

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE SHERIDAN AT LAKEWOOD RANCH

**11705 EVENING WALK DR
BRADENTON, FL 34211**

(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 An Abbreviated Biennial Survey with Limited Nursing Services in conjunction with Complaint Investigation (Complaint Number 2022007212) and generator monitoring survey were conducted at The Sheridan at Lakewood Ranch 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	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 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 078			

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A 078	Continued From page 2 failed to ensure 2 of 3 (Administrator and Staff B) employees whose records were reviewed included written 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 and written documentation of an annual negative examination (). Findings included: A record review conducted on _____ for the Administrator, with a date of hire of _____, revealed that the Administrators' record did not include written documentation of an annual negative examination (). A record review conducted on _____ for Staff B, with a date of hire of _____ as a Licensed Practical Nurse (L.P.N.), revealed that Staff B's record did not include written 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. During an interview conducted on _____ at 2:20pm, the Administrator confirmed the lack of written 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 for Staff B, and the lack of written documentation of an annual negative examination () for the Administrator. The Administrator stated, "They're not in the files" Class III	A 078			

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A 081 A 081 SS=D	Continued From page 3 429.52(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 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	A 081 A 081			

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A 081	Continued From page 4 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, u, , 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	A 081			

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A 081	Continued From page 5 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 3 (Staff C) employees	A 081			

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A 081	Continued From page 6 whose records were reviewed included written documentation of 2 hours of Preservice Orientation training prior to interacting with residents and written documentation of the required trainings within 30 days of hire. Findings included: A record review conducted on _____ for Staff C, with a date of hire of _____ as a Licensed Practical Nurse (L.P.N.), revealed that Staff C's record did not include written documentation of Elopement Response training, 1 hour Reporting Major Incidents/Reporting Adverse Incidents/Facility Emergency Procedures training, 1 hour Nutritional and Safe Food Handling training within 30 days of hire, in addition Staff C's record did not include written documentation of 2 hours of Preservice Orientation training prior to interacting with residents. During an interview conducted on _____ at 2:20pm, the Administrator confirmed the lack of written documentation of required trainings within 30 days of hire, and written documentation of 2 hours of Preservice Orientation training prior to interacting with residents for Staff C. The Administrator stated, "They're not in the files." 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	A 090		

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A 090	Continued From page 7 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 failed to ensure that 1 of 3 (Staff C) employees whose records were reviewed included written documentation of 1-hour training in () policy and procedure within 30 days of hire. Findings included: A record review conducted on for Staff C, with a date of hire of as a Licensed Practical Nurse (L.P.N.), revealed that Staff C's record did not include written documentation of 1-hour training in () policy and procedure within 30 days of hire. During an interview conducted on at 2:20pm, the Administrator confirmed the lack of written documentation of 1-hour training in () policy and procedure within 30 days of hire for Staff C. The Administrator stated, "They're not in the files." Class III	A 090		

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A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a _____; and 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of _____. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan,	A 160		

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A 160	Continued From page 9 with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all	A 160			

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A 160	Continued From page 10 completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an admission and discharge log that included the required information for entire facility of 118 residents. Findings Included: A review of the admission and discharge log conducted on _____ revealed no admission and discharge log in place for the facility. A move in and move out log was received in place of admission and discharge log. An interview with the Administrator conducted on _____ at 1:50pm revealed that the facility only had a Move In and Move Out log (photo evidence). The Administrator agreed no admission and discharge log is available with all the residents from opening of facility to current residents with the correct information. Photo evidence obtained.	A 160		

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A 160	Continued From page 11 Class III	A 160		

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the _____ are enrolled in the national retained print _____ notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the employment status of all employees within the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse Roster within 10 business days for	CZ814		

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CZ814	Continued From page 1 2 of 4 (Former Administrator, Administrator, and Staff C) employees sampled for record review. Findings included: Review of the AHCA Background Screening Clearinghouse Roster Agency Website on _____ revealed that the former Administrator with a date of hire of _____, was no longer the Administrator as of _____ and was still listed as the Administrator on the AHCA Background Screening Clearinghouse Roster Agency Website. (Photographic evidence obtained) Review of the AHCA Background Screening Clearinghouse Roster Agency Website on _____, revealed that the current Administrator with a date of hire of _____ as the Director of Sales had been promoted to Administrator on _____, was not listed on the AHCA Background Screening Clearinghouse Roster Agency Website as the Administrator. (Photographic evidence obtained) Review of the AHCA Background Screening Clearinghouse Roster Agency Website on _____, revealed that Staff C with a date of hire of _____ as a Licensed Practical Nurse (L.P.N.) was not listed on the AHCA Background Screening Clearinghouse Roster Agency Website. (Photographic evidence obtained) During an interview conducted on _____ at 2:22pm, the Administrator confirmed that the AHCA Background Screening Clearinghouse Roster Agency Website was not maintained and did not reflect the current employment status of _____	CZ814		

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CZ814	Continued From page 2 the facilities staff. The Administrator stated, "It needs to be updated." Unclassified	CZ814		