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
	AL11969413	A. BUILDING: _____ B. WING _____	10/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKET STREET PALM COAST	2 CORPORATE DR PALM COAST, FL 32137

(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 complaint survey (complaint 2022015765) was conducted at Market Street Palm Coast from to . Deficient practice was identified at the time of survey.	A 000		
A 078	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 (b) Staff must be qualified to perform their	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 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 interview and record review, the facility failed to ensure a system was in place to ensure personnel had up-to-date background screenings (BGS) conducted prior to working with residents. This had potential to affect all residents of the facility.	A 078		

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A 078	Continued From page 2 The findings include: Review of the Agency for health Care's BGS clearinghouse website on at 10:00 am found . Staff A had a level 2 clearance and eligibility determination dated . Review of his employment history found that he was employed in a nursing facility as a Certified Nursing Assistant (CNA) from to . He then commenced employment on with a staffing agency until . He did not resume working in a position that required an AHCA level 2 clearance until he commenced employment on , when he resumed employment as a CNA with the same staffing agency. Photographic evidence obtained. In an interview on at 11:40 am, the Administrator said that for all new hires, she goes on the BGS website to verify the eligibility. She looked for an eligibility determination date, and if there was a 90 day day break in employment, she would do a resubmission. For personnel from a staffing agency, that agency was responsible for obtaining and maintaining level 2 clearance and she does not ask for a copy. They just trust it was done by the agency. When asked about Staff A's background screening, she stated that she did not know if there were concerns and mentioned that she would reach out to the staffing agency. She confirmed that she did not verify eligibility for agency staff because the agency was responsible. In a phone interview on at 2:36 pm, the representative of Staff A's staffing agency confirmed that that a resubmission of the background was not conducted. She confirmed	A 078		

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A 078	Continued From page 3 that a resubmission was needed A review of the contract between . . . . . Staff A's agency and the facility was completed. The contract was dated . . . . . and signed by the Administrator and a representative from the staffing agency. It did not specifically describe the services the staffing agency or contractor would provide to the resident, and it did not detail who was responsible for checking the BGS for . . . . . staff. Photographic evidence was obtained. Class III	A 078		