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
	AL11922348	A. BUILDING: _____ B. WING _____	R-C 12/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

(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 complaint investigation (complaint number: 2022011899) was conducted at Hillside Gardens II on . Deficiencies were identified at the time of survey.	{A 000}		
{A 079} SS=G	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents	{A 079}		

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{A 079}	Continued From page 1 serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day	{A 079}		

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{A 079}	Continued From page 2	{A 079}		

operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.
9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the

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{A 079}	Continued From page 3 fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to always have enough qualified staff available in the event of an emergency to evacuate five of five residents from the facility quickly and safely which placed all five residents at potential for harm or injury in the event of an emergency evacuation effort.	{A 079}		

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{A 079}	Continued From page 4 Furthermore, the facility failed to maintain an accurate written work schedule that reflected its 24-hour staffing pattern for the month of [illegible]. Findings Included: Observations, conducted on [illegible] from 10:00am through 10:35am, revealed one staff present in the facility for five residents. Residents #1 and #3 were lying in their beds. Resident #1 was bedbound with [illegible] of the [illegible] and a [illegible] to the right [illegible]. Resident #2 was in bed and had a [illegible] pressure would above the [illegible] area. Observations conducted at 01:28pm on [illegible], revealed the facility held a requested fire drill to observe the facility's emergency evacuation efforts. The Administrator called fire drill while Staff A was sitting with Residents #3, #4, and #5 in the living room. Staff A jumped up and opened the [illegible] door and instructed Resident #4 to go outside the [illegible] door and Staff A escorted Resident #3 outside. Resident #3 had a very unsteady gait. Staff A had both residents (Resident #3 and #4) take a seat in the chairs on the patio that was attached to the facility just out the [illegible] door. Staff A re-entered the facility and went to Resident #5 and stated to the resident let's go outside. Resident #5 adamantly refused to go outside. Staff A ran to Resident #2's room and pivot transferred the resident into a wheelchair with ease. Resident #2 had no pants on and Staff A grabbed a blanket and placed it over the resident's waist and [illegible] and wheeled her to the front door. Staff A went to take Resident #2 outside and left the resident at the front door per Agency representative's request and proceeded with the evacuation efforts. At	{A 079}		

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{A 079}	Continued From page 5 01:31pm, Staff A approached Resident #5 and again the resident refused to go outside. Staff A ran to Resident #1 and attempted to pull the resident into a high wheelchair from his bed. Resident #1 was difficult to move due to his limited mobility and . The longer Staff A attempted to get Resident #1 into the chair, the resident began to show signs of discomfort and at 01:39pm, the evacuation effort was called off for the resident safety and comfort. The Agency representative exited Resident #1's room and observed that Resident #4 was assisting Resident #5 into the facility. A record review for Resident #1, conducted on , revealed that Resident #1 was admitted to the facility on and into Hospice services on . Resident #1's most recent health assessment dated noted Resident #1's diagnoses as , loss, bedbound, pressures sores, required the nursing services of hospice, and required total care with ambulation, bathing, grooming, toileting, and transferring and assistance with eating. The to the right was noted as , that had become that and opened. A record review for Resident #2, conducted on , revealed that Resident #2 was admitted to the facility on and into Hospice services on . Resident #1's most recent health assessment dated noted Resident #2's diagnoses as Type 2, . Resident #2 used a wheelchair for ambulation, required the nursing services of hospice, and required total care with ambulation,	{A 079}		

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{A 079}	Continued From page 6 bathing, [redacted], grooming, and toileting and assistance with transferring. There was no [redacted], or [redacted] noted on Resident #2's health assessment. During an interview with the Hospice Registered Nurse (RN), conducted on [redacted] at 10:20am, the RN stated that Resident #1 was bedbound and did not get out of bed due to his [redacted] and [redacted] which had signs of healing from a [redacted]. The RN stated that the [redacted] was not pressure but that it needed to be protected from pressure and Resident #1 required turning and repositioning every two hours. At 10:35am, the RN stated that Resident #2 was ordered for bed rest and required to be turned and repositioned every two hours for healing of the [redacted] pressure would just above the [redacted]. A review of the facility's fire drills, conducted on [redacted], revealed that the facility held fire drills on [redacted], [redacted], and [redacted]. The fire drills indicated that all residents were evacuated to the safety point of the mailbox from five minutes and twenty-three seconds to six minutes and thirty-eight seconds which included Residents #1, #2, #3, #4, and #5. A review of the [redacted] staffing schedule, conducted on [redacted], revealed that the Administrator worked 24/7 shifts on Tuesdays and Wednesdays alone in the facility. Staff A worked a 24-7 shift on Sundays alone in the facility. Staff A worked from 03:00pm through 07:00am alone in the facility on Thursdays, Fridays, and Saturdays. A review of the facility's undated comprehensive emergency management evacuation plan	{A 079}		

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{A 079}	Continued From page 7 approved . . . . . appendix H pages 36 and 37, conducted on , the document noted that during an emergency evacuation event -The building would be evacuated completely -Staff would never re-enter the building for any reason -The primary meeting place was in front of the building -Fire drills would be conducted monthly -Staff would close all doors and window and turn off the air conditioning/heating systems During an interview with Staff A, conducted on at 12:50pm, Staff A stated that during her 24-7 shifts she performed bed checks on all five residents during the night and during the day, she sits in the living room with Residents #3, #4, and #5 and turns and repositions Residents #1 and #2 and made sure that the residents had their meals. Staff A stated that in the event of an emergency evacuation, she would get the ambulatory residents outside and slide Residents #1 and #2 into their wheelchairs and that she transferred both Residents #1 and #2 all the time. Staff A stated that Resident #3 walked with assistance from staff, used a walker assistive device, and was . . . . . . Resident #4 was independent with ambulation and did not use an assistive device but was forgetful. Resident #5 used a walker assistive device and was . Staff A stated that her days off were Wednesdays and Thursdays. During an interview with the Administrator, conducted on . . . . . at 01:15pm, the Administrator stated that she worked two 24-hour shifts on Wednesdays and Thursdays. The Administrator stated during her two 24-hour shifts, that she slept at night and during the day, she provided Resident #1 with care	{A 079}		

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{A 079}	Continued From page 8 and assistance with meals. The Administrator stated that Residents #3, #4, and #5 were ambulatory and would be able to get out of the building on their own and that she was able to get Resident #2 into a wheelchair and get the resident out of the building. The Administrator stated that she would be able to get Resident #1 out of the building by sliding the resident into a wheelchair using the overlay mattress to slide him off the bed. At 01:42pm, the Administrator agreed that one person was not able to transfer Resident #1 to evacuate the resident safely and quickly in the event of an emergency evacuation event. The Administrator agreed that it would be difficult for one staff to get all residents out of the building quickly and safely. At 02:11pm, the Administrator agreed that one staff working in the building would be unable to evacuate all five residents in the event of an emergency evacuation event. The Administrator agreed that the facility did not follow their policy and procedures for monthly fire drill evacuations. Class II	{A 079}		