STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL11969319	THE RESIDENCE

Type of Survey (select all that apply)

3

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A D

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report (I)
Team Leader ID								
1. 36268			0.75	0.00	3.00	0.00	1.00	0.25
2. 46272			1.00	0.00	3.00	0.00	0.75	0.25
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.50

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 1.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

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
	AL11969319	A. BUILDING: _____ B. WING _____	04/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE	10075 HILLVIEW RD PENSACOLA, FL 32514

(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
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 review of the Agency for Health Care Administration's Care Provider Background Screening Clearinghouse, personnel file review and interview with the facility Administrator, the facility failed to ensure all changes in employment status were recorded on the Care Provider Background Screening Clearinghouse roster	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 within 10 business days for 1 of 2 staff (Staff D) reviewed. The findings include: On at 9:30 AM, an entrance conference was conducted with the facility Administrator in which she was asked to provide a list of current employees with hire dates and titles. From that list Staff D and Staff F, both Licensed Practical Nurses, were selected for personnel file reviews. A review of the facility's roster in the Care Provider Background Screening Clearinghouse revealed Staff D was not listed. A review of the personnel file for Staff D revealed the hire date was documented as ... . On . ... at 3:47 PM, an interview was conducted with the facility Administrator who reviewed the facility's current Care Provider Background Screening Clearinghouse roster and confirmed Staff D was not listed on it. Unclassified	CZ814		

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A 000	Initial Comments An unannounced abbreviated biennial re-licensure survey with extended congregate care specialty license review and complaint investigation (complaint number 2022002572) was conducted at The Residence on to . Deficiencies were identified at the time of the survey.	A 000		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice	A 081		

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A 081	Continued From page 1 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 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:	A 081		

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A 081	Continued From page 2 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 . . . . ., 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.	A 081		

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A 081	Continued From page 3 This Statute or Rule is not met as evidenced by: Based on personnel record review and interview with the facility Administrator, the facility failed to ensure all staff received a minimum of 1 hour of training on Emergency Procedures, Resident Rights and /Neglect within 30 days of hire for 1 of 2 (Staff D) personnel files reviewed. The findings include: A review was conducted of Staff D's (Licensed Practical Nurse) personnel file for required education and hire date. The hire date was documented as . The review for required education revealed that the employee was missing education for: Emergency Procedures, Resident Rights and /Neglect. On at 3:47 PM an interview was conducted with the facility Administrator who reviewed the file and confirmed the education was missing. She was asked at that time to produce the missing required education. She was unable to do so prior to exit from the facility. She was given two business days to send the missing education to the surveyor via email. On at 2:59 PM, the surveyor received an email from the facility Administrator with documentation showing that the education was not completed until . Class III	A 081		

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A 082	Continued From page 4	A 082		
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 personnel record review and interview with the facility Administrator, the facility failed ensure all staff received a one-time education course on , / , , , (/ . .) within 30 days of hire for 1 of 2 (Staff D) personnel files reviewed. The findings include: A review was conducted of Staff D's (Licensed Practical Nurse) personnel file for required education and hire date. The hire date was documented as . . . . . The review for required education revealed that the employee was missing education for / . . . On . . . . . at 3:47 PM an interview was conducted with the facility Administrator who reviewed the file and confirmed the missing education. She was asked at that time to produce the missing required education. She was unable	A 082		

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A 082	Continued From page 5 to do so prior to exit from the facility. She was given two business days to send the missing education to the surveyor via email. On [redacted] at 2:59 PM, the surveyor received an email from the facility Administrator with documentation showing that the education was not completed until [redacted]. Class III	A 082		
A 090 SS=D	59A-36.011(11) FAC Training - (11) [redacted] 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 [redacted]. (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 [redacted] 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 personnel record review and interview with the facility Administrator, the facility failed to ensure all staff received at least one hour of training in the facility's policies and procedures regarding [redacted] ( ) for 1 of 2 (Staff D) personnel files reviewed. The findings include:	A 090		

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A 090	Continued From page 6 A review was conducted of Staff D's (Licensed Practical Nurse) personnel file for required education and hire date. The hire date was documented as . . . . . The review for required education revealed that the employee was missing education for . . . . On . . . . . at 3:47 PM, an interview was conducted with the facility Administrator who reviewed the file and confirmed the missing education. She was asked at that time to produce the missing required education. She was unable to do so prior to exit from the facility. She was given two business days to send the missing education to the surveyor via email. On at 2:59 PM, the surveyor received an email from the facility Administrator with documentation showing that the education was not completed until . . . . . . Class III	A 090		