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
	AL11965366	A. BUILDING: _____ B. WING _____	07/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SLOAN HOME OF CENTRAL FL INC	307 S HIAWASSEE RD ORLANDO, FL 32835

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A 000	Initial Comments An unannounced Complaint Investigation #2022010083 was conducted on . . . . . Sloan House of Central Florida had deficiencies ate time of the visit.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or . . . . . or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide appropriate supervision to 1 of 5 sampled residents assessed to be an elopement risk and has a history of elopements from this facility (#1). Findings: On , a review was conducted on an electronically submitted incident report to the Agency for Health Care Administration (AHCA). The report documented on . . . . . , Resident #1 eloped from the facility and law enforcement was called into investigate. It indicated the resident left the facility prior to lunch and did not	A 025		

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A 025	Continued From page 2 return to the facility. On [redacted], an incident report was completed by local law enforcement which indicated they were contacted by the facility on [redacted] to help locate missing Resident #1. It report indicated that the delay in contacting law enforcement was based on a request from the resident's family. It documented the resident was diagnosed with , and did not have any identification on his person. Local law enforcement dispatched a K-9 unit to search for the resident. Resident #1's AHCA 1823 health assessment form revealed a diagnose of major , [redacted] dependent, and indicted he was not an elopement risk. The 1823 health assessment was signed by a medical professional on . Resident #1's progress notes identified three prior elopements on , and . The notes did not contain information that the facility took any additional actions to protect the resident after the first elopement. On [redacted] at 10:42 AM, the family member of Resident #1 stated she is aware her bother has eloped on other occasions but is generally only gone for a few hours. She stated she likes the facility; they take good care of him. She said she is concerned because he panhandles and if received money, he knows how to use the local public bus system. She stated her brother likes to do what he wants to do and will not follow rules. On [redacted] at 10:17 AM, Caregiver C stated it was not uncommon for Resident #1 to away from the facility without signing out. She stated they are concerned because he always	A 025		

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A 025	Continued From page 3 was home for dinner. She said he refused to sign out when leaving the facility. On at 11:05 AM, Resident #3 stated he has on identification, everyone does with exception of Resident #1. He stated Resident #1 did not like to cooperate or sign himself out; he was always looking to "bum" a cigarette. Review of the resident "Sign-In and Out Log" for the last 12 months did not reveal any documentation that Resident #1 ever signed in or out. On at 1:00 PM, the administrator acknowledged the elopement, including the past elopements. She stated Resident #1 refused to cooperate with staff by signing in and out; he always returned for dinner and medication. Class II	A 025		
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	A 078		

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A 078	Continued From page 4 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 . (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	A 078		

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A 078	Continued From page 5 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 placed the resident community (5 residents) at-risk by failing to ensure 1 of 2 staff had evidence of a negative . . . . . (.) examination on an annual basis (C). Findings: Review of Caregiver C's employee file revealed a date of hire as . . . . The file did not contain documentation of having completed the required . test in 2021. On . . . . . at 1:00 PM, the administrator stated she did not have documentation of Caregiver C having a . . exam in 2021. Class III	A 078		
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	A 081		

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A 081	Continued From page 6 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 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.	A 081		

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A 081	Continued From page 7 (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 . . . . 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,	A 081		

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A 081	Continued From page 8 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 placed the resident community (5 residents) at-risk by failing to ensure 1 of 2 staff had completed the required training (C). Findings: On [redacted], in a record review of Caregiver C's employee file, it documented a date of hire as [redacted]. The file did not contain documentation of having completed the required Pre-Service Orientation, Activities of Daily Living (ADLs), Resident Rights, Safe Food Handling,	A 081		

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A 081	Continued From page 9 Major Incidents and Emergencies and Incident Reporting. On at 1:00 PM, the administrator stated she did not have documentation of Caregiver C having completed training related to the required Pre-Service Orientation, Activities of Daily Living (ADLs), Resident Rights, Safe Food Handling, Major Incidents and Emergencies and Incident Reporting. Class III	A 081		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (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 placed the resident community (5 residents) at-risk by failing to ensure 1 of 2 staff had completed the required training (C). Findings:	A 090		

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A 090	Continued From page 10 On , Caregiver C's employee file contained a date of hire as . The file did not contain documentation of having completed the required training related to ( ). On at 1:00 PM, the administrator stated she did not have documentation of Caregiver C having completed training related to the required training. Class III	A 090		