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
	AL11967339	A. BUILDING: _____ B. WING _____	R 11/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODS	1889 CURLEW ROAD PALM HARBOR, FL 34683

(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 Revisit to 10/10/2022 Biennial Survey in conjunction with a generator monitoring survey was conducted at Woods on 11/29/2022. 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 provider indicating that the individual does not constitute a risk of transmitting a communicable .	{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 (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 failed to obtain a statement from a health care provider that employees had a one-time statement that employees were free from communicable . . . . . for 3 employees (Administrator, Staff C and Staff D) of 5 sampled	{A 078}		

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{A 078}	Continued From page 2 employees. Findings Included: A record review conducted on 11/29/2022 for the Administrator, who has a hire date of , revealed that the Administrator's employee record did not have statements signed and dated from a health care provider that the employee was free from communicable . A record review conducted on 11/29/2022 for Staff C, who has a hire date of , revealed that the Staff C's employee record did not have statements signed and dated from a health care provider that the employee was free from communicable . A record review conducted on 11/29/2022 for Staff D, who has a hire date of , revealed that the Staff D's employee record did not have statements signed and dated from a health care provider that the employee was free from communicable . During an interview conducted on at 10:41am with the Administrator he confirmed the communicable statements were not dated. Class III	{A 078}		
{A 162} SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name,	{A 162}		

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{A 162}	Continued From page 3 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.	{A 162}		

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{A 162}	Continued From page 4 (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C.	{A 162}		

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{A 162}	Continued From page 5 (o) The resident's . . . . . , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided 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 resident records for hospice residents with the required interdisciplinary care	{A 162}		

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{A 162}	Continued From page 6 plan ( ), a hospice admission or consent form, and a health assessment documented completely on the required , form for 3 (Resident #1, Resident #2 and Resident #3) of 3 sampled residents admitted to hospice services. Findings Included: A record review for Resident #1, conducted on , revealed that Resident #1 was admitted to the facility on . Resident #1 had a decline in condition and was admitted to hospice services on . Resident #1's record did not contain an interdisciplinary care that described the care and services that hospice provided and those that the facility provided and agreed by all three parties (hospice, facility, and resident). A record review for Resident #2, conducted on , revealed that Resident #2 was admitted to the facility on . Resident #2 had a decline in condition and was admitted to hospice services on an unknown date. Resident #2's the Agency of Health Care Administrator (AHCA) Form 1823, revealed the facility photocopied the examiners information, date and signature for a different document dated . Resident #2's interdisciplinary care plan dated was not signed in agreement by the facility or the resident or resident's responsible party. A record review for Resident #3, conducted on , revealed that Resident #3 was admitted to the facility on . Resident #3 was admitted to hospice services on . Resident #3's the Agency of Health Care Administrator (AHCA) Form 1823, revealed the facility photocopied the examiners	{A 162}		

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{A 162}	Continued From page 7 information, date and signature for a different document dated . Resident #3's interdisciplinary care plan dated was not signed in agreement by the facility or the resident or resident's responsible party During an interview conducted on at 10:25am with wellness director, she stated she did not know how the 1823 got like that. During an interview conducted on at 11:12am with the Wellness Director she confirmed IDC provided by hospice was not signed by all parties and was not clean as to what each discipline will be assisting patient with. (Photographic Evidence Obtained) Class III	{A 162}		
A 163 SS=D	429.49 FS Records - Resident, Penalties for Alteration (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to prevent falsification of resident records for 2 (Resident #2, and Resident #3) of 3 sampled residents.	A 163		

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A 163	Continued From page 8 Findings Included: During a record review conducted on of Resident #2's the Agency of Health Care Administrator (AHCA) Form 1823, revealed the facility photocopied the examiners information, date and signature for a different document dated . During a record review conducted on of Resident #3's the Agency of Health Care Administrator (AHCA) Form 1823, revealed the facility photocopied the examiners information, date and signature for a different document dated . During an interview conducted on at 10:25am with wellness director, she stated she did not know how the 1823 got like that. During an interview conducted on with [the Doctors Office Representative for Resident #2] she stated [Resident #2] was a patient of theirs, however she did not have record of the 1823 that was signed on . (Photo Evidence) Class III	A 163		