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
	AL11966607	A. BUILDING: _____ B. WING _____	R 07/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON HOUSE OF LARGO	2050 EAST BAY DRIVE LARGO, FL 33771

(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 revisit to a complaint investigation (#2022006976 and #2022007450) was conducted at Heron House of Largo on . 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 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 1 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 2 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 record review and interview, the Facility failed to have evidence of training in the employee files for three employees (Staff A, Staff B, and Staff C) of three sampled employees. Findings Included: A record review for Staff A (Lead Medication Technician), conducted on , revealed a date of hire of and no evidence of training in the following: " Pre-service Orientation Training " Control Training " Activities of Daily Living and Behavioral Needs Training " Elopement Training " Reporting Major Incidents, Reporting Adverse Incidents, and facility emergency procedures. " Incident Reporting Training " Nutritional & Safe Food Handling " Resident Rights and Recognizing and Reporting , Neglect, and , Training A record review for Staff B (licensed Certified Nursing Assistant), conducted on , revealed a date of hire of and no evidence of training in the following: " Pre-service Orientation Training " Elopement Training " Reporting Major Incidents, Reporting Adverse Incidents, and facility emergency procedures. " Incident Reporting Training " Nutritional & Safe Food Handling " Resident Rights and Recognizing and Reporting , Neglect, and ,	{A 081}		

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{A 081}	Continued From page 4 Training A record review for Staff C (Resident Care Coordinator), conducted on . . . . . , revealed a date of hire of and no evidence of training in the following: " Pre-service Orientation Training " . . . . . Control Training " Activities of Daily Living and Behavioral Needs Training " Elopement Training " Reporting Major Incidents, Reporting Adverse Incidents, and facility emergency procedures. " Incident Reporting Training " Nutritional & Safe Food Handling " Resident Rights and Recognizing and Reporting , Neglect, and , Training In an interview with the Administrator conducted on . . . . . at 12:30pm, she said "I would agree they do not have their trainings. Some started them and have not finished." Class III	{A 081}		
{A 152} SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems,	{A 152}		

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{A 152}	Continued From page 5 and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on Observation and interviews, the facility failed to provide a safe and clean environment for all residents. Findings Included: In an observation during a tour of the facility conducted on from 11:00am	{A 152}		

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{A 152}	Continued From page 6 -11:45am revealed the first and second floor resident hallways had soiled and stained carpeting. Additionally, there were missing baseboards, and dirty brown glue on the tops of the vinyl flooring seams where the individual vinyl tiles attached, inside the second-floor memory care unit. Furthermore, the temperature in three of the second-floor hallways, as well as the second-floor memory care unit hallway felt very warm. Temperatures ranged on a thermos-hygrometer from 81.5 degrees Fahrenheit in the memory care unit hallway, to 83.3 degrees Fahrenheit in the second-floor resident hallways. A blue fan was observed on the floor in the first-floor common area and a fan was observed on the receptionist desk. Portable air conditioners were running in the second floor Memory Care unit common area, the first floor marketing office and in the Administrator's office. In an interview conducted on . . . . . at 10:40am with the Administrator regarding the soiled carpeting she said "they were going to get proposals from someone at corporate who is higher than my supervisor, but nothing has been done yet. I have not seen any proposals yet." In an interview with Staff E conducted on . . . . . at 11:18am he said the air had been out in three of the upstairs hallways for around 3 weeks. He said that he got a quote pretty quickly from a company but that corporate requested a total of 3 quotes to fix the air conditioning. He said he notified them that some companies don't even call . . . , but they have not made a move yet to fix it. Additionally, he said the flooring was laid in the Memory Care unit but that he still had to "put down the baseboards and finish up in there."	{A 152}		

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{A 152}	Continued From page 7 In an interview with Staff F conducted on at 11:30am she said the air conditioning was not working in the Memory Care unit hallway and common area so they put in a portable air conditioner in the common area. In an interview with Resident #2 conducted on at 12:25pm he said "it gets hot in the common areas but not in my room. That is why they have those fans blowing." In an interview with Resident #3 conducted on at 12:33pm she said "yes, it has been hot in here. It has been like this for a couple of months. My room is cool, and the dining room is cool though. I am not sure what is going on." In an interview with the Administrator conducted on at 12:15pm she said "the air upstairs has been a challenge. We had a couple of roof air conditioning units we had to turn off because they were freezing up. We had two quotes to get them fixed but corporate wants three quotes." Photo evidence obtained. Class III	{A 152}		