

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968646</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/28/2023</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SEASONS LARGO**

**4175 EAST BAY DR  
CLEARWATER, FL 33764**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A complaint (#2023002486) in conjunction with a generator monitoring survey was conducted at Seasons Largo on . There was deficient practice identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A 000               |                                                                                                                          |                          |
| A 081<br>SS=D            | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52(1)<br>(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.<br><br>(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.<br><br>59A-36.011<br>(2) STAFF PRESERVICE ORIENTATION.<br>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously | A 081               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| A 081                    | <p>Continued From page 1</p> <p>completed core training as detailed in subsection (1).</p> <p>(b) New staff must complete the preservice orientation prior to interacting with residents.</p> <p>(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.</p> <p>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:</p> <ol style="list-style-type: none"> <li>1. Resident's rights; and,</li> <li>2. The facility's license type and services offered by the facility.</li> </ol> <p>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:</p> <p>(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.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Reporting adverse incidents.</li> <li>2. Facility emergency procedures including</li> </ol> | A 081               |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SEASONS LARGO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4175 EAST BAY DR<br/>CLEARWATER, FL 33764</b> |                                                                                                                          |  |                                                        |
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| A 081                                                    | <p>Continued From page 2</p> <p>chain-of-command and staff roles relating to emergency evacuation.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Resident rights in an assisted living facility.</li> <li>2. Recognizing and reporting resident . . . . . neglect, and . . . . . The facility must use its . . . . . prevention policies and procedures when offering this training.</li> </ol> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(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.</p> <p>(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.</p> <ol style="list-style-type: none"> <li>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</li> <li>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</li> </ol> | A 081                                                                                     |                                                                                                                          |  |                                                        |

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| A 081                                                    | Continued From page 3<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure that both the administrator and employee had signed a document stating the employee had completed 2 hours of pre-service training orientation for three (Staff C, Staff D and Staff E) of three employee files reviewed.<br><br>Findings included:<br><br>A record review was conducted of Staff C, Staff D and Staff E employee file on _____ that revealed the administrator and employees had not signed the statement that Staff C, Staff D and Staff E had completed 2 hours of pre-service orientation (photographic evidence obtained).<br><br>An interview was conducted on _____ at 11:05a.m. with the Administrator who agreed that neither the Administrator or the employee Staff C, Staff D and Staff E, had signed the statement of completing 2 hours of pre-service orientation.<br><br>Class III | A 081                                                                                     |                                                                                                                          |                                                        |
| A 152<br>SS=D                                            | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A 152                                                                                     |                                                                                                                          |                                                        |

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| A 152                                                    | <p>Continued From page 4</p> <p>(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:</p> <ol style="list-style-type: none"> <li>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident,</li> <li>2. A closet or wardrobe space for hanging clothes,</li> <li>3. A dresser, chest of drawers, or other furniture designed for storage of clothing or personal effects,</li> <li>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,</li> <li>5. A comfortable chair, if requested.</li> </ol> <p>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.</p> <p>(d) Residents who use portable bedside commodes must be provided with privacy during use.</p> <p>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be soiled.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order.</p> <p>Findings Included:</p> <p>An observation of the facility's elevators conducted on _____ at approximately _____</p> | A 152                                                                                     |                                                                                                                          |  |                                                        |

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| A 152                    | <p>Continued From page 5</p> <p>9:30am. revealed that one out of two elevators were not in working order.</p> <p>Record review conducted on _____ revealed the facility contacted an elevator repair company in _____ and signed a contract with the elevator repair company in _____.</p> <p>However, there had been no additional communication with the elevator repair company provided from the facility.</p> <p>In an interview with the Administrator conducted on _____ at 11:55am she acknowledged that one of two elevators was not functioning at the facility.</p> <p>Class III</p> | A 152               |                                                                                                                          |                          |