

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11965317</b>        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/31/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BAYOU GARDENS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1585 CURLEW RD.<br/>DUNEDIN, FL 34698</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| A 000                                                    | Initial Comments<br><br>A re-licensure survey was conducted at Bayou Gardens Dunedin on 08/16/2022. Deficiencies were identified at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A 000                                                                                 |                                                                                                                          |                                                        |
| A 081<br>SS=D                                            | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52(1)<br>(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.<br><br>(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.<br><br>59A-36.011<br>(2) STAFF PRESERVICE ORIENTATION.<br>(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                                                                                 |                                                                                                                          |                                                        |

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| A 081                                                    | <p>Continued From page 1</p> <p>(b) New staff must complete the preservice orientation prior to interacting with residents.</p> <p>(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.</p> <p>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:</p> <ol style="list-style-type: none"> <li>1. Resident's rights; and,</li> <li>2. The facility's license type and services offered by the facility.</li> </ol> <p>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:</p> <p>(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 blood borne pathogens, may be used to meet this requirement.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Reporting adverse incidents.</li> <li>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.</li> </ol> | A 081                                                                                 |                                                                                                                          |                                                        |

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| A 081                                                    | <p>Continued From page 2</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Resident rights in an assisted living facility.</li> <li>2. Recognizing and reporting resident _____, neglect, and _____. The facility must use its _____ prevention policies and procedures when offering this training.</li> </ol> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(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.</p> <p>(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.</p> <ol style="list-style-type: none"> <li>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</li> <li>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</li> </ol> <p>This Statute or Rule is not met as evidenced by:</p> | A 081                                                                                 |                                                                                                                          |                                                        |

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| A 081                                                    | <p>Continued From page 3</p> <p>Based on record review and interview, the facility failed to provide direct care staff with the required in-service trainings within thirty days of hire for two (Staff F and Staff G) of four staff sampled.</p> <p>Findings Included:</p> <p>Record review for Staff F conducted on _____, revealed no evidence that Staff F completed a two-hour pre-service orientation prior to interacting with residents. Staff F was hired on _____.</p> <p>Record review for Staff G conducted on _____, revealed no evidence that Staff G completed a two-hour pre-service orientation prior to interacting with residents. Staff G was hired on _____.</p> <p>During an interview with the Administrator on _____ at 2:35 pm. She agreed that the required Preservice orientations were not available. She stated, "I don't see them; they must be at our other building."</p> <p>Class III</p> | A 081                                                                          |                                                                                                                          |                          |                                                        |
| AL243<br>SS=D                                            | <p>429.075(1) FS; 59A-36.011(9) FAC LMH - Training</p> <p>429.075</p> <p>(1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AL243                                                                          |                                                                                                                          |                          |                                                        |

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| AL243                                                    | <p>Continued From page 4</p> <p>health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families.</p> <p>59A-36.011<br/>(9) LIMITED MENTAL HEALTH TRAINING.<br/>(a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training:</p> <ol style="list-style-type: none"> <li>1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. <ol style="list-style-type: none"> <li>a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility.</li> <li>b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule.</li> </ol> </li> <li>2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics:</li> </ol> | AL243                                                                                 |                                                                                                                          |                                                        |

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| AL243                                                    | <p>Continued From page 5</p> <p>a. Mental health diagnoses; and,<br/>b. Mental health treatment such as:<br/>(I) Mental health needs, services, behaviors and appropriate interventions;<br/>(II) Resident progress in achieving treatment goals;<br/>(III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and,<br/>( ) Crisis services and the procedures.</p> <p>3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule.</p> <p>4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement.</p> <p>(b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to provide direct care staff with the required limited mental health (LMH) training for four of four sampled employees (Administrator, Staff F, Staff G, and Staff H ).</p> | AL243                                                                                 |                                                                                                                          |                                                        |

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BAYOU GARDENS**

**1585 CURLEW RD.  
DUNEDIN, FL 34698**

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| AL243                    | <p>Continued From page 6</p> <p>Findings Included:</p> <p>A record review for the Administrator conducted on _____ revealed there was no proof of any limited mental health training in the record. Administrator was hired on _____.</p> <p>A record review for Staff F conducted on _____ revealed there was no proof of any limited mental health training in the record. Staff F was hired on _____.</p> <p>A record review for Staff G conducted on _____ revealed there was no proof of any limited mental health training in the record. Staff G was hired on _____.</p> <p>A record review for Staff H conducted on _____ revealed there was no proof of any limited mental health training in the record. Staff H was hired on _____.</p> <p>During an interview with the Administrator on _____ at 2:35 pm. She agreed that the required LMH trainings were not available. Stating, "I don't see them; they must be at our other building."</p> <p>Class III</p> | AL243               |                                                                                                                          |                          |