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
	AL11964437	A. BUILDING: _____ B. WING _____	R 06/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PUNTA GORDA ISLES	250 BAL HARBOR BLVD PUNTA GORDA, FL 33950

(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 follow-up by desk review was conducted from . . . . . to . . . . . for Brookdale Punta Gorda Isles, an assisted living facility in Punta Gorda, Florida. The follow-up was in response to the relicensure, limited nursing service and emergency power plan monitoring survey completed on . Based on the facility's plan of correction and supporting documentation, nine of the deficiencies were corrected as of , four of the deficiencies were recited. The following is description of the deficiencies.	{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	{A 078}		

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{A 078}	Continued From page 1 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, 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	{A 078}		

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{A 078}	Continued From page 2 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 the facility Corrective Action Plan and supporting documentation review and interview, the facility still failed to ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . . . . . and evidence of freedom from ( ) documented annually thereafter for 3 (Staff C, D, and M) of 5 employee records reviewed. The findings included: On , review of the facility Corrective Action Plan and supporting documentation revealed there was still no evidence of freedom from . . . . . documented annually after initial hire date for Staff C's hired . On , review of the facility Corrective Action Plan and supporting documentation revealed there was still no evidence of freedom from . . . . . documented annually after initial hire date for Staff D's hired . On , review of the facility Corrective Action Plan and supporting documentation revealed Staff M was hired on . There was no evidence of freedom from communicable . . . . . . On , in a phone interview, the Executive Director said, as yet, there are no . . . . . test results for the three staff members. He said Staff C was on Family Medical Leave and would complete the process prior to returning to work.	{A 078}		

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{A 078}	Continued From page 3 He also said Staff D had just started the process that day. Class III	{A 078}		
{A 081}	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 orientation of at least 2 hours to all new assisted living facility employees who have not previously	{A 081}		

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{A 081}	Continued From page 4 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: 1. Reporting adverse incidents. 2. Facility emergency procedures including	{A 081}		

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{A 081}	Continued From page 5 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 6 This Statute or Rule is not met as evidenced by: Based on the facility Corrective Action Plan and supporting documentation, the facility still failed to ensure employees complete the in-service training required by Florida Administrative Code within 30 days of employment for 3 (Staff B, C, and D) of 5 employee files reviewed. The findings included: On . . . . ., review of Staff B's file revealed a hire date of as a Medication Technician. Staff B's file did not contain documentation of completing a minimum 3-hour in-service on ADL, and Behavioral Needs. There was no documentation of a minimum 1-hour in-service training for each of Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Incident Report training, and Nutritional and Safe Food Handling. On staff B completed 30 minutes of . . . . Control Training which is less than the required 1 hour of training. The Elopement Response training, the . . training and Certificates of Completion did not contain instructor name, credentials, signature or agendas. Staff B's file contained a Certificate for completed online training, on , for Natural Disasters and Workplace Emergencies which were not specific to the facility emergency policies. On . . . . . ., review of the facility Corrective action plan and supporting documentation revealed no evidence the facility had corrected the deficient practice. On , review of Staff C's file revealed a hire date of . . . . as a caregiver. Staff C's file contained no documentation of completing a	{A 081}		

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{A 081}	Continued From page 7 minimum 1-hour in-service training in Incident Reporting training, Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Nutritional and Safe Food Handling within 30 days of employment. The file has documentation of 30 minutes of in-service training for ADL, and Behavioral Needs completed on . which is less than the required minimum 3-hour training. Elopement Response and training was completed on . . . . . , however, the Certificates of Completion did not contain instructor name, credentials, signature or agendas. Staff C's file contained a Certificate for completed online training, on . . . . . , for Natural Disasters and Workplace emergencies which were not specific to the facility emergency policies. On . . . . . , review of the facility Corrective action plan and supporting documentation revealed no evidence the facility had corrected the deficient practice On , review of Staff D's file revealed a hire date of . . . . . as a Medication Technician. Staff D's file contained no documentation of completing a 2-hour pre-service orientation nor 1-hour in-service training for Nutritional and Safe Food Handling, and Elopement Response training. Staff D completed training on 11/12/20, however, the Certificate of Completion did not contain instructor name, credentials, signature or agenda. On . . . . . , staff D completed 25 minutes of ADL, and Behavioral Needs training which is less than the required minimum 3-hours training and completed 30 minutes of a required 1 hour training in . . . . . Control. Staff D's file contained a Certificate for completed online training, on , for Fire Safety and Natural Disasters and Workplace Emergencies which	{A 081}		

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{A 081}	Continued From page 8 were not specific to the facility emergency policies. On , review of the facility Corrective Action Plan and supporting documentation revealed no evidence the facility had corrected the deficient practice. On , in a phone interview, the Executive Director said he was waiting for further direction from Corporate as to how to proceed. Class III	{A 081}		
{A 083}	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.	{A 083}		

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{A 083}	Continued From page 9 This Statute or Rule is not met as evidenced by: Based on facility Corrective Action Plan and supporting documentation review and staff interview, the facility still failed to ensure a staff member who has completed a course in [redacted] ( ) and First Aid and holds a currently valid card is in the facility at all times for 2 (staff D, and F) of 4 employee records reviewed. The findings included: On , review of Staff D's employee file revealed a hire date of as a Medication Technician. Staff D's file contained documentation of certification completed online on for 5- hours of training in First Aid. Staff D file contained no documentation of current valid - . On , review of the facility Corrective Action Plan and supporting documentation revealed no evidence the facility had corrected the deficient practice. On the facility provided documentation of completion of and First Aid and the training center was listed as an out of state location, therefore the education was not in person as required. On , review of Staff F's employee file revealed a hire date of as a Medication Technician. Staff F's file contained documentation of certification completed online on for Adult, child and baby [redacted] and First Aid card. In person training is required for . On , review of the facility Corrective Action Plan and supporting documentation revealed no evidence the facility had corrected the deficient practice. On the facility provided	{A 083}		

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{A 083}	Continued From page 10 documentation of completion of and First Aid and the training center was listed as an out of state location, therefore the education was not in person as required. On , in a phone interview, the Executive Director said he would provide proof of correction. On the Executive Director provided documentation of completion of and First Aid for Staff D and Staff F and the training center was listed as an out of state location, therefore the education was not in person as required. Class III	{A 083}		
{A 091}	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.	{A 091}		

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{A 091}	Continued From page 11 (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on Facility Corrective Action Plan and supporting documentation review and interview the facility still failed to appropriately document required training for 3 (Staff B, C, and D) of 5 employee records reviewed. The findings included: On , record review for Staff B revealed a hire date of as a Medication Technician. Further review revealed certificates of completion dated for Control, , Elopement, First Aid, Medication Overview, and Pre-service Orientation. Training was completed online on for . The certificates did not include, the agenda, trainers name, credentials, and signature. certification requires in-person training. On , review of the facility Corrective Action Plan and supporting documentation revealed no evidence the facility had corrected the deficient practice. On , record review for Staff C revealed a hire date of as a caregiver. Further review revealed a certificate of completion dated for Medication Overview. Training was completed on for , Pre-service Orientation, Elopement, and First aid. Training was completed online on	{A 091}		

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{A 091}	Continued From page 12 . . . . . for . . . The certificates did not include, the agenda, trainers name, credentials, and signature. . . certification requires in-person training. On , review of the facility Corrective Action Plan and supporting documentation revealed no evidence the facility had corrected the deficient practice. On . . . . , record review for Staff D revealed a hire date of as a Medication Technician. Further review revealed a certificate of completion dated for . control. Training was completed on 11/12/20 for . . . . . , Pre-service Orientation, and online First Aid training. The certificates did not include, the agenda, trainers name, credentials, and signature. On . . . . , review of the facility Corrective Action Plan and supporting documentation revealed no evidence the facility had corrected the deficient practice. On , in a phone interview, the Executive Director said he was waiting for further direction from Corporate as to how to proceed. Class III	{A 091}		