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
	AL11965402	A. BUILDING: _____ B. WING _____	11/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE PORT ORANGE	1675 DUNLAWTON AVENUE PORT ORANGE, FL 32127

(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 relicensure survey and complaint investigation (complaint number 2021006208, 2021013533 and 2022009851) was conducted at Wickshire Port Orange on [redacted] and [redacted]. The facility had deficiencies at the time of the investigation.	A 000		
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 [redacted]. 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 [redacted] testing materials satisfies the annual [redacted] examination requirement. An individual with a positive [redacted] test must submit a health care provider's statement that the individual does not constitute a risk of [redacted]. 2. If any staff member has, or is suspected of having, a communicable [redacted], such individual must be immediately removed from duties until a written statement is submitted from a health care	A 078		

AHCA Form 3020-0001

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

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A 078	Continued From page 1 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, 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 staff interview, the facility failed to ensure 3 of 4 employees, the Administrator and Employees B and C, submitted	A 078		

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A 078	Continued From page 2 a written statement from a health care provider documenting that the individual did not have any signs or symptoms of communicable [illegible] within 30 days after beginning employment. The findings include: Record review of the employee file for the Administrator, hired [illegible], Employee B, hired [illegible], and Employee C, hired [illegible], found no evidence of a freedom from communicable [illegible] statement. During an interview with the Business Office Coordinator (BOC) on [illegible] at 12:45 PM, she stated she did not have the communicable [illegible] statements for Employee B or C. During an interview with the Administrator on [illegible] at 2:00 PM, she was asked if she located her communicable [illegible] statement. She confirmed she did not have a current statement to provide. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011([illegible]) 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	A 081		

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A 081	Continued From page 3 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 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 081		

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A 081	Continued From page 4 (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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], 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 [illegible], neglect, and [illegible]. The facility must use its [illegible] 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.	A 081		

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A 081	Continued From page 5 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 employee record review and staff interview, the facility failed to ensure 1 of 4 employees reviewed, Employee B, received training in [redacted] control prior to interacting with residents. The facility failed to ensure 1 of 4 employees, Employee B, received at least one hour in training in elopement response, or 3 hours of training in resident behaviors and providing assistance with daily living within 30 days of employment. The facility also failed to ensure 3 of 4 employees, Employee B, C, and D, received training on incident reporting or in the facility emergency procedures within 30 days of employment. The findings include:	A 081		

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A 081	Continued From page 6 Record review of the employee file for Employee B, hired , found no evidence of the one hour training in control training, facility emergency procedures, reporting major and adverse incidents, elopement response, or the three hours of required training in resident behaviors and activities of daily living. Record review of the employee file for Employee C, hired , and for Employee D, hired , found no evidence of the one hour training in reporting major and adverse incidents or in the facility's emergency procedures. The findings were confirmed by the Business Office Manager (BOM). The BOM was provided a list of the training that was missing from the employee files on . During an interview on at 12:55 PM, the BOM confirmed she could not locate evidence of any of the missing trainings. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) . / . (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.	A 082		

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A 082	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure that 1 of 4 employees reviewed received training in [illegible] within 30 days of employment (Employee D). The findings include: Record review for Employee D, hired , found no evidence the employee received training in / . The findings were confirmed by the Business Office Manager (BOM). The BOM was provided a list of the training that was missing from the employee files on . During an interview on at 12:50 PM, the BOM was asked for evidence of the training. She stated she could not locate evidence of the training Class III	A 082		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND [illegible] ( ). 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,	A 083		

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A 083	Continued From page 8 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 staff interview and record review, the facility failed to ensure staff with current certification in First Aid (FA) and ( ) provided around the clock coverage to ensure the safety of the 75 residents The findings include: A review of the employee files found Employee B, C and D did not have current card showing evidence of training in FA, and Employee C and D did not have a valid card showing current training in . The Business Office Manager (BOM) was notified of the findings on /20222 and asked to provide evidence the facility always had someone working with valid FA and training. During an interview with the BOM on at 1:00 PM, she stated the facility has one nurse that works in the building on Monday through Friday. She confirmed the Health & Wellness Director, a nurse, started her employment on and worked the day shift Monday through Friday from 8:00 AM until around 5:00 or 6:00 PM. She further stated for weekend shifts,	A 083		

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A 083	Continued From page 9 unless they were called in, the nurse would only be in the building every 7 or 8 weeks due to management rotation. The facility schedule for through was reviewed with the BOM on at 1:15 PM. The review found that on the facility did not have anyone working with FA and certifications on the 10:00 PM to 6:00 AM shift. On the facility did not have anyone with FA when the nurse left around 5:00 PM to 6:00 PM. From to the facility did not have anyone working with and FA on the 10:00 PM to 6:00 AM shift. On the facility did not have anyone with FA from 6:00 AM until the nurse came in around 8 AM. On the facility did not have anyone with or FA from the 10:00 PM to 6:00 AM shift. On , the facility had not have coverage from 10:00 PM to 6:00AM and they did not have anyone with FA after the nurse left around 6PM. On the facility did not have anyone working with or FA from 8:00 PM until the next morning. On and the facility did not have anyone working with or FA after 10:00 PM. Photographic evidence obtained. Class III	A 083		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building	A 086		

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A 086	Continued From page 10 Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , , and , , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be	A 086		

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A 086	Continued From page 11	A 086		

considered as having met this requirement.
and Related Level
II Training must address the following subject areas as they apply to these :
1. Behavior management,
2. Assistance with ADLs,
3. Activities for residents,
4. Stress management for the care giver; and,
5. Medical information.
(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.
(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.
(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.
(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation

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A 086	Continued From page 12 that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure 1 of 4 employees who interacted with residents with and related received the four-hour and Related Level I training within 3 months of hire (Employee C). The findings include: On at 8:00 AM, Employee C was observed working in the memory care unit at the facility. Record review of trainings conducted by	A 086		

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A 086	Continued From page 13 Employee C, hired , found no evidence of the four-hour and Related Level I training. The findings were confirmed by the Business Office Manager (BOM). On the Business Office Manager (BOM) was notified the training was missing from employee C's employee files. During an interview on at 1:00 PM, the BOM was asked for evidence of the four-hour training. The BOM stated, the training was missing from their records, and the employee would need to take it. Class III	A 086		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure 2 of 5 sampled employees received at least one hour of	A 090		

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	AL11965402	A. BUILDING: _____ B. WING _____	11/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE PORT ORANGE	1675 DUNLAWTON AVENUE PORT ORANGE, FL 32127

(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 090	Continued From page 14 training in the facility's policies and procedures regarding ( ) within 30 days after employment (Employee B and D). The findings include: Record review of the employee file for Employee B, hired ..... and for Employee D, hired , found no evidence the employees received training in the facility's policies and procedures regarding 's. The findings were confirmed by the Business Office Manager (BOM). The BOM was provided a list of the training that was missing from the employee files on . During an interview on at 12:50 PM, the BOM was asked for evidence of the training. She stated she could not locate evidence of the training. Class III	A 090		
A 161 SS=A	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	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965402	A. BUILDING: _____ B. WING _____	11/15/2022

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A 161	Continued From page 15 (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), 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.	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 161	Continued From page 16 This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure applications were maintained on file for 1 of 4 employees reviewed (Employee D). The findings include, A review of the employee file for Employee D, hired . . . . . , found no evidence of an employment application. The findings were confirmed by the Business Office Manager (BOM). The BOM was provided a list of the training that was missing from the employee files on . . . . . that incldued Employee D's employment application. During an interview with the BOM on . . . . . at 12:46 PM, she was asked for the employment application for Employee D. She stated she could not locate one. Class	A 161		