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
	AL11969316	A. BUILDING: _____ B. WING _____	04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF MANDARIN	12350 SAN JOSE BOULEVARD JACKSONVILLE, FL 32223

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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: Based on record review and interview, the facility failed to conduct a new background screening for two of four sampled employees who had a break in service of more than 90 days from a position that requires a background screening. (Administrator and Employee A)	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 The findings include: A personnel record review for the Administrator revealed she was hired on . Her background screening had an eligible date of . Further record review indicated her last employment date was . (Copy obtained) A personnel record review for Employee A indicated she was hired on as a care partner (CP). Her background screening had an eligible date of . Her previous employment end date was . (Copy obtained) During an interview with the Business Office Manager (BOM) on at 10:00 am, she confirmed that she had not obtained a re-screening for the Administrator or Employee A. She added that she was not aware of this requirement and stated that she would do an e-submission as soon as possible. Unclassified .	CZ814		

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A 000	Initial Comments A change of ownership survey in conjunction with an Extended Congregate of Care (ECC) survey was conducted at Harborchase of Mandarin from [redacted] through [redacted]. Deficient practice was identified during the survey. .	A 000		
A 036	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] shield. (c) The facility must clean and [redacted] 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.	A 036		

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A 036	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to provide services in a manner that reduces the risk of transmission of by not implementing hygiene during meals for three of three employees observed assisting residents with lunch meals in the memory care unit. (Employees D, E, and Memory Care Director) The findings include: During the meal observation in Memory Care Unit on at 12:00 pm, Employee E, server was observed plating resident meals in the kitchenette area while wearing black gloves. As she was walking and forth from the kitchen area to the food holding area, she was opening the doors with the same gloves. Employee E continued to serve food without changing the gloves and/or performing hygiene. During a second observation on at 12:05 pm, Employee D, Care Partner (CP) was observed getting appetizers for the residents. After the residents were done with the appetizers, she picked up the dirty plates and emptied the contents into a tray that was set near the kitchenette area. Without performing hygiene, Employee D picked up an entrée and took it a resident. On at 12:10 pm, the Memory Care Director (MCD) was observed entering the kitchen. She obtained the food for Resident #8 who was on texture modified food. After serving the resident, she was observed in the kitchenette area (serving area) holding her hair in a pony tail. Without performing hygiene, she picked up	A 036		

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A 036	Continued From page 2 two plates from the cabinet and started plating food. She did not donn gloves while plating the food. During an interview with the MCD on at 1:00 pm, she said that staff are supposed to perform hygiene after they finish assisting each resident or if their soiled. The MCD confirmed that she did not perform hygiene when serving meals and she did not donn gloves while plating the meals. During an interview with the Administrator on at 1:30 pm, she stated that only the kitchen staff should be plating food, the other staff should be assisting with delivering the food to the residents. She explained that she was told about the broken sink in the memory care dining area and hence the breach in control. She stated that she would place a service order to have the sink repaired and conduct an in-service. A review of the facility's policy and procedure titled, Safe Food Handling Proper Washing, last reviewed on , read: Harbor Retirement Associates communities will practice routine washing as the single most important step dining employees can take to prevent food from contamination. If a sink is not available, sanitizer may be used in place of washing during meal service only. must be washed as follows: After leaving storage areas. After touching , hair or or any other unsanitized body parts. After taking out trash, or performing other duties in which equipment is not sanitized. Before putting on disposable gloves or before changing to new pair of gloves.	A 036		

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A 036	Continued From page 3 (Copy obtained) Class III .	A 036		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper	A 052		

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A 052	Continued From page 4 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a . . , including removing the cap of a , opening the unit dose of . . . . solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . . . . . . (4) Assistance with self-administration of medication does not include: (a) Mixing, , ., converting, or . . . . . ., medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a . . , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with . . . , ... , or . . preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or	A 052		

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A 052	Continued From page 5 discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from	A 052		

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A 052	Continued From page 6 facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that staff appropriately assisted residents with self-administration of medication for 2 of 2 resident observed for assistance with self-administration of medications. (Residents #10 and #11)	A 052		

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A 052	Continued From page 7 The findings include: During a medication pass on at 10:30 am, Employee A, Medication Technician (Med Tech) was observed reviewing the Medication observation record (MOR) for Resident #10. She then took the medication , one milligram (mg), crushed it, and mixed it with chocolate pudding. She then scoped the medication with a spoon and fed it to Resident #10. Resident #10 was non- responsive, therefore Employee A gave half of the mixed medication and discarded the rest in a trash can. Review of the physician order for Resident #10 revealed , one milligram (mg), three time a day at 9:00 am, 1:00 pm and 6:00 pm. There were no orders to crush the medication. (Copy obtained) During another medication observation on at 10:45 am, Employee A was observed giving Resident #11 her medication. Employee A obtained the inhaler , and placed the inhaler in the residents . However, she did not provide any water to the resident so she could rinse her after use. A review of the , medication label indicated - inhale 2 puffs twice a day, rinse with water after use to reduce after taste and incidence of candidiasis do not swallow 9:00 am and 6:00 pm. (Photographic evidence obtained) During an interview with Employee A on at 10:55 am, she confirmed that she discarded the medication for Resident #10 because she could not swallow. She stated the resident was under , care and could not	A 052		

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A 052	Continued From page 8 participate in self administration. She also confirmed that she did not provide Resident #11 with water to rinse her . . . . When asked about the medication administration times, she stated that she was within the timeline as medication should be given until 11:00 am. In an interview on at 9:20 am, the Director of Nursing (DON) stated that medication should be administered one hour before and one hour after. She confirmed that the Med tech should not administer med and the medications were administered late. She stated that she would be conducting an in-service. A review of the facility's policy and procedure titled Self-Administration of Medication Review, last reviewed on , read: "If it is determined the resident and/or responsible party is not able to self-administer medications the Executive Director and DRC will promptly inform the resident and responsible party of the situation. The DRC will promptly inform the resident's physician and obtain and implement the medication orders to manage the resident's medications. (Copy obtained) Class III .	A 052		
A 081	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	A 081		

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A 081	Continued From page 9	A 081		

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.
(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

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A 081	Continued From page 10 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 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	A 081		

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A 081	Continued From page 11 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: Based on record review and interview, the facility failed to ensure that all new hires completed at least 2 hours of preservice orientation before interacting with residents for one of four employees whose records were reviewed. (Employee C) The findings include: A personnel record review revealed that Employee C, Medication Technician (Med Tech) was hired on . Further record review	A 081		

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(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 081	Continued From page 12 revealed there was no documentation that Employee C had completed the required 2 hours preservice training. During an interview with the Business Office Manager (BOM) on at 10:00 am, she confirmed that Employee C did not have the preservice training. Class III .	A 081		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions;	A 084		

Agency for Health Care Administration

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	AL11969316	A. BUILDING: _____ B. WING _____	04/27/2023

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A 084	Continued From page 13 documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container,	A 084		

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A 084	Continued From page 14 from where it is stored, and bringing it to the resident for self-injection; i. Assist with [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52	A 084		

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A 084	Continued From page 15 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that one of two sampled staff reviewed had completed the 2-hour update on assisting with self-administration of medication training required annually for unlicensed staff. (Employee C) The findings include A review of Employee C, Medication Technician (Med Tech) facility file and records revealed she was hired on [redacted] and completed a 6 hours self-administration of medications training on [redacted]. Further record review revealed there was no documentation that Employee C had completed the required 2-hour update on assisting with self-administration of medication training. During an interview with Employee C, Med Tech on [redacted] at 2:30 pm, she stated that she was hired as a care partner, then completed the self-administration of medication training. She confirmed that she has been assisting residents with self-administration of medication. During an interview with the Business Office Manager (BOM) on [redacted] at 10:00 am, she confirmed that Employee C did not have the	A 084		

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A 084	Continued From page 16 required 2-hour update on assisting with self-administration of medication continuing education. Class III .	A 084		