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
	AL11910568	A. BUILDING: _____ B. WING _____	01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN VIEW ALF	526 N. MARY AVE. PANAMA CITY, FL 32404

(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 An unannounced biennial licensure survey was conducted at Garden View Assisted Living to include limited mental health and a generator assessment on . . . . Deficient practice was identified at the time of the survey.	A 000		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (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. 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. 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 record review, staff interview, and policy review the facility failed to ensure all direct care staff participated in at least 2 elopement drills per year for 2 of 2 elopement drills reviewed. (. . . . and . . . . . drills)

The findings include:

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A 032	Continued From page 2 Review of the facility documentation of elopement drills for 2022 revealed the facility conducted drills on [redacted] and [redacted]. The documentation of both drills revealed only 3 of the 7 staff participated in the drills. An interview was conducted with the Administrator on [redacted] at 12:13 PM. The Administrator stated she guessed they should do it differently and confirmed only 3 of the 7 staff participated in the drills. Review of the undated facility policy for Elopement revealed elopement drills are conducted twice per year. All staff members are present and participating. Class III	A 032		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) [redacted] CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of [redacted]. (a) The facility must implement a [redacted] hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or [redacted] hygiene may include the use of [redacted]-based rubs, [redacted], handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an [redacted] exposure to transmissible [redacted] agents in [redacted], nonintact skin, and mucuous [redacted] during the provision of personal services. Standard precautions include: [redacted] hygiene, and dependent upon the exposure, use of gloves, gown, mask, [redacted] protection, or a [redacted]	A 036		

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A 036	Continued From page 3 shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, staff interviews, and policy review the facility failed to ensure staff follow appropriate control procedures during 1 of 2 observations of assistance with self-administration of medications. (3:00 PM observation) The findings include: An observation of assistance with self-administration of medications was conducted with employee B, caregiver/housekeeper, on at 3:00 PM. Employee B was observed wearing a pair of blue disposable gloves and placing medications in the bare of resident number 11 when the surveyor entered the kitchen. Employee B was observed to touch resident number 11's bare with his gloved when placing the medications in the resident's . Employee B then dispensed medication for resident number 10 in the same gloves he used to provide resident number 11's medications and touched resident number 10's bare . An interview was conducted with employee B on at 3:02 PM. He stated he did not change his gloves when providing medication from one resident to another resident and used the same pair of gloves for both residents. He stated one pair of gloves is good for 2 residents. An interview was conducted with the Administrator on at 3:15 PM. She	A 036		

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A 036	Continued From page 4 stated she has told them not to touch the resident or the medications. Review of the undated facility policy Adult Care . . . . . Waste and Hazardous Control revealed all staff must wear disposable gloves when providing personal care to residents and all staff must wash with provided . solution after contact with resident. Class III	A 036		
A 083 SS=E	59A-36.011(5) FAC Training - First Aid and . (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. (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. (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 requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by:	A 083		

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A 083	Continued From page 5 Based on record review and staff interview the facility failed to ensure at least one staff with a current approved ( ) course that includes in person return demonstration, is present in the facility at all times for 7 of 7 employees. (Employees A-G) The findings include: Review of employee A's (cook) file revealed and online course from the National Foundation dated . Review of employee B's (resident assistant) file revealed a card dated from the American Care Association. Review of employee C's (resident assistant) file revealed a card dated from the American Care Association. None of the cards revealed they were from an approved trainer approved 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 and the cards did not indicate an in person skills demonstration was performed. An interview was conducted with the Administrator on at 10:05 AM. She stated none of the staff have had in person training and she had not been able to find someone to do the training. All staff had online training. Further interview was conducted with the Administrator on at 11:15 AM. She stated she had no evidence to support any of the online courses the staff took were approved by the American Red Cross, AHA, National Safety Council, or other organization accredited by the Commission on Accreditation for Pre-Hospital Continuing Education.	A 083		

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A 083	Continued From page 6 Class III	A 083		