1 offenses to have access to . . . . . adults. The findings included: On . . . . . at 9:45 a.m., review of the Limited Nursing Services (LNS) records revealed Staff D Registered Nurse (RN) is the LNS supervisor for the facility. Review of the Agency for Healthcare of Administration background screen website revealed staff D was not added to the employee roster on the clearinghouse for the facility. On . . . . . at 9:19 a.m., Administrator stated staff D was the LNS supervisor for the facility as a contract nurse for 4 years and became a full-time employee of the company in 2021. Review of Staff A's file revealed a hire date of . . . . as a Resident Aide/Med Tech. Staff A was not added to the clearinghouse until , 38 days after hire. On . . . . . at 12:13 p.m., the Administrator confirmed staff A was added to the background clearinghouse past the required 10 business days. On at 12:37 p.m., the administrator acknowledged the findings that staff D was not added to the clearinghouse for the facility. Unclassified	CZ814		

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A 000	Initial Comments An unannounced relicensure, extended congregate care, limited nursing services and emergency power plan monitoring survey was conducted on ..... through ..... at The Heron Club at Prestancia, an assisted living facility in Sarasota, Florida. The following is a description of the deficiencies.	A 000		
A 008	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's	A 008		

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A 008	Continued From page 1 condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility	A 008		

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A 008	Continued From page 2 administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible] or any other	A 008		

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A 008	Continued From page 3 communicable . . . . . , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with	A 008		

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A 008	Continued From page 4 either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure residents are examined by a health care provider and have a completed Health Assessment form (1823) after a significant change for continued appropriateness of	A 008		

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A 008	Continued From page 5 residence for 1 (Resident # 14) of 2 resident records reviewed. The findings included: On review of Resident #14's clinical record revealed she was admitted to the facility on , with documentation of an initial Health Assessment Forms (1823) dated . . . . . , and an additional Health Assessment dated . Further review of resident #14 clinical record revealed documentation of a physician order dated . . . . . for admit to hospice services for end-of-life care. There was no further evidence of a Health Assessment (1823) completed by the physician for the change in condition for hospice services for end-of-life care On . . . . . at 10:03 a.m., the Administrator stated Resident #14 was admitted to hospice services on . . . . . , with it being a change in condition. On at 10:20 a.m., the Administrator reviewed the clinical record for resident #14. The Administrator confirmed no new health assessment forms (1823) completed for the change in condition. Class III	A 008		
A 033	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . . . . . The care plan must be	A 033		

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A 033	Continued From page 6 developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide appropriate care and services for one of one resident (#12) who has a . The finding included: 1. Observation on at 10:30 a.m. showed on Resident #12's bed there are full side rails on both sides of the bed and a scoop mattress. An interview was conducted with the director of nursing (DON) on at 11:00 a.m. She said Resident #12 has a physician's order for these two . The are to prevent Resident #12 from getting out of the bed on her	A 033		

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A 033	Continued From page 7 own. She will out of the bed. A review of the physician's order for these show there are two orders dated for a concave mattress and full bed rails. These are to be applied "during hours of sleep." A review of the facility's physical policy #2.24 explains the use of the . The procedure for the use shows: "Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be written and implemented within 14 days of the device being prescribed and prior to use on the resident. The care plan must include: 1) The device prescribed, and 2) The maximum amount of time the resident is to have the applied or used during a 24 hour period. Staff will monitor and observe the daily for injuries, increased agitation, signs and symptoms of , or decline in mobility or function related to the use of the and report to the physician. This review and observation will be recorded in the EHR (electronic health record) system and as a treatment order in the EMAR (electronic mediation administration record). If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements must be adhered to." A review of Resident #12's service plan dated showed the bed rails mentioned as the physical . The service plan does not show the concave mattress as a . The care plan does not show the amount of time the are to be applied within a 24 hour period. Further review of Resident #12's record	A 033		

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A 033	Continued From page 8 does not show the staff documenting they are monitoring and observing the or any changes the resident is showing. There is no indication the are applied appropriately. On at 2:15 p.m., another interview was conducted with the DON. She reviewed Resident #12's service plan and confirmed the plan does not include: 1) the concave mattress is designated as a , 2) the amount of time Resident #12 is to have the applied each day, 3) staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the two and 4) staff to ensure the device is applied appropriately and safely for Resident #12. Class III	A 033		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of	A 052		

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A 052	Continued From page 9 being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform - level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid	A 052		

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A 052	Continued From page 10 medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self	A 052		

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A 052	Continued From page 11 administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of	A 052		

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A 052	Continued From page 12 subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure staff who assist residents with self-administration of medications do so in accordance with proper procedure for 5 (Residents #15, #16, #17, #18, #19) of 5 medication observations. The findings included: Review of the Policy and Procedure: SRI Management LLC Healthcare Management, Assistance with Self-administered Medication By Unlicensed Associates. Procedure: Assistance with self-administration includes: taking the medication in its previously dispensed, properly labeled container, from where it is stored and bringing it to the resident. In	A 052		

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A 052	Continued From page 13 the presence of the resident orally advised, opening the container, removing a prescribed amount of medication from the container, and closing the container. On at 9:45 a.m., Staff A (med tech) was observed assisting Resident #18 with medications. Staff A parked the medication cart in the hallway outside of Resident #18's room. Staff A took Resident #18's medication from the medication cart placing the dosage of the medications into a container, without the resident being present. Staff A knocked on the room door and entered the room with the container of medications. Staff A said to Resident #18: "I have your meds for you." Staff A gave Resident #18 the medications without informing the resident what medications he was being assisted with and without taking the medications in their properly labeled container to read to the resident. On at 10:06 a.m., Staff A (med tech) was observed assisting Resident #15 with medications. Staff A parked the medication cart in the hallway outside of Resident #15's room. Staff A took Resident #15's medication from the medication cart placing the dosage of the medications into a container, without the resident being present. Staff A knocked on the room door and entered the room with the container of medications. Staff A said to Resident # 15: "Here are your meds." Staff A gave Resident #15 the medications without informing the resident what medications he was being assisted with and without taking the medications in their properly labeled container to read to the resident. On at 10:16 a.m., Staff A (med tech) was observed assisting Resident #16 with medications. Staff A parked the medication cart	A 052		

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A 052	Continued From page 14 in the hallway outside of Resident #16's room. Staff A took Resident #16's medication from the medication cart placing the dosage of the medications into a container, without the resident being present. Staff A knocked on the room door and entered the room with the container of medications. Staff A said to Resident #16: "I have your meds for you." Staff A poured the medications from the cup into Resident #16's without informing the resident what medications she was being assisted with and without taking the medications in their properly labeled container to read to the resident. On ..... at 10:23 a.m., Staff A (med tech) was observed assisting Resident #17 with medications. Staff A parked the medication cart in the hallway outside of Resident #17's room. Staff A took Resident #17's medication from the medication cart placing the dosage of the medications into a container, without the resident being present. Staff A knocked on the room door and entered the room with the container of medications. Staff A said to Resident #17: "I have your meds for you." Staff A gave Resident #17 the medications without informing the resident what medications he was being assisted with and without taking the medications in their properly labeled container to read to the resident. On ..... at 10:30 a.m., Staff A stated she knows she is required to read the medications to the resident when assisting with self-administration of medications. Staff A stated, "To be honest I do not read them all. I used to at the beginning, and I stopped." Staff A said unless they ask she does not tell them what medications they are receiving. On at 8:15 a.m., Staff E (med tech) was	A 052		

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A 052	Continued From page 15 observed assisting Resident #19 with medications. Staff E called Resident #19 over to the medication cart. Staff E took Resident #19's medication from the medication cart placing the dosage of the medications into a container and gave the cup to Resident #19 with a glass of water. Staff E did not inform Resident #19 what medications she was being assisted with or read the medications names to Resident #19. On . . . . at 8:19 a.m., Staff E said she does not read the medications to the residents in the memory care unit. She said she does not tell them unless they ask. On at 12:00 p.m., the Administrator confirmed the Med Techs, when assisting with self-administration of medications, are required to read the medications to the residents. Administrator acknowledged that Staff A and E did not follow the proper procedures when assisting residents #15, #16, #17, #18 and #19 with self-administration of medications. Class III	A 052		
A 078	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	A 078		

Agency for Health Care Administration

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A 078	Continued From page 16 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 . (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	A 078		

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A 078	Continued From page 17 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, that within 30 days of employment, staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . . . . . and evidence of freedom from ( ) documented annually thereafter for 3 (Staff A, B, and Administrator) of 4 employee records reviewed. The findings included: Review of Staff A's file revealed a hire date of . . . . as a Resident Aide/Med Tech. Staff A's file contained a statement from a healthcare provider indicating staff A was free from signs/symptoms of a communicable . dated . There was no further evidence of freedom from communicable documented annually thereafter. Review of Staff B's employee file revealed a hire date of as the Director of Resident Services. Staff B's file contained a report of a , indicating no . or consolidation	A 078		

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A 078	Continued From page 18 identified, the mediastinal silhouette is clear, and no , seen. Clinical indication: Positive dated . Staff B's file contained documentation from a health care provider that Staff B was free of signs/symptoms of communicable dated . There was no further evidence of freedom from documented annually thereafter. The Administrator's file revealed a hire date of , with a promotion on . The Administrator's file contained a statement from a healthcare provider indicating the Administrator was free from signs/symptoms of a communicable dated , and documentation of a test given on with no signature and date of the licensed person reading the test. There was no further evidence of freedom from documented annually thereafter. On at 12:13 p.m., the Administrator confirmed no further documentation of freedom from communicable on file for staff A, B, and herself. Class III	A 078		
A 081	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	A 081		

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A 081	Continued From page 19 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 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	A 081		

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A 081	Continued From page 20 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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], 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. 2. Recognizing and reporting resident [illegible], neglect, and [illegible]. The facility must use its [illegible] 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	A 081		

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A 081	Continued From page 21 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 staff interview, the facility failed to ensure employees complete 3 hours of ADL and Behavioral needs training prior to interacting with residents and within 30 days of hire required by Florida Administrative Code for 2 (Staff A and C) out of 4 staff records reviewed. The findings included: On . . . . . review of Staff A's employee file revealed a hire date of as a Resident Aide/Med Tech. Staff A's file contained documentation of having completed required 1 hour training for Activities of Daily Living, Independent Activities of Daily living and	A 081		

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A 081	Continued From page 22 Decreased Mobility Training. Staff A's file contained no evidence of completion of 3 hour training for Activities of Daily Living and Behavioral Needs. On review of Staff C's employee file revealed a hire date of as a Resident Aide/Med Tech. Staff C's file contained documentation of having completed required 1 hour training for Activities of Daily Living, Independent Activities of Daily living and Decreased Mobility Training. Staff C's file contained no evidence of completion of 3 hour training for Activities of Daily Living and Behavioral Needs. On at 1:00 p.m., the Administrator confirmed the ADL training requirements are not meet for Staff A and C as the required hours were not fulfilled. Class III	A 081		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule	A 084		

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A 084	Continued From page 23 requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, . . , . . dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility	A 084		

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A 084	Continued From page 24 employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the	A 084		

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HERON CLUB AT PRESTANCIA (THE)	3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238

(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 084	Continued From page 25 effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure unlicensed persons who provide assistance with self-administration of medications complete and obtain an initial 6 hour training education and annual 2 hour training education on providing assistance with self-administered medications for 1 (Staff C) of 4 staff records reviewed. The findings included: Record review of Staff C's employee file revealed a hire date of as a Resident Aide/Med Tech. Staff C's file contained documentation of completing 6 hours of continuing educations for assistance with self-administration of medications on . Staff C's file contained no	A 084		

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A 084	Continued From page 26 documented evidence of completing annual 2 hours continuing education training for assistance with self-administration of medications. On . . . . . at 12:37 p.m., the Administrator reviewed staff C's employee record and confirmed there is no documented evidence of completion of annual 2 hours education for assistance with self-administration of medications. Class III	A 084		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable _ . to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects,	A 152		

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A 152	Continued From page 27 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide residents, who live in the memory unit, a safe and descent living environment and to also provide privacy. The facility failed to maintain a safe and sanitary living environment for its residents. The findings included: 1. A tour of the memory unit on the second floor was conducted on at 10:15 a.m. The following was observed: : sliding glass door was open and off the track. : Slats were missing from the blinds on the sliding glass door. : Paint peeling off the front door. Slats were missing from the blinds on the sliding glass door in bedroom. : Slats missing from the blinds on the sliding glass door in the bedroom. : Toilet paper holder missing. Slats missing on the sliding glass door in the bedroom. : Toilet paper holder missing. Slats	A 152		

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A 152	Continued From page 28 missing on the sliding glass door. : Paint peeling off the front door. : Slats missing from the blinds on the sliding glass door. Knobs were missing on both closet doors preventing the resident from opening the closet. : The light in the shower is out. Another tour was conducted with the executive director and director of nursing on at 2:00 p.m. The executive director confirmed these observation. The slats missing from the sliding glass doors does not provide these residents privacy from the outside. On at 10:55 a.m., Resident #1 said there is a foul odor at times in the hallway which comes from the trash chute behind the elevators. She said the chute is always overflowing with trash, it smells, and creates the small insects that are flying around. On at 11:09 a.m., Resident #5 said there is a foul odor on her hallway (4th floor) that comes from the garbage chute which is behind the elevators. She said the door does not close all the way and it is overflowing with trash. She said the smell enters the hallway and her room when she opens the door and it creates the little insects flying around that are very bothersome. She said the insects fly into and around her food when eating. On at 11:15 a.m., observed the 4th floor garbage chute with bags of trash on the floor and not inside of the chute. A foul odor was emanating from the trash and small insects were flying around. On at 12:05 p.m., observed the 3rd floor	A 152		

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A 152	Continued From page 29 trash chute with trash bags containing used disposable briefs and other trash on the floor. Observed gnats flying around and a foul odor was permeating the hallway. On at 2:56 p.m., toured the trash chute rooms with Administrator. The Administrator confirmed there were trash bags on the floor in the rooms producing foul odor and small flying insects. The Administrator stated she did not know it was like that. Class III *Photographic Evidence obtained*	A 152		
A 161	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 . . . . . In addition, records must contain the	A 161		

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A 161	Continued From page 30 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 [illegible] 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 ensure personnel records for staff contain documentation of a job description as required for compliance with Florida Administrative Code for 1 (Staff B) of 4 employee files reviewed.	A 161		

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A 161	Continued From page 31 The findings included: Record review of Employee file for staff B revealed a hire date of [redacted] as the Director of Resident Services. Staff B's employee file failed to contain a documented job description as required. On [redacted] at 12:13 p.m., the Administrator acknowledged the documentation is missing from the employee file for staff B.	A 161		
AE205	59A-36.021(5); 429.07(3)(b) ECC - Health Assessment 59A-36.021 (5) HEALTH ASSESSMENT. Before receiving extended congregate care services, all persons. including residents transferring within the same facility to that portion of the facility licensed to provide extended congregate care services, must be examined by a health care practitioner pursuant to rule 59A-36.006, F.A.C. A health assessment conducted no more than 60 days before receiving extended congregate care services meets this requirement. Once receiving services, a new health assessment must be obtained at least annually. 429.07 (3)(b), FS 6. Before the admission of an individual to a facility licensed to provide extended congregate care services, the individual must undergo a medical examination as provided in s. 429.26(5) and the facility must develop a preliminary service plan for the individual. 7. If a facility can no longer provide or arrange for services in accordance with the resident's service	AE205		

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AE205	Continued From page 32 plan and needs and the facility's policy, the facility must make arrangements for relocating the person in accordance with s. 429.28(1)(k). This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to have a health assessment for Resident #11 who was receiving skilled nursing services. Resident #11 was not on the extended congregate care (ECC) log. The findings included: 1. Observation of Resident #11 on ..... at 11:00 a.m. showed there was a bandage on the top of his ... with the date ..... written on it. Resident #11 was interviewed at that time. He said the nurse at the facility changes his bandages. A review of the ECC log found he was not on this log. An interview was conducted with the director of nursing (DON) on at 11:40 a.m. She said she changes Resident #11's bandages every Tuesday and Thursday. A home health agency nurse comes in on the week-ends and changes his bandage then. She confirmed Resident #11 is not on the ECC log. A review of Resident #11's record showed no health assessment was completed by a physician prior to receiving skilled nursing services by the facility.	AE205		

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AE205	Continued From page 33 Class III	AE205		
AE208	59A-36.021(8) FAC 429.07(3)(b)3, FS ECC - Records 59A-36.021(8) RECORDS. (8) RECORDS. In addition to the records required in rule 59A-36.015, F.A.C., a facility providing extended congregate care services must maintain the following: (a) The service plans for each resident receiving extended congregate care services; (b) The nursing progress notes for each resident receiving nursing services from the facility's staff; (c) Nursing assessments; and, (d) The facility's extended congregate care policies and procedures. 429.07 (3)(b), FS 3. A facility that is licensed to provide extended congregate care services shall maintain a written progress report on each person who receives such nursing services from the facility's staff which describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse, or appropriate designee, representing the agency shall visit the facility at least twice a year to monitor residents who are receiving extended congregate care services and to determine if the facility is in compliance with this part, part II of chapter 408, and relevant rules. One of the visits may be in conjunction with the regular survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of the team that inspects the facility. The agency may waive one of the required yearly	AE208		

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AE208	Continued From page 34 monitoring visits for a facility that has: a. Held an extended congregate care license for at least 24 months; b. No class I or class II violations and no uncorrected class III violations; and c. No ombudsman council complaints that resulted in a citation for licensure. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to acquire a doctor's order, develop a service plan, and complete nursing assessments for Resident #11 who was receiving skilled nursing care. Resident #11 was not on the extended congregate care (ECC) log. The findings included: 1. Observation of Resident #11 on at 11:00 a.m. showed there was a bandage on the top of his with the date written on it. Resident #11 was interviewed at that time. He said the nurse at the facility changes his bandages. A review of the ECC log showed he was not on this log. An interview was conducted with the director of nursing (DON) on at 11:40 a.m. She said she changes Resident #11's bandages every Tuesday and Thursday. A home health agency nurse comes in on the week-ends and changes his bandage then. She confirmed Resident #11 is not on the ECC log. A review of Resident #11's doctor's order dated	AE208		

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AE208	Continued From page 35 showed he is to have his "...cleanse daily with , rinse with , , dry and apply , oint. Cover with occlusive bandage." This order was to start on and stop on . There was no order for this to be changed three times a week. The DON confirmed she did not have an updated order. A review of Resident #11's record showed there is no service plan and no nursing assessments for receiving skilled nursing services by the facility. Class III	AE208		
AE210	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , , shall not be required to take the assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , , , or social needs of frail elderly and persons, or persons with 's	AE210		

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AE210	Continued From page 36 . . . . . or related . . . . . . (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility. This Statute or Rule is not met as evidenced by: Based on record reviewed and staff interview, the facility failed to ensure 2 (Staff A, C) of 4 staff reviewed had at least 2 hours of in-service training for Extended Congregate Care (ECC), ECC concepts and requirements, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The Findings included: Record review found staff A was hired on as a Resident Aide/Med Tech. Further review found no evidence of documentation of 2 hours of ECC training. Record review found Staff C was hired on as a resident Aide/Med Tech. Further review found no evidence of documentation of 2 hours of ECC training. On at 12:13 p.m., the Administrator reviewed the employee file for staff A and confirmed the lack of Extended Congregate Care (ECC) training . On at 12:37 p.m., Administrator reviewed the employee file for staff C and confirmed the	AE210		

Agency for Health Care Administration

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AE210	Continued From page 37 lack of Extended Congregate Care (ECC) training . Class III	AE210		