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
	AL11911313	A. BUILDING: _____ B. WING _____	03/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALABAMA OAKS OF WINTER PARK	1759 ALABAMA DRIVE WINTER PARK, FL 32789

(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 Complaint Investigation #2022004016 was conducted on . . . . . Alabama Oaks of Winter Park had deficient practice at the time of the visit.	A 000		
A 030 SS=J	59A-36.007(5) FAC; 429.28(. .) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030		

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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A 030	Continued From page 3 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making for health care services, the provision of or arrangement of transportation to health care , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free	A 030		

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A 030	Continued From page 4	A 030		

telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without . . . . , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to ensure resident safety by restraining a resident (#1), and failed to ensure 1 of 12 residents had proper documentation prior to using half bed rails (#8) . Findings: 1. On [illegible] at 8:25 AM, a local adult protective investigator stated an investigation of the facility was completed and resident	A 030		

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A 030	Continued From page 6 was found that resident #1 was restrained in a wheelchair. They provided a copy of the photograph given to them by resident #1's family. They stated caregiver C was responsible for restraining the resident. On ..... at 9:55 AM, the photo provided by the adult protective investigator revealed an elderly resident restrained in a wheelchair with what appears to be a bed sheet. Resident #1's file revealed the resident was moved from a sister Assited Living Facility to this facility on . The 1823 health assessment form reflected that resident #1 had diagnoses of legally , with behavioral disturbances, unsteady gait, severe , , risk, and incoherent speech. Review of the progress notes for resident #1's documented the following concerns: A note by caregiver C on ..... revealed that resident #1 needed a caregiver all day because it was difficult to watch her. On , the resident did not sleep and would walk around the facility. This concern was to be discussed with the advanced registered nurse pratitioner (ARNP). On , the resident did not sleep, kept getting up, fighting and throwing things. On , a report was sent to the former administrator and ARNP that the resident dropped the television in her room on her . A call was scheduled with the ARNP, who ordered medication adjustment. On at 10:40 AM, the assistant administrator stated resident #1 was transferred to this facility because it was larger and could	A 030		

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A 030	Continued From page 7 provide more supervision of the resident. She stated she did not actually see resident #1 being restrained but she was not surprised. She stated when the former administrator became aware of the , she immediately gave the family a 45-day Discharge Notice. On at 10:55 AM, caregiver C stated she was responsible for restraining resident #1. She stated she had to deliver meals and resident #1 would not stop getting out of the wheelchair. She stated she did not tie the bedsheet very tight atound the resident. She was shown the photo of the restrained resident and confirmed it was resident #1. She stated she would cooperate and provide a handwritten statement. She stated she was never taken off the schedule and was working a full day today. On at 1:38 PM, resident #1's family member stated the resident was transferred to the facility because there was more staff to help with the resident's care. The family member stated on , the resident was found restrained with the wheelchair in the locked position and pushed between the bed and the wall. The family member stated a photo was given to the local adult protective investigator. On at 2:15 PM, the former administrator stated she no longer worked for the company. She stated she did not have concerns with caregiver C restraining resident #1. She stated resident #1 was a " full" and required one-on-one supervision. She stated she did not take corrective action because she felt there was nothing wrong with what happened. On at 4:10 PM, caregiver C provided a handwritten statement concerning her actions.	A 030		

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A 030	Continued From page 8 The statement read, "[Resident #1] was very difficult to take care. . . [Resident #1] can't stay still she keeps getting up the wheelchair walking around the house and bumping her on the wall, when you try to help her change her clothes, she takes her clothes off . . . I let the management know she need a one-on-one caregiver. Sometimes the other caregivers need help with another resident and the 2 house, [Resident #1] be walking around she can't see. I tied [Resident #1] around with the sheet under her arms. It was not tight, I didn't leave her that long, it was just 5 minutes, I did that for her safety cause she can't stay still." On at 4:30 PM, the administrator stated she was aware of the incident, but it happened before she was working at the facility. She stated she did not take any corrective action, complete an internal investigation, did not remove caregiver C from work, and did not stop her from resident contact. 2. On at 12:25 PM, resident #8 was asleep in bed with half bed rails. Resident #8's file did not contain a prescription for half bed rails. On at 1:18 PM, the administrator stated the facility did not have a prescription that resident #8 was approved for the use of half bed rails. Class I	A 030		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF.	A 078		

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A 078	Continued From page 9 (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . . (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,	A 078		

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A 078	Continued From page 10 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 ensure 1 of 2 staff (D) had documentation on an annual ( ) examination. Findings: Caregiver D's personnel record documented a date of hire as . The record did not contain documentation of an annual examination. The last documented examination was . On at 4:30 PM, the administrator confirmed the missing documention from caregiver D's record..	A 078		

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A 078	Continued From page 11 Class III	A 078		
A 082 SS=D	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 record review and interview, the facility failed to ensure 1 of 2 staff completed the required / , , (/) training (D). Findings: Caregiver D's personne record revealed a date of hire as . The receod did not contain documentation of the required and completed / training. On at 4:30 PM, the administrator confirmed the missing documentation from caregiver D's record. Class III	A 082		

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A 090	Continued From page 12	A 090		
A 090 SS=D	59A-36.011(11) FAC Training - . . .	A 090		
	(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 to ensue 1 of 2 staff had completed the required . . . . . { . . } training (D). Findings: Caregiver D's personnel record documented a date of hire as . The record did not contain documentation that caregiver D completed the required training. On at 4:30 PM, the administrator confirmed the missing documention in caregiver D's personnel record. Class III			