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 |
|---|---|---|---|
| | AL11969063 | A. BUILDING: _____ B. WING _____ | 01/06/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVERLASTING FAMILY HOME CARE SERVICES LLC | 2722 OKLAHOMA ST WEST PALM BEACH, FL 33406 |

| (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 |
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| A 000 | Initial Comments<br><br>An unannounced Relicensure and Generator Monitoring survey was conducted on [redacted] at Everlasting Family Home Care Services LLC. The facility had deficiencies identified related to the Relicensure at the time of the survey. | A 000 | | |
| A 032 | 59A-36.007(7) FAC Resident Care - Elopement Standards<br><br>59A-36.007<br>(7) ELOPEMENT STANDARDS.<br>(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.<br>1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.<br>2. The facility must have a photo identification of at risk residents on file that is accessible to all | A 032 | | |

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| A 032 | Continued From page 1 | A 032 | | |

facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.
(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:
1. An immediate search of the facility and premises,
2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,
3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,
4. The continued care of all residents within the facility in the event of an elopement.
(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.

This Statute or Rule is not met as evidenced by:
Based on interview and record review the facility failed to provide evidence of resident elopement drills conducted twice per year for all direct care staff and administrators as required.

The findings included:

On at 11:30 AM, an interview was

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| A 032 | Continued From page 2<br><br>conducted with the Administrator. He was requested to provide documentation of the two mock elopement drills conducted by facility staff for the years 2021 and 2022. The Administrator was provided an opportunity to locate the documentation, however, was unable to provide evidence any facility mock elopement drills had been conducted for the years 2021 or 2022.<br><br>On at 3:30 PM, an interview was conducted with the Administrator who acknowledged the findings.<br><br>Class III | A 032 | | |
| A 083 | 59A-36.011(5) FAC Training - First Aid and<br><br>(5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times.<br>(a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.<br>(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training | A 083 | | |

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| A 083 | Continued From page 3<br><br>requirements for both First Aid and C.P.R.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on employee record review and interview, the facility failed to ensure 1 of 5 staff members have completed courses in First Aid and [redacted] ( ) and who works alone in the facility at times, has the completed the training, specifically, Staff C.<br><br>The findings included:<br><br>During a review of Staff C's employee personnel records revealed a date of hire of to work the 5:00 PM to 7:00 AM shift. Further review of the employee personnel record revealed no current valid First Aid and certification card from an approved trainer could be found in the personnel file. It was confirmed Staff C would have the opportunity to be alone in the facility with the residents therefore, Staff C would need to possess a valid First Aid and certification card.<br><br>On [redacted] at 3:30 PM, an interview was conducted with the Administrator who acknowledged the findings.<br><br>Class III | A 083 | | |
| A 085 | 59A-36.011(7) FAC Training - Nutrition & Food Service<br><br>(7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to | A 085 | | |

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| A 085 | Continued From page 4 | A 085 | | |

nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service.

This Statute or Rule is not met as evidenced by:
Based on interview and record review the facility failed to ensure 5 of 5 employee personnel records reviewed contained evidence of who was responsible as the designee for Food Service or Supervision of Food Service in the facility to include the Administrator, Staff A, Staff B, Staff C, and Staff D.

The findings included:

During review of the employee personnel records for the Administrator, Staff A, Staff B, Staff C and Staff D revealed no evidence of who was responsible or the designee for Food Service or Supervision of Food Service in the facility.

1) Review of the employee personnel record was conducted for the Administrator revealing a date of hire of . The Administrator works flexible hours. Further review of the personnel records revealed no evidence if this staff member was responsible for the food service or supervision of food service in the facility.

2) Review of the employee personnel record was conducted for Staff A revealing a date of hire of . Staff A works the 7:00 AM-5:00 PM shift. Further review of the personnel records revealed no evidence if this staff member was

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| A 085 | Continued From page 5<br><br>responsible for the food service or supervision of food service in the facility.<br><br>3) Review of the employee personnel record was conducted for Staff B revealing a date of hire of . Staff B works the 7:00 AM-5:00 PM shift. Further review of the personnel records revealed no evidence if this staff member was responsible for the food service or supervision of food service in the facility.<br><br>4) Review of the employee personnel record was conducted for Staff C revealing a date of hire of . Staff C works the 5:00 PM-7:00 AM shift. Further review of the personnel records revealed no evidence if this staff member was responsible for the food service or supervision of food service in the facility.<br><br>5) Review of the employee personnel record was conducted for Staff D revealing a date of hire of . Staff D works the 5:00 PM-7:00 AM shift. Further review of the personnel records revealed no evidence if this staff member was responsible for the food service or supervision of food service in the facility.<br><br>On at 3:30 PM, an interview was conducted with the Administrator. He acknowledged the findings.<br><br>Class III | A 085 | | |
| CZ814 | 435.12(2)(b-d), FS Background Screening Clearinghouse<br><br>435.12 Care Provider Background Screening Clearinghouse.-<br>(2)(b) Until such time as the . . are | CZ814 | | |

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| CZ814 | Continued From page 6<br><br>enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.<br>(c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.<br>(d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to maintain changes in employment status of all employees within the Agency for Health Care Administration (AHCA) Background Screening (BGS) Clearinghouse Roster within 10 business days of hire or termination, for 3 out of 8 sampled staff reviewed, specifically Staff E, Staff F and Staff G who are no longer employed at the facility.<br><br>The findings included: | CZ814 | | |

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| CZ814 | Continued From page 7<br><br>On . . . . . a request was made for the 24-hour facility staffing schedule. Review of the large posted scheduled revealed it was not accurate and up-to-date.<br><br>During an interview conducted with the Administrator on . . . . . at 10:30 AM, he confirmed this is an old out dated schedule and some of the employees are no longer employed here. A comparison review was conducted of the BGS Clearinghouse Roster and the staffing schedule which included the 5 current employees, Staff A, Staff B, Staff C, Staff D and the Administrator. Further review of the BGS Clearinghouse Roster revealed 8 employees listed as currently employed at the facility. The following was noted:<br>Staff E had a date of hire of ; Staff F had a date of hire of . . . . . ; and Staff G had a date of hire of .<br><br>During an interview conducted with the Administrator on . . . . . at 10:40 AM, the BGS Clearinghouse Roster was reviewed with the Administrator who confirmed Staff E, Staff F and Staff G were no longer employed at the facility. He stated Staff E was terminated in 2020 and Staff F and Staff G were terminated in 2022. He stated he thought he had removed them from the Roster. The Administrator acknowledged the findings and provided no additional information for review.<br><br>Unclassified | CZ814 | | |