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
	AL11965351	A. BUILDING: _____ B. WING _____	C 05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE LUTZ	414 CHAPMAN ROAD EAST LUTZ, FL 33549

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A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c),	A 161		

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A 161	Continued From page 1 F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity . . . . . to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide proof of an employment application with references for one (Administrator) of four sampled employees. Finding Included: Record review conducted on revealed the Administrator had a hire date of . . . . . and no application on file. There was a single form entitled "Reference request" signed by the Administrator on with a single name next to "former employer "and no contact information or proof of reference check completed. In an interview with Regional Wellness Director and Wellness Director conducted on at 3:00pm they stated they were unable to locate the application and references for the Administrator. Photographic Evidence Obtained.	A 161		

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A 161	Continued From page 2 Class III	A 161		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places	A 165		

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A 165	Continued From page 3 the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) [illegible], neglect, or [illegible] must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the	A 165		

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A 165	Continued From page 4 adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to submit an Adverse Incident Report to the Agency for Healthcare Administration with one (Resident #12) of one sampled resident. Findings included: An interview with Resident #12 at 10:20am on 2023, the resident reported that she at 09:00pm. The resident family took her to the hospital, and it was determined that the resident's right was . A review of the facility's incident reports, conducted on revealed that the facility failed to submit an Adverse Incident Report after Resident #12 in her room on which resulted in a hospital visit for a . An interview with Wellness Director, conducted	A 165		

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A 165	Continued From page 5 on . . . . . at 01:50 pm, the Wellness Director agreed that an Adverse Incident Report was not submitted to the Agency for Healthcare Administration, and agreed that a report should have been completed. Class III	A 165		
CZ813	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090 Background Screening. (3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a Level II Background Screening on file for two (Administrator and Staff F) of four sampled staff. Findings included: Record review conducted on . . . . . revealed Staff F had a hire date of and no proof of an eligible Level II Background Screening in the file. Record review conducted on revealed the Administrator had a hire date of . . . . . and no proof of an eligible Level II Background Screening in the file. An interview with Regional Wellness Director and	CZ813		

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CZ813	Continued From page 6 Wellness Director conducted on [redacted] at 3:00pm revealed they were were unable to find the background screening for the Administrator or Staff F. Unclassified	CZ813		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's [redacted], to the Federal Bureau of Investigation for a national criminal history record check unless the person's [redacted] are enrolled in the Federal Bureau of Investigation's national retained print [redacted] notification program. If the [redacted] of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit [redacted] electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the [redacted] to the Federal Bureau of Investigation for a national criminal history record check. The [redacted] shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print [redacted] notification program when	CZ816		

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CZ816	Continued From page 7	CZ816		

the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person [illegible]. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if [illegible] for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(2) Processing Screening Requests, Required

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CZ816	Continued From page 8 Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if . . . . . for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the . . . . report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to	CZ816		

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CZ816	Continued From page 9 disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the Facility failed to ensure that an Attestation of Compliance was signed and included in the employee record for two (Administrator and Staff F) of four sampled staff. Findings Included: Record review of an employee record for the Administrator conducted on . . . . . revealed a hire date of and no evidence of an Attestation of Compliance with Background Screening Requirements. Record review of an employee record conducted for Staff F on . . . . . revealed a hire date of and no evidence of an Attestation of Compliance with Background Screening Requirements. During an interview with Regional Wellness Director and Wellness Director conducted on at 3:00pm they stated they were unable to find the Attestation of Compliance for the Administrator's or Staff F's file. Unclassified	CZ816		
A 000	Initial Comments A biennial survey in conjunction with a generator	A 000		

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A 000	Continued From page 10 monitoring visit was conducted at American House Lutz on . Deficiencies were identified at the time of the visit.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.	A 025		

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A 025	Continued From page 11 (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide care and services appropriate to meet the needs of the resident by routinely not answering the call bell system and failed to maintain an awareness of resident's general health and physical well-being one (Resident #12) of one sampled resident that and broke her and was on the floor for hours before assistance arrived. Findings Included: In observation conducted on at 10:20am Resident #12 was observed in her room, sitting at her kitchen table with a , on her .	A 025		

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A 025	Continued From page 12 In an interview with Resident #12 conducted on at 10:20am, the resident reported that she a few weeks around 9:00pm and none of the staff came to her aid until the next morning at 06:00am. In an observation conducted on at 10:25am Resident #12 activated her call pendant. At 11:02am the call light was still activated and no staff had arrived. At 11:02am Staff B arrived to answer the call light. A record review conducted on of the , call bell report for Resident #12 entitled "History by location" revealed the following: *Call pendant pressed on at 8:50am and resolved after 16 hours, 17 minutes and 7 seconds. *Call pendant pressed on at 2:23am and was resolved after 45 hours, 43 minutes and 2 seconds. *Call pendant pressed on / 2023 at 9:27pm and resolved after 9 hours, 7 minutes and 12 seconds. *Call pendant pressed on at 11:06am and was resolved after 2 hours, 8 minutes and 31 seconds. *Call pendant pressed on at 12:36am and was resolved after 1 hour, 12 minutes and 3 seconds. *Call pendant pressed on /2023at 9:26pm and was resolved after 58 minutes and 35 seconds. An interview with Staff B at 11:04am on revealed that she found Resident #12 around 6:00am and that the she thought she had been on the floor for approximately 9 hours. Staff	A 025		

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A 025	Continued From page 13 B also acknowledged that that call pendant failed to communicate with the walkie talkies that the direct care staff carry. An interview with the Maintenance Director at 12:07pm on revealed that the call system had been having intermittent issues and that the company that serviced the system had been out recently and was working on it. In an interview with Wellness Director conducted on at 4:05pm she stated there had been issues with the call system. Additionally, she stated Medication Technicians and care staff were to carry the walkie talkies around on shift. Class III	A 025		
A 031 SS=D	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility	A 031		

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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 031	Continued From page 14	A 031		

administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the resident's needs.
(c) The administrator or designee must ensure that:
1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility;
2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and
3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition.
4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3.
(d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a

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A 031	Continued From page 15 guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to perform care coordination with third party services that included failure to obtain a physician order for services, or to document communication about the resident's condition or response to treatment for one (Resident #12) of one sampled resident. Findings Included: In observation conducted on at 10:20am Resident #12 was observed in her room sitting at her kitchen table receiving an In a record review conducted on of a facility list of residents receiving third party services, Resident #12 was listed as having occupational and only. In an interview with Wellness Director conducted on at 12:57pm she reported no residents were receiving and was unable to explain why Resident #12 was receiving in the facility without their knowledge. In an interview with Regional Wellness Director conducted on at 12:58pm she confirmed she had just spoken with the home	A 031		

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A 031	Continued From page 16 health agency providing , , for Resident #12 and stated, "She has gotten for 5 years and for a year it has been happening in house." In an interview with Wellness Director on at 1:03pm, she agreed that the facility staff did not know what was going on with care for Resident #12. In a follow-up interview with the Wellness Director at 2:41pm she reported she did not have documentation regarding coordination of care and response to treatment and services for Resident #12. Class III	A 031		
A 078 SS=D	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	A 078		

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A 078	Continued From page 17 . . . . . 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 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,	A 078		

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A 078	Continued From page 18 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 employees had a written statement from a health care provider documenting the employee was free from signs and symptoms of communicable . . for one (Staff F) of four sampled employees. Additionally, the facility failed to ensure the employee had documentation annually of freedom from . . . . . for one (Staff F) out of four sampled employees. Findings Included: Employee record review conducted on . . . . . revealed Staff F had a hire date of . . . . . and no evidence of a statement from a health care provider confirming they were free from communicable . . . . . and . . . . . ( ). In an interview with Regional Wellness Director conducted on . . . . . at 3:00pm they stated they were unable to locate the results of the test and communicable . . . . . statement for Staff F. Class III	A 078		
A 080 SS=D	429.52(.) FS; 59A-36.011(1) FAC Training - Core & Competency Test	A 080		

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A 080	Continued From page 19 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting , neglect, and , . (c) Special needs of elderly persons, persons with mental illness, and persons with , and how to meet those needs. (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication. (f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures. (g) Care of persons with 's and related . 59A-36.011 (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST.	A 080		

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A 080	Continued From page 20 (a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to , , , and managers who attended the core training program prior to , , , shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and, 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity	A 080		

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A 080	Continued From page 21 administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by: Based on interview and record review the Facility failed to ensure the Administrator was in compliance with 12 hours of continuing education training every 2 years from the CORE exam completion date. Findings included: A review of the Administrator's employee file revealed a CORE training date of and no proof of completion of 12 hours of continuing education training. In an interview with Regional Wellness Director and Wellness Director conducted on at 3:00pm they stated they were unable to find proof of the Administrator's continuing education training. Class III	A 080		