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
	AL11969325	A. BUILDING: _____ B. WING _____	09/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL SQUARE AT TALLAHASSEE ASSISTED LIVI	1060 CLARITY POINTE TALLAHASSEE, FL 32308

(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 unannounced abbreviated re-licensure survey and complaint investigation (complaint number 2022008980) was conducted at Capital Square at Tallahassee Assisted Living and Memory Care on - . Deficiencies were identified at the time of survey.	A 000		
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	A 081		

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A 081	Continued From page 1 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. (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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], 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.	A 081		

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A 081	Continued From page 2 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, 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.	A 081		

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A 081	Continued From page 3 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide the following: required training in . . . . control for staff prior to providing personal care to residents; required training within 30 days of employment on the subjects of resident behavior and needs and providing assistance with activities of daily living; required training within 30 days of employment regarding the facility's resident elopement response and procedures for 1 of 3 sampled staff (Staff C). The findings include: A review of personnel training records revealed Staff C, Patient Care Assistant/Medication Technician, was hired on and control education was not received until . . . . . Further review revealed Staff C did not have the following: training within 30 days of employment on the subjects of resident behavior and needs and providing assistance with activities of daily living and training regarding the facility's resident elopement response and procedures within 30 days of employment. On at approximately 2:40 PM, an interview was conducted with the Executive Director who confirmed Staff C received control education on . . . . . which was not prior to providing personal care to residents. The Executive Director also confirmed Staff C did not have training on resident behavior and needs, providing assistance with activities of daily living, or the facility's resident elopement response and procedures.	A 081		

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A 081	Continued From page 4 Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) / (/). 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 staff completed a one-time education course on , ( ) and , ( ) within 30 days of employment for 1 of 3 sampled staff (Staff C). The findings include: A review of personnel training records revealed Staff C, Patient Care Assistant/Medication Technician, was hired on and / education was not received until . On at approximately 2:40 PM, an interview was conducted with the Executive Director who confirmed Staff C received / training on , and not within 30 days of hire. Class III	A 082		

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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 failed to ensure staff completed at least one hour of training in the policies and procedures regarding ( ) within 30 days of employment for 1 of 3 sampled staff (Staff C). The findings include: A review of personnel training records revealed Staff C, Patient Care Assistant/Medication Technician, was hired on . Further review revealed no documentation of required training in policies and procedures regarding . On at approximately 2:40 PM, an interview was conducted with the Executive Director who confirmed Staff C did not have the required training in policies and procedures regarding	A 090		

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A 090	Continued From page 6 Class III	A 090		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule	A 161		

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A 161	Continued From page 7 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity . . . . . to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain documentation verifying freedom from signs or symptoms of communicable for 1 of 3 sampled staff (Staff C). The findings include: A review of personnel files revealed Staff C, Patient Care Assistant/Medication Technician, was hired on . Further review revealed the file did not contain required documentation verifying freedom from signs or symptoms of communicable . . . . . . On . . . at approximately 2:40 PM, an interview was conducted with the Executive Director who confirmed Staff C's personnel file did not contain the required documentation verifying freedom from signs or symptoms of communicable	A 161		

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A 161	Continued From page 8 Class III	A 161		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places	A 165		

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A 165	Continued From page 9 the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) [illegible], neglect, or [illegible] must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the	A 165		

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A 165	Continued From page 10 adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to file a preliminary adverse incident report through the agency's online portal within 1 day of the incident's occurrence as well as a full report within 15 days of the incident's occurrence for 1 of 7 facility incident reports reviewed involving Resident #2. The findings include: A review of Resident #2's medical record was conducted which revealed admission to the facility on . . . . Further review revealed she began receiving hospice services on due to progressively worsening . . . . . The record indicated Resident #2 is a high risk. Review of the care plan revealed the following: "Resident will continue to get up and walk around but does have kyphosis and requires supervision while ambulating", effective ; walker should be used as aide for ambulation, effective ; wheelchair should be used as aide for	A 165		

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A 165	Continued From page 11 ambulation, effective ; and "Caregiver to provide physical assist for safety in resident ambulation", effective . A review of facility incident reports involving Resident #2 revealed incident reports were completed following that occurred on , , , , , , and . The report for the report noted apparent injuries as "Hit , ". Review of Resident #2's progress notes revealed the following entries: - 10:56 AM "0815 caregiver called writer to neighborhood for assistance. Upon arrival writer noted a golf ball size hematoma on the L (left) side of the resident forehead. Per sitter and care giver resident was discovered on the porch lying on her . Resident c/o (complained of) to the L side of her forehead." - 1:55 PM "Upon assessment Resident is noted wincing in when Nurse touched the of her left ." - 3:12 PM "Resident c/o R (right) and . New order received for a of R , and R ." - 10:53 PM "[mobile provider] is scheduled for Sunday morning before 9 a.m. for right and right noted." - 1:52 PM "[mobile provider] came out to community to complete the of the R ." - 3:58 PM "X ray results received. 1. Acute of the right and public rami." On at 9:49 AM, an interview was conducted with the Executive Director (ED) concerning Resident #2's . The ED reviewed	A 165		

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A 165	Continued From page 12 her notes regarding Resident #2's history since admission and reported her 7th occurred on . She was found in the courtyard at 8:15 AM. Staff said they got her up for the morning and brought her in the dining room to await breakfast. The private sitter arrived at 8:00 AM. Then, the sitter came and told staff Resident #2 outside and was down on the ground. Resident #2 cannot get out of the door herself, so someone had to take her outside. She was in a wheelchair at that time too. A mobile , service came to the facility following the and determined she had a . When asked if an adverse incident was filed for this that resulted in a , the ED replied that she did not submit anything. After reviewing the regulation with the ED, she agreed that an adverse incident report should have been filed. A review of the electronic AHCA Incident Reporting System - (AIRS) on at 9:00 AM confirmed that no report had been filed involving Resident #2. Class III	A 165		