

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2022
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NAME OF PROVIDER OR SUPPLIER

HARBOR POINT ALF, INC.

STREET ADDRESS, CITY, STATE, ZIP CODE

**1045 HARBOR LAKE DRIVE
SAFETY HARBOR, FL 34695**

(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 Re-licensure Survey in conjunction with a generator monitoring survey was conducted at Harbor Point ALF, Inc. on . Deficiencies were identified at the time of survey.	A 000		
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 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 2 of 4 (Staff A and C) employees whose records was reviewed included written	A 078		

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A 078	Continued From page 2 documentation from a health care provider stating that they are free from communicable within 6 months prior to hire or within 30 days of hire, in addition the facility failed to ensure of 1 of 4 (Staff C) employee whose record was reviewed included written documentation of an annual negative examination (). Findings included: A review of employee record conducted on revealed Staff A was hired on and Staff C was hired on 11/02/2021 and there was no statement from a health care provider indicating Staff A and C was free from communicable in the file. A review of employee record conducted on revealed that Staff C was hired on and record did not include written documentation of an annual negative examination (). An interview was conducted with the Administrator at 6:00 PM on , the Administrator confirmed there was no written statement from a health care provider stating the Staff A and C was free from communicable was in record. The Administrator confirmed the lack of written documentation of an annual negative examination () for Staff C. Class III	A 078			
A 082 SS=D	59A-36.011(4) FAC Training - / (4)	A 082			

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A 082	Continued From page 3 (/ /). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on _____ and _____, including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that newly hired employees had the required one-time education course on _____ (/ /) training for three employees (Staff A, B and C) of four sampled employees within thirty-days of employment. Findings Included: An employee record review for Staff A, B, and C conducted on _____, revealed that there was no evidence of training on _____ / _____. Staff A was hired on _____, Staff B on _____ and Staff C on _____. On _____ at 6:00PM an interview conducted with the Administrator. The Administrator acknowledge the employee files are not up to date and _____ (/ /) training needed to be completed for Staff A, B and C. Class III	A 082			

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