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
	AL11953318	A. BUILDING: _____ B. WING _____	R-C 05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEANETTE BOSTON ALF	6916 N. 30TH STREET TAMPA, FL 33610

(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 second revisit to complaint investigation (complaint numbers: 2023001036 and 2023002825) was conducted at Jeanette Boston ALF on . . . . . Deficiencies were identified at the time of survey.	{A 000}		
{A 032} SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all	{A 032}		

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{A 032}	Continued From page 1 facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that elopement drills were performed at least twice annually. Furthermore, the facility failed to ensure that all direct care staff and administration participated in the elopement drills. Findings Included:	{A 032}		

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{A 032}	Continued From page 2 During an attempt to review the facility's elopement drills, conducted on [redacted], the facility's drills were not provided. During an interview with the Fiscal Agent, conducted on [redacted] at 11:48am, the Fiscal Agent stated that he was in another State and that Staff C knew where the elopement drills were kept. A review of an email from the Fiscal Agent on [redacted] at 04:06pm, the Fiscal Agent sent an elopement drill dated [redacted], there was no evidence that the Administrator, Fiscal Agent, and Staff A, B, and D participated in the elopement drill. Class III	{A 032}		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication;	A 055		

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A 055	Continued From page 3 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident	A 055		

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A 055	Continued From page 4 or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep centrally stored medication in a locked cabinet or cart secured at all times. Findings Included: During an observation of the staff room, conducted on from 08:40 through	A 055		

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A 055	Continued From page 5 08:50am, the staff room's entry door was wide open. The medication cart was inside the staff room, unlocked and full of residents' medications (photographic evidence obtained). There was no staff present in the main building during the observation. Residents #3, #4, and #7 were near the opened staff room and Resident #3 was the hallway in front of the staff room. During an interview with Staff B, conducted on at 08:52am, Staff B stated that she had the medication cart keys and did not lock the medication cart before leaving the main building. During a telephone interview with the Fiscal Agent, conducted on at 11:48am, the Fiscal Agent agreed that medications were to be locked and secured at all times. Class III	A 055		
{A 081} SS=D	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 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.	{A 081}		

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{A 081}	Continued From page 6 (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) 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	{A 081}		

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{A 081}	Continued From page 7	{A 081}		

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.
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

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{A 081}	Continued From page 8 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 provide direct care staff with training regarding control prior to direct care with residents for one employee (Staff C) of four sampled employee. Furthermore, the facility failed to provide direct care staff with trainings regarding activities of daily living and behavioral needs, incident reporting, adverse incident reporting, emergency procedures, and resident rights and recognizing and reporting , neglect, and , within thirty days of employment for four employees (Fiscal Agent and Staff A, B, and C) of four sampled employees. Findings Included: An employee record review for the Fiscal Agent, conducted on , revealed that the Fiscal Agent's employee record did not contain evidence that the employee obtained trainings regarding activities of daily living and behavioral	{A 081}		

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{A 081}	Continued From page 9 needs, incident reporting, adverse incident reporting, and resident rights and recognizing and reporting [redacted], neglect, and [redacted] trainings within thirty days of employment. The Fiscal Agent was hired on [redacted]. An employee record review for Staff A, conducted on [redacted], revealed that Staff A's employee record did not contain evidence that the employee obtained trainings regarding incident reporting, adverse incident reporting, and resident rights and recognizing and reporting [redacted], neglect, and [redacted] trainings within thirty days of employment. Staff A was hired on [redacted]. An employee record review for Staff B, conducted on [redacted], revealed that Staff B's employee record did not contain evidence that the employee obtained trainings regarding activities of daily living and behavioral needs, incident reporting, adverse incident reporting, and resident rights and recognizing and reporting [redacted], neglect, and [redacted] trainings within thirty days of employment. Staff B was hired on [redacted]. An employee record review for Staff C, conducted on [redacted], revealed that Staff C's employee record did not contain evidence that the employee obtained training in [redacted] control prior to direct care with residents. Staff C's employee record did not contain evidence that the employee had obtained trainings regarding activities of daily living and behavioral needs, incident reporting, adverse incident reporting, emergency procedures, and resident rights and recognizing and reporting [redacted], neglect, and [redacted], trainings within thirty days of employment. Staff C was hired on [redacted]. During an interview with the Administrator,	{A 081}		

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{A 081}	Continued From page 10 conducted on . . . . . at 01:25pm, the Administrator stated that she was unable to get hold of the training provider to obtain the training certificates for the Fiscal Agent and Staff A, B, and C. Class III	{A 081}		
A 084 SS=D	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; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for . . . . control, and	A 084		

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A 084	Continued From page 11 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, [illegible] dosage forms, and [illegible] 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 [illegible] syringes that are prefilled with the proper dosage by a pharmacist and [illegible] that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, 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]	A 084		

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A 084	Continued From page 12 testing; k. Assist residents with , and continuous positive airway pressure (CPAP) devices, excluding the titration of the , levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the . or manipulation of the site; and, n. Measurement of , , , rate, temperature, and , 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 (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	A 084		

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A 084	Continued From page 13 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 obtain six-hours of training regarding self-administration of medications prior to assisting residents with medications for one employee (Staff C) of five sampled employees. Findings Included: A record review for Staff C, conducted on . . . . . , revealed that Staff C did not have six-hours of training regarding assistance with self-administration of medications. Staff C was hired as an unlicensed Medication Technician on . . . . . . During an interview with the Administrator, conducted on at 01:48pm, the Administrator agreed that Staff C did not have evidence of obtaining six-hours training regarding assistance with self-administration of medications. The Administrator stated that Staff C assisted residents with their medications. Class III	A 084		
{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	{A 090}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953318	A. BUILDING: _____ B. WING _____	R-C 05/18/2023

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{A 090}	Continued From page 14 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 record review and interview, the facility failed to have evidence that employees received a one-hour training for ( ) for four employees (Fiscal Agent and Staff A, B, and C) of four sampled employees. Findings Included: An employee record review for the Fiscal Agent and Staff A, B and C conducted on , revealed that employee records for the Fiscal Agent and Staff A, B, C, and D did not contain evidence that the employees received training regarding within thirty day of employment. The Fiscal Agent was hired on . Staff A was hired on . Staff B was hired on . Staff C was hired on . During an interview with the Administrator, conducted on at 01:25pm, the Administrator stated that she was unable to get hold of the training provider to get a copy of the trainings for the Fiscal Agent and Staff A, B, and C. At 02:08pm, the Administrator agreed that the Fiscal Agent and Staff A, B, and C's employee records did not contain evidence that	{A 090}		

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{A 090}	Continued From page 15 the employees received training regarding within thirty days of employment. Class III	{A 090}		
{A 170} SS=D	429.24(3)a Resident Refund Policy ....The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide a refund within 45-days of transfer for one Resident (#6) of one sampled resident that discharged from the facility to a facility that provided a higher level of care. Findings Included: A review of surveys conducted on . . . . . and , revealed that Resident #6 was discharged from the facility to a facility that provided a higher level of care. The facility continued to receive Resident #6's social security income funds from through . . . . . The facility did not provide Resident #6 a refund of the social security income funds that they received. A review of the social security income funds	{A 170}		

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{A 170}	Continued From page 16 document, conducted on . . . . . , revealed that the facility made a payment in the amount of $803.10 toward the amount owed to Resident #6. The remaining balance due to Resident #6 was $5621.70. There was no evidence of a payment arrangement agreed to by Resident #6 or the government agency that issued the social security income funds. During an interview with the Adminsitrator, conducted on . . . . . at 02:10pm, the Administrator was unable to provide evidence of a payment arrangement agreed to by Resident #6 or the government agency that issued Resident #6's social security income funds. Class III	{A 170}		