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
	AL11969883	A. BUILDING: _____ B. WING _____	R 01/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWAN AT LAKE CONWAY ALF	3714 ST MORTIZ ST ORLANDO, FL 32812

(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
{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] 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 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 [illegible] 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; [illegible]; 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: DEFICIENCY REMAINED UNCORRECTED Based on review of the facility's employee background screening clearinghouse, record review and interviews, the facility failed to report the employment status of 1 of 2 sampled staff within 10 business days (B).	{CZ814}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{CZ814}	Continued From page 1 Findings: Review of the facility's employee background screening clearinghouse on [redacted] at 9:10 am revealed caregiver B was listed with a hire date of [redacted] with no employment end date. Caregiver A said she was the only employee at the time of the survey. She said caregiver B went on vacation and never returned. Review of the facility's [redacted] and [redacted] staffing schedules revealed caregiver B was not scheduled to work after [redacted]. A note at the bottom of the [redacted] schedule indicated caregiver B was on vacation [redacted]. On [redacted] at 10:55 am, a voice mail was left for the facility's owner, but a return call was never received. On [redacted] at 11:07 am, the facility's administrator said, when asked about caregiver B's employment status, "I don't know what's going on in there. They want me in name only. I didn't know (caregiver B) did not come [redacted]. I came there about two weeks ago and my key didn't work to the front door. No one answered the door or phone. I left a note on the front door. I went [redacted] the following Saturday. I didn't stop but saw the note was missing from the door." When asked why she did not stop and go inside she replied "I don't know if these people are going to hurt me. I don't know what's going on in there". When asked about caregiver B still being a current employee on the roster she replied "She's still on the roster because I didn't know she's not returning". When asked the last time she was at the facility she replied, "I don't remember". On [redacted] at 11:30 am, caregiver A said she	{CZ814}		

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{CZ814}	Continued From page 2 could not remember the last time the administrator was at the facility. She said she did receive the administrator's note, which indicated the administrator's key did not work in the front door, but the lock was never changed. Caregiver A said she called the administrator after receiving the note but did not receive a call . . . The caregiver said she told both the administrator and the facility's owner that caregiver B was not returning. Unclassified	{CZ814}		
{A 000}	Initial Comments A revisit to a post-incident assessment was conducted at Swan at Lake Conway on . The facility had uncorrected deficiencies at the time of the survey.	{A 000}		
{A 077} SS=D	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency	{A 077}		

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{A 077}	Continued From page 3 test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C.	{A 077}		

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{A 077}	Continued From page 4 Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the . . . . . of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile . . . . . of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to ,	{A 077}		

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{A 077}	Continued From page 5 20, 1998, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interviews, the facility's administrator failed to oversee the operation and maintenance of the facility by failing to ensure 1 of 1 sampled staff received the required trainings and by failing to ensure the background employee roster was updated to reflect a change in employment status for 1 of 1 sampled staff (B). Findings: 1. Review of caregiver A's personnel record revealed a hire date of ..... The record contained an ..... certificate of training on "major incidents" and a certificate on "emergency preparedness". The "major incidents" certificate did not indicate the	{A 077}		

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{A 077}	Continued From page 6 duration of the training. The 1-hour "emergency preparedness" indicated the training was based on chapter 252 F.S. 400.925 (13), which is not an ALF statute. Therefore, there was no documented evidence to indicate the caregiver received the required minimum training. On at 10:35 am, caregiver A said that when the administrator trained her on regarding emergency preparedness she was not given any documents, but she learned to "call family member, call doctor and 911 and write note at same time. Make sure they have all the medications, anything they need, family information". She said she did receive training on "major incidents" and that the training "was the same thing" as that given for emergency preparedness. On at 11:07 am, the administrator was asked what curriculum she used to give caregiver A training on "emergency preparedness" and her reply was "I used a packet that we have". When asked what details were in the packet she replied "I don't remember". When asked about the statute on the certificate she replied "maybe I got the statutes wrong. I go through the statutes that AHCA wants or I may have gone over those statutes. I'm sure I did major incidents". 2. Review of the facility's employee background screening clearinghouse on at 9:10 am revealed caregiver B was listed with a hire date of with no employment end date. Caregiver A said she was the only employee at this time. She said caregiver B went on vacation and never returned. Review of the facility's and staffing schedules revealed	{A 077}		

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{A 077}	Continued From page 7 caregiver B was not scheduled to work after . A note at the bottom of the schedule indicated caregiver B was on vacation - . On at 10:55 am, a voice mail was left for the facility's owner, but a return call was never received. On at 11:07 am, the facility's administrator said, when asked about caregiver B's employment status, "I don't know what's going on in there. They want me in name only. I didn't know (caregiver B) did not come . I came there about two weeks ago and my key didn't work to the front door. No one answered the door or phone. I left a note on the front door. I went the following Saturday. I didn't stop but saw the note was missing from the door." When asked why she did not stop and go inside she replied "I don't know if these people are going to hurt me. I don't know what's going on in there". When asked about caregiver B still being a current employee on the roster she replied "She's still on the roster because I didn't know she's not returning". When asked the last time she was at the facility she replied, "I don't remember". On at 11:30 am, caregiver A said she could not remember the last time the administrator was at the facility. She said she did receive the administrator's note, which indicated the administrator's key did not work in the front door, but the lock was never changed. Caregiver A said she called the administrator after receiving the note but did not receive a call . The caregiver said she told both the administrator and the facility's owner that caregiver B was not returning.	{A 077}		

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{A 077}	Continued From page 8 Class III	{A 077}		
{A 081} SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents.	{A 081}		

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{A 081}	Continued From page 9 (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall	{A 081}		

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{A 081}	Continued From page 10 receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: REMAINED UNCORRECTED	{A 081}		

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{A 081}	Continued From page 11 Based on personnel record review and interviews, the facility failed to ensure 1 of 1 sampled direct care staff received a minimum of 1 hour in-service training within 30 days of employment that covered the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Findings: Review of caregiver A's personnel record revealed a hire date of . The record contained a certificate of training on "major incidents" and a certificate on "emergency preparedness". The "major incidents" certificate did not indicate the duration of the training. The 1-hour "emergency preparedness" indicated the training was based on chapter 252 F.S. 400.925 (13), which is not an ALF statute. Therefore, there was no documented evidence to indicate the caregiver received the required minimum training. On . . . . at 10:35 am, caregiver A said that when the administrator trained her on regarding emergency preparedness she was not given any documents but she learned to "call family member, call doctor and 911 and write note at same time. Make sure they have all medications, anything they need, family information". She said she did receive training on "major incidents" and that the training "was the same thing" as that given for emergency preparedness.	{A 081}		

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{A 081}	Continued From page 12 On . . . . . at 11:07 am, the administrator was asked what curriculum she used to give caregiver A training on "emergency preparedness" and her reply was "I used a packet that we have". When asked what details were in the packet she replied "I don't remember". When asked about the statute on the certificate she replied "maybe I got the statutes wrong. I go through the statutes that AHCA wants or I may have gone over those statutes. I'm sure I did major incidents". Class III	{A 081}		