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
	AL11932376	A. BUILDING: _____ B. WING _____	02/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOLARIS SENIOR LIVING NORTH NAPLES	10949 PARNU STREET NAPLES, FL 34109

(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 state re-licensure, extended congregate care and emergency power plan monitoring survey was conducted on at Solaris Senior Living North Naples, an assisted living facility in Naples, Florida. The following deficiencies were identified at the time of the survey.	A 000		
A 078	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	A 078		

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A 078	Continued From page 1 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: 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 ensure that within 30 days of employment staff submit a written statement from	A 078		

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A 078	Continued From page 2 a health care provider documenting the individual is free from signs/symptoms of communicable and evidence of freedom from ( ) documented annually thereafter for 3 (Staff D, E, Administrator) of 3 employee records reviewed. The findings included: On a review of the Administrators file revealed a hire date of . The Administrators file contained documentation of a statement signed from a health care provider that indicated the Administrator was free of signs and or symptoms of communicable . Further review revealed a Symptom Questionnaire and Risk Assessment. Administrator's file contained no further documentation of freedom from annually thereafter. On a review of Staff D's file revealed a hire date of as a nurse aide. Staff D's file contained documentation of a completed on and electronically signed from a health care provider that indicated no definitive radiographic evidence of . Further review revealed a Symptom Questionnaire and Risk Assessment. Staff D's contained no further documentation of freedom from annually thereafter. On a review of the Staff E's file revealed a hire date of as a nurse aide. Staff E's file contained documentation of a independent contractor physical form from a health care provider that indicated that the Staff E was free of signs and or symptoms of communicable signed and dated , 8 months prior to hire. Further review revealed a Symptom	A 078		

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A 078	Continued From page 3 Questionnaire and Risk Assessment and Pre-Placement Health Questionnaire. Staff E's file contained no documentation of a statement from a health care provider indicating staff E was free from signs and symptoms of communicable within 30 days of hire, and no further documentation of freedom from annually. On at 11:48 a.m., the Human Resource Director acknowledged the findings. She confirmed the symptom questionnaire does not indicate Staff D, E and the Administrator remain free from communicable including . On at 1:00 p.m., the Administrator confirmed the symptom questionnaire does not show staff remain free from communicable including .. Class III	A 078		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , are 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. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment	CZ814		

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CZ814	Continued From page 4 status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain the employment status of all employees within the Agency's Background Screening Clearinghouse and report any changes of status within 10 business days for 1 (Staff D) of 3 employees reviewed for the Background Screening Clearinghouse. The findings Included: Review of Staff D's file revealed a hire date of as a nurse aide. Review of the Agency' clearing house employee roster revealed Staff A was added on the clearing house roster on , 35 days after hire. On at 11:48 a.m., the Human Resources Director, acknowledged the findings. Unclassified	CZ814		