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
	AL11964831	A. BUILDING: _____ B. WING _____	04/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR OAKS AT TYRONE	1701 68 STREET, NORTH SAINT PETERSBURG, FL 33710

(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 A biennial survey, a revisit to complaint investigation (complaint number: 2022003276), and a generator monitoring were conducted at Arbor Oaks at Tyrone on 04/252022. Deficiencies were identified at the time of survey.	A 000		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	A 078		

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A 078	Continued From page 1 . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain evidence of a negative ( ) examination and a one-time statement that the employee was free from communicable . . . from a health care	A 078		

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A 078	Continued From page 2 provider for one employee (Staff C) of four sampled employees. Findings Included: A record review for Staff C, conducted on . . . . . , revealed that Staff C's employee record did not contain evidence from a health care provider that the employee was free from . Staff C's record did not contain a one-time statement from a health care provider that the employee was free from communicable . Staff C was hired on . . . . . . During an interview with the Executive Director, conducted on at 02:18pm, the Executive Director agreed that Staff C's record did not contain evidence from a health care provider that the employee was free from . or a one-time statement that the employee was free from communicable . . . . . . Class III	A 078		
A 080 SS=D	429.52( ) FS; 59A-36.011(1) FAC Training - Core & Competency Test 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum	A 080		

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A 080	Continued From page 3 required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting , neglect, and , . (c) Special needs of elderly persons, persons with mental illness, and persons with , and how to meet those needs. (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication. (f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures. (g) Care of persons with 's and related . 59A-36.011 (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for	A 080		

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A 080	Continued From page 4 the competency test is 75%. Administrators who have attended core training prior to , , , and managers who attended the core training program prior to , , , shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and, 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide evidence that the Executive Director satisfied a minimum of twelve hours of continuing education credits every two years as required. Findings Included:	A 080		

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A 080	Continued From page 5 An employee record review conducted on ....., revealed that the Executive Director's employee record did not contain evidence that the Executive Director obtained twelve hours of continuing education credits every two years to satisfy the Administrator's assisted living Core training requirements. There were no continuing education certificates for the years 2019, 2020, 2021, or 2022. The Executive Director was hired on . During an interview with the Executive Director, conducted on at 02:18pm, the Executive Director was unable to provide evidence that she had obtained twelve hours of continuing education credits every two years since 2018. Class III	A 080		
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	A 082		

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A 082	Continued From page 6 failed to ensure that newly hired employees had the required one-time education course on / (/) training within thirty days of employment for two employees (Staff B and C) of three sampled employees. Findings Included: A record review for Staff B, conducted on , revealed that there was no evidence in Staff B's employee record that the employee had completed the one-time education on / training within thirty days of employment. Staff B was hired on . A record review for Staff C, conducted on , revealed that there was no evidence in Staff C's employee record that the employee had completed the one-time education on / training within thirty days of employment. Staff C was hired on . During an interview with the Executive Director, conducted on at 02:18pm, the Executive Director agreed that Staff B and C's employee records did not have evidence that the employees completed a one-time education regarding / within thirty days of employment. Class III	A 082		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING.	A 090		

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A 090	Continued From page 7 (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . . . . . . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to provide one-hour training regarding the facility's policy and procedures for . . . . . orders (. .) within 30-days of employment for two employees (Staff A and C) of three sampled employees. Findings Included: A record review for Staff A, conducted on , revealed that there was no evidence in Staff A's employee record that the employee completed a one-hour training for the facility's policy and procedures for . . within 30-days of employment. Staff A was hired on . A record review for Staff C, conducted on . . . . . , revealed that there was no evidence in Staff C's employee record that the employee completed a one-hour training for the facility's policy and procedures for within 30-days of employment. Staff C was hired on . . . . . . During an interview with the Executive Director, conducted on . . at 02:18pm, the	A 090		

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A 090	Continued From page 8 Executive Director agreed that Staff A and C did not have evidence that they had completed a one-hours training regarding the facility's policy and procedures for within thirty-days of employment. Class III	A 090		
A 161 SS=D	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 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	A 161		

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A 161	Continued From page 9 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 _____, 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 maintain personnel records with an application that included references for one employee (Executive Director) of four sampled employees. Findings Included: A record review for the Executive Director, conducted on _____, revealed that the Executive Director's record did not include an application with references. The Executive Director was hired on _____.	A 161		

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A 161	Continued From page 10 During an interview with the Executive Director, conducted on at 02:18pm, the Executive Director agreed that her employee record did not contain and application with references. Class III	A 161		