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
	AL11910698	A. BUILDING: _____ B. WING _____	05/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN MANOR	2144 LINCOLN STREET HOLLYWOOD, FL 33022

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A 000	Initial Comments An unannounced Relicensure with Limited Mental Health (LMH) and Generator Monitoring survey was conducted on through at Lincoln Manor. The facility had deficiencies related to the Relicensure identified at the time of the survey.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours	A 026		

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A 026	Continued From page 1 towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide an ongoing diversified activities program for its residents which must be available at least 6 days a week for a total of not less than 12 hours a week. The findings included: In an observation conducted on . . . . . from 9:30 AM to 12:30 PM, there were approximately 15 residents in the facility's main building first floor and lobby area who were not engaged in any organized social or leisure activities. Review of the facility's activities calendar, which was posted on the wall outside of the dining room, documented the facility offered "bingo" activity every day of the week and without specific time intervals. In an interview conducted with Staff A on . . . . . at 2:00 PM, she stated the facility did not provide any organized social or leisure activities for the residents within the facility. She stated she did not know the reason why the facility did not establish an ongoing activities program for the residents within the facility. In an interview conducted with Staff B on at 1:45 PM, she stated the facility did not provide any organized social or leisure	A 026		

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A 026	Continued From page 2 activities for the residents within the facility. In an interview conducted with Resident #2 on at 10:10 AM, she stated the facility did not provide any organized social or leisure activities. She stated she would like to participate in bingo and dominos games should the facility provide these activities. In an interview conducted with Resident #3 on at 2:25 PM, he stated the facility did not provide any organized social or leisure activities. He stated that he would likely not participate every day in organized activities, however he would like to participate in dominos and card games a couple times per week if they were offered. In an interview conducted with Resident #4 on at 10:20 AM, he stated the facility did not provide any organized social or leisure activities. He stated the facility used to offer organized bingo games a long time ago, but these games were no longer available. In an interview conducted with Resident #5 on at 2:25 PM, he stated the facility did not provide any organized social or leisure activities. He stated he would like to participate in social or leisure activities organized by the facility and he would choose which ones to participate in if they were offered. In an interview conducted with Resident #8 on at 11:00 AM, he stated the facility did not provide any organized social or leisure activities. He stated he would like to play cards if the facility offered this. In an interview conducted with the Administrator	A 026		

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A 026	Continued From page 3 on . . . . . at 1:40 PM, she stated the facility did not presently provide any organized social or leisure activities for the residents because the facility did not know every resident's activities preferences to form and encourage participation in social, recreational, educational or leisure activities within the facility. She stated the facility was in the process of consulting with each resident to select, plan and schedule future social and leisure activities for the residents. Class III	A 026		
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	A 078		

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A 078	Continued From page 4 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 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.	A 078		

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A 078	Continued From page 5 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documented evidence of an annually updated negative ( ) examination and did not have a written statement from a health care practitioner documenting 1 out of 2 sampled staff members (Staff B) did not have any signs or symptoms of communicable . The findings included: Review of Staff B's employee record revealed she was hired on and she presently worked in the facility as a Resident Caregiver. Further review of the employee record revealed Staff B did not have evidence of having received a examination and did not have a written statement from a health care practitioner documenting that the individual did not have any signs or symptoms of communicable . In an interview conducted with the Administrator on at 3:20 PM, she confirmed Staff B who presently worked in a capacity providing direct care to the residents, did not have documentation the staff member had a current negative examination or a written statement from a health care practitioner to verify the staff member did not have any signs or symptoms of a communicable . Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1)	A 081		

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A 081	Continued From page 6 (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 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	A 081		

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A 081	Continued From page 7 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: 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	A 081		

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A 081	Continued From page 8 . . . . . 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documented evidence of a 1-hour-in-service training within 30 days of employment in safe food handling practices for 1 out of 2 sampled staff members (Staff B). The findings included:	A 081		

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A 081	Continued From page 9 Review of Staff B's employee record revealed she was hired on and she presently worked in the facility as a Resident Caregiver with duties that included serving food to the residents. Further review of this record revealed that Staff B did not have evidence of having received a 1-hour-in-service training in safe food handling practices. In an interview conducted with the Administrator on at 3:20 PM, she stated that Staff B presently worked in a capacity providing direct care to the residents and confirmed the facility did not have documentation the staff member had received a 1-hour-in-service training within 30 days of employment in safe food handling practices. Class III	A 081		