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
	AL11966287	A. BUILDING: _____ B. WING _____	05/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN AT LA POSADA	3600 MASTERPIECE WAY PALM BEACH GARDENS, FL 33410

(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 Relicensure with Extended Congregate Care (ECC) and Generator Monitoring survey was conducted on at Inn at La Posada. The facility had a deficiency identified related to the Relicensure at the time of the survey.	A 000		
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 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		

AHCA Form 3020-0001

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

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A 078	Continued From page 1 . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 5 of 5 current employees had evidence of an annual negative ( ) examination in their employee personnel records, specifically for the Executive Director, Staff A,	A 078		

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A 078	Continued From page 2 Staff B, Staff C, and Staff D. The findings included: 1) Review of the employee personnel record for the Executive Director revealed a date of hire of . . . . Further review of the employee personnel record revealed no evidence of an annual negative examination conducted in 2021 or 2022. 2) Review of the employee personnel record for Licensed Practical Nurse Staff A revealed a date of hire of . Further review of the employee personnel record revealed no evidence of an annual negative examination conducted in 2021 or 2022. 3) Review of the employee personnel record for Certified Nursing Assistant Staff B revealed a date of hire of . . . . . Further review of the employee personnel record revealed no evidence of an annual negative examination conducted in 2021 or 2022. 4) Review of the employee personnel record for Certified Nursing Assistant/Medication Technician Staff C revealed a date of hire of . Further review of the employee personnel record revealed no evidence of an annual negative examination conducted in 2021 or 2022. 5) Review of the employee personnel record for Registered Nurse Resident Care Supervisor Staff D revealed a date of hire of . . . . . Further review of the employee personnel record revealed no evidence of an annual negative examination conducted in 2021 or 2022. On at approximately 5:15 PM, the	A 078		

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A 078	Continued From page 3 Executive Director was notified of the concern regarding the missing annual negative status for the 5 employees reviewed. The Executive Director acknowledged the findings and no further documentation was provided for review. Class	A 078		