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
	AL11969630	A. BUILDING: _____ B. WING _____	08/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEAGRASS VILLAGE OF PORT ORANGE	3875 YORKTOWNE BLVD PORT ORANGE, FL 32129

(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
CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [redacted] 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 [redacted] 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; [redacted]; 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 employee record review, staff interview, and review of the Agency for Health Care Administration Background Screening System, the facility failed to ensure 1 of 3 sampled employees was rescreened due to a break in service of more than 90 days from a position that required screening. (Employee B)	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 The findings include: Record review of the employee file for Employee B, found she was hired to work at the facility on . A review of her resume revealed she last worked at an assisted living facility (ALF) in . From to , she worked as a cashier at a store. Beginning in , she worked at a non-profit organization for the homeless. (Photographic evidence obtained) A review of the Agency for Health Care Administration background screening system on revealed Employee B was last screened as "eligible" to work on . Employee B was added to work at the facility on with a start date of . The end date at the previous ALF facility she worked at was listed as . (Photographic evidence obtained) During an interview with the Administrator on at 4:35 PM, she was asked to provide Employee B's work history since her background screening was more than 90 days before her employment. On at approximately 10:30 AM, the Administrator was shown the information in the background screening system revealing Employee B's break in employment. After reviewing it, she explained that she thought Employee B had worked at a group home when she applied at the facility. During this time, the Administrator made a phone call to the non-profit organization to ask if they had a group home. She was told they were a homeless shelter. During a follow-up interview with the Administrator	CZ814		

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CZ814	Continued From page 2 on ..... at approximately 12:30 PM, she provided a copy of Employee B's Level II screening with a printout date of ..... . The screening showed the employee did not have an end date listed at the previous ALF. She then explained that the corporate office would not have known to rescreen the employee during this time because they would have assumed she was still working at the ALF. (Photographic evidence obtained) Unclassified .	CZ814		

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A 000	Initial Comments A biennial re-licensure survey and complaint investigation (complaint #2021004315 and #2021013525) were conducted at Seagrass Village of Port Orange from through . Deficiencies were identified at the time of survey. .	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and	A 052		

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A 052	Continued From page 1 helping the resident by lifting the container to his or her . (d) Applying . , . . . medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a . . . . , including removing the cap of a , opening the unit dose of . . . . . solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . . . . . . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or . . . . . medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a . . , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with . . . . , ... , or . . preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.	A 052		

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A 052	Continued From page 2 (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's	A 052		

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A 052	Continued From page 3 health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to 1) ensure medications were prepared in the presence of the resident,	A 052		

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A 052	Continued From page 4 confirming that the medication is intended for that resident, and orally advising the resident of the medication name and dosage, for two (Resident #12 and #13) of seven residents observed during assistance with self-administration of medication, and 2) failed to ensure one (Resident #14) of seven residents took the medication prior to leaving the resident's room.. The findings include: 1. On at 12:41 PM, Medication Technician E (Med Tech) was observed reviewing the medication observation record (MOR) for Resident 12. He donned gloves, obtained the medication from the cart, and popped , / , 25-250 milligrams (Mg) into a medication cup and walked into the resident's room. After Resident #12 had taken the medication, he went to the cart and signed off the medication. When asked about different initials on the MOR, he stated that he was using the log in information for the Care Coordinators as he was not given a log in of his own. Med tech E doffed off the gloves and proceeded to the next resident. hygiene was not performed. (Photographic evidence obtained) On at 01:04 PM, Med Tech E was observed with donned gloves and reviewing the MOR for Resident #13. He obtained one , from the cart, popped , 5 Mg into the medication cup, and went to the resident room. He gave the resident his medication. After the resident had taken the medication, Med Tech E went to the medication cart in the hallway and repeated the same for the , 1 mg and , 800 mg. When asked about assistance with medication training, Med Tech E	A 052		

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A 052	Continued From page 5 stated that he completed the 6 hours course and one on one training with the care coordinator. He explained that he was not told to open the medication in presence of the resident. He added that he was new to the facility and was still learning. (Photographic evidence obtained) During an interview with the Director of Resident Services on ..... at 01:20 PM, she acknowledged that medication should be opened in the presence of residents unless they have a waiver. She confirmed that Resident #12 and Resident #13 did not have any waivers. When asked if staff should share their medication observation record (MOR) log in, she replied, "Every staff should use their own log in information." She stated that she was not aware that Med Tech E did not have his own log in information and mentioned that she would act on it immediately. Review of the MOR for Resident #12 and Resident #13 revealed the initials for the Care Coordinator instead of Med Tech E information. (Copy obtained) 2. On at 10:10 AM, Resident #14 was observed sitting in his room sitting in a wheelchair holding a portable machine. Shortly thereafter, Employee A/Med Tech was observed entering Resident #14's room. After speaking with the resident, getting his , and assisting with his portable machine The Med Tech looked on the table next to where the resident was sitting and pointed to a small cup of pills. There were 13 pills observed in the small cup. The Med Tech informed Resident #14, he still needed to take his medication. The resident nodded that he was aware. The Med Tech	A 052		

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A 052	Continued From page 6 assisted Resident #14 in taking the medication by handing him the cup. During an interview with Med Tech at the time of the observation, she stated the pills were the residents 8:00 AM medications. She acknowledged; she should have not left them in the room when she went out to check on another resident. Record review of the most recent AHCA 1823 Health Assessment for Resident #14 on . . . /20021 revealed he needed assistance with self-administration of medication. Record review of the facility policy and procedure titled Assistance with self- administered medication by unlicensed associates, Policy Number S.10 with a last revision date of , , revealed the following. The policy indicated that for residents who require assistance, unlicensed associated that has received the required training as a Medication Assistant Tech and have demonstrated their ability to accurately read and interpret a prescription label may provide assistance with self-administration medication. The Procedure indicated that Assistance with self - administration included: taking the medication, in its previously dispensed, properly labeled container, from where it is stored and bringing it to the resident. In the presence of the resident, orally advise, opening the container, removing of the prescribed amount of medication from the container and closing the container and ensure the resident takes the medication. The policy also indicated that the residents may sign a waiver to opt out of being orally advised of the medication name and dosage. (Photographic evidence obtained)	A 052		

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A 052	Continued From page 7 Class III .	A 052		
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 completed core training as detailed in subsection (1).	A 081		

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A 081	Continued From page 8 (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 chain-of-command and staff roles relating to emergency evacuation.	A 081		

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A 081	Continued From page 9 (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. This Statute or Rule is not met as evidenced by:	A 081		

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A 081	Continued From page 10 Based on record review and staff interview, the facility failed to ensure that 1 (Employee A) of 2 sampled employees, received 3 hours of training in Activities of Daily Living (ADLs) and Behavioral Needs, within 30 days of employment and prior to providing care for residents. The findings include: Record review of the employee file for Employee A, hired ..... revealed a certificate for one hour of ADL training on . During an interview with the Administrator on ..... at 4:45 PM, she was notified Employee A was missing 2 hours of ADL/Behavior Needs training from her personnel file. During a second interview with the Administrator on at 9:05 AM, she provided two certificates for ADL training each showing one hour of training on , and stated the employee has had her training. Class III .	A 081		
A 083 SS=D	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	A 083		

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(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 083	Continued From page 11 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. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that at least one staff member who completed courses in First Aid and ( ) and held a valid card documenting completion of such courses was at the facility at all times. The findings include: During an interview with the Administrator on at 4:35 PM, she was asked to provide evidence there was always someone in the facility with a current and First Aid card. On at 9:10 AM, the Administrator started providing and First Aid certificates. A review of the facility schedule from through compared to the certificates revealed the facility did not have an employee with current working on Saturday from 3:00 PM until the evening shift started at 7:00 PM. On , the facility did not have a staff	A 083		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969630	A. BUILDING: _____ B. WING _____	08/23/2022

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A 083	Continued From page 12 member with First Aid after the nursing staff left at 3:00 PM. On the facility did not have an employee with First Aid on the scheduled for the 7:00 PM to 7:00 AM shift. On the facility did not have someone on the schedule with First Aid from 11:00 PM to 7:00 AM. (Photographic evidence obtained) During an interview with the Administrator on at 2:30 PM, she was shown the findings. She did not have any additional information to provide. Class III .	A 083		
A 091 SS=D	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	A 091		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 091	Continued From page 13 issue a certificate to the trainee as specified in this rule. (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 record review and staff interview, the facility failed to meet training documentation requirements for 1 (Employee B) of 2 sampled employees, by failing to provide evidence of the time frame of each training, the training provider's name, dated signature and credentials, and failed to issue a certificate to meet training requirements. The findings include: Record review of the employee file for Employee B, hired ... found no evidence of training in the employee file in the areas of activities of daily living (ADLs) and behaviors, reporting adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to resident rights, emergency evacuation, recognizing and reporting resident ..., neglect, and , , ..., elopement, activities of daily living, control, and ... (/) The Administrator was notified of the missing information on ... at 4:35 PM.	A 091		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 091	Continued From page 14 During an interview with the Administrator on at 9:10 AM, she stated Employee B did not have any of her training. On at around 10:00 AM, the Administrator provided a copy of Employee B's orientation schedule dated that had her name handwritten on the top of the page. (Photographic evidence obtained) A review of the orientation schedule dated from 1:30PM-4:00 PM under DORS/Nursing the following was listed: " Control, Universal Precautions & Community Sanitation, HIPPA, Borne 's-Policy and Procedures, Reporting Major Incidents, Resident Behaviors/ADLs, Recognizing/Reporting , Neglect, , Resident Rights, /Elopement, What to do when there is nothing to do? Question/Answer." The orientation schedule did not include the time frame of each training, the training provider's name, dated signature and credentials, and failed to issue a certificate to meet training requirements. (Photographic evidence obtained) Class III .	A 091		