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
	AL11969393	A. BUILDING: _____ B. WING _____	03/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEPPING STONES ASSISTED LIVING FACILITY	183 SE COLUMBUS TRL MADISON, FL 32340

(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 A re-licensure survey was conducted at Stepping on . The provider had deficiencies at the time of the visit.	A 000		
A 083 SS=D	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: Based on record review and interview, the facility failed to maintain current , , ( ) certification records for 2 of 5 sampled staff members. The findings include: On , a review of all current staff's	A 083		

AHCA Form 3020-0001

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

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A 083	Continued From page 1 certification was conducted. The review revealed the Administrator's certification expired on and Staff B's certification expired on On at 6:25 PM, an interview was conducted with the Administrator who confirmed her and Staff B's certifications were expired. The administrator stated she was not aware the certifications were expired. Class III	A 083		
A 166 SS=D	429.23(5) FS; Risk Mgmt & QA; Reporting Reqs. 429.23, FS Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (5) Three business days before the deadline for the submission of the full report required under subsection (4), the agency shall send by electronic mail a reminder to the facility's administrator and other specified facility contacts. Within 3 business days after the agency sends the reminder, a facility is not subject to any administrative or other agency action for failing to withdraw the preliminary report if the facility determines the event was not an adverse incident or for failing to file a full report if the facility determines the event was an adverse incident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit a complete report to the state	A 166		

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A 166	Continued From page 2 agency of an incident that involved a . . . . . of a resident inside the facility. (Resident #6) The findings include: A review of facility reported incidents located in the AHCA Incident Reporting System (AIRS) revealed an open report (#595285) dated . . . . The incident involved Resident #6's unexpected at the facility. The report did not include investigation data and no follow up data was submitted to any state agency. On at 1:50 PM, an interview was conducted with the Administrator. She stated that the reason she did not submit the report was because she "did not think the incident was related to something the facility had done wrong and facility could have not done anything to prevent it". Class III	A 166		