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
	AL11969084	A. BUILDING: _____ B. WING _____	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE HENDON ESTATE ASSISTED LIVING	5311 CARSON ST SAINT CLOUD, FL 34771

(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
CZ841 SS=D	408.823( ) FS In-person Visitation (1) This section applies to , centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the , , licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and	CZ841		

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CZ841	Continued From page 1 providers may not require an essential caregiver to provide such care. (c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects: 1. End-of-life situations. 2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support. 3. The resident, client, or patient is making one or more major medical decisions. 4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . 5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident, client, or patient who used to talk and interact with others is seldom speaking. 7. For hospitals, childbirth, including labor and delivery. 8. . . . . patients. (d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section,	CZ841		

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CZ841	Continued From page 2 providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on review of the facility's visitation policies and procedures and interview, the facility failed to ensure its policy contained all the minimum requirements. Findings: On a request was made to review the facility's visitation policy and procedure. In response, the administrator provided a documented titled "Visitation Policy". Review of the document revealed it did not contain any of the required information as follows: . . . . control education for visitors Screening PPE Essential caregiver designation Visit length (essential caregivers must be allowed visitation at least two hours daily) Consensual physical contact Designation of a person responsible for ensuring staff adhere to the policies and procedures The visitation policies and procedures did not contain information to allow in-person visitation in all the following circumstances, unless the resident, client, or patient objects: End-of-life situations A resident, client, or patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support The resident, client, or patient is making one or more major medical decisions	CZ841		

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CZ841	Continued From page 3 A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . . . A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver A resident, client, or patient who used to talk and interact with others is seldom speaking On . . . . . at 11am, the administrator confirmed the findings. Class III	CZ841		
A 000	Initial Comments A re-licensure survey was conducted on . at Lake Hendon Estate Assisted Living Facility. 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	A 078		

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A 078	Continued From page 4 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 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:	A 078		

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A 078	Continued From page 5 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 observation, record review, and interview the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience by preparing an for injection for 1 of 1 staff sampled (A) and the facility failed to have evidence of a negative examination documented on an annual basis for 1 of 2 staff sampled. (Administrator) Findings: 1. On a review of resident #1's record revealed he was admitted on . His record contained a Resident Health Assessment form (1823) dated . His diagnoses included , and . He required assistance with self-administration of medication. Further review of his file revealed an order for to be administered according to a . , inject per 3x daily 150-200=2Units 201-250=4Units 251-300=6Units At 12pm Staff A was observed using proper technique to perform an for residents	A 078		

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A	Continued From page 6 #1 in his room. The residents [redacted] was 167. At 12:10pm Staff A went to the medication cart in the kitchen and referred to the Medication Observation Record (MOR). According to the physician order for [redacted], resident #1 needed to receive 2 units. Staff A removed the [redacted] from a small refrigerator under the kitchen counter. Staff A prepared the pen for injection by placing a needle on it and dialing the pen to 2 units. She handed the pen to resident #1 who was seated at the table in the kitchen. She explained to him, he needed 2 units of [redacted] for his [redacted] level of 167. Resident #1 injected the [redacted] into his right abdomen. Staff a removed the needle from the pen and placed the [redacted] in the refrigerator. She then signed the MOR. At 12:15pm in an interview with staff A, she confirmed she was not a nurse but thought she could prepare the [redacted]. She said she knew she could not inject the [redacted]. At 12:25pm in an interview with the administrator, she confirmed Staff A was not qualified to prepare resident #1's [redacted] for injection. 2. A review of the administrators file revealed she was hired on [redacted]. Her last [redacted] evaluation was conducted on [redacted]. On [redacted] at 2pm in an interview with the administrator, she confirmed she did not have a current [redacted] evaluation. Class III	A 078		

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CZ830	Continued From page 7	CZ830		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.	CZ830		

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CZ830	Continued From page 8 (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.	CZ830		

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CZ830	Continued From page 9 (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) to the Emergency Management agency for review and approval on an annual basis. Fingings: A review of the last CEMP approved revealed it was from . On at 1:55pm in an interview with the administrator, she confirmed she did not submit the CEMP for annual review in 2022. The last plan submitted and approved was . Class III	CZ830		