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
	AL11969017	A. BUILDING: _____ B. WING _____	R-C 05/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERMARK AT TRINITY (THE)	1960 BLUE FOX WAY TRINITY, FL 34655

(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
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ˬ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ˬ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ˬ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The	CZ815		

AHCA Form 3020-0001

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

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CZ815	Continued From page 1 qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an . . . awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently	CZ815		

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CZ815	Continued From page 2 obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or . . . . . with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible	CZ815		

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CZ815	Continued From page 3 to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria	CZ815		

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CZ815	Continued From page 4 relating to retaining [redacted] pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an	CZ815		

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CZ815	Continued From page 5	CZ815		

exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed.
(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter,

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CZ815	Continued From page 6 terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that employees had an eligible level-II background screening every five years for one employee (Staff A) of one sampled employee. Findings Included: During an observation of Staff A, conducted on at 10:30am, Staff A was working in the facility preparing for the start of an activity function for residents. A record review for Staff A, conducted on , revealed that Staff A's background screening form noted that the employee needed a new screening. Staff A was hired on . A review of the facility's background screening employee roster, conducted on , revealed that Staff A required a new background screening and the employee's were expired (photographic evidence obtained). During an interview with the Assisted Living Administrator, conducted on at 01:35pm, the Assisted Living Administrator	CZ815		

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CZ815	Continued From page 7 agreed that Staff A needed a new level-II background screening. The Assisted Living Administrator stated that Staff A worked as the Activities Director. Unclassified	CZ815		
{A 000}	Initial Comments A revisit to complaint investigation (complaint number: 2023002499) was conducted at Watermark of Trinity, The on . . Deficiencies were identified at the time of survey.	{A 000}		
{A 152} SS=G	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (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: 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 to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for	{A 152}		

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{A 152}	Continued From page 8 storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (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 [redacted]. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide a safe living environment free from [redacted]. Additionally, the facility failed to notify residents primary care providers, emergency medical services personnel, and hospitals of their [redacted] and Legionnaire's positive status. Furthermore, the facility failed to implement the required [redacted] remediation which placed all 80 residents at risk of [redacted] Legionnaires [redacted] and at risk of harm, health exacerbation, illness, or [redacted] from the spread of [redacted]. Findings Included: A review of the [redacted] survey, conducted on [redacted], revealed that Resident #4 had [redacted] from complications of Legionnaires [redacted] on [redacted]. In a different portion of the facility, another [redacted] tested positive for the [redacted]. The local health department had initially set forth	{A 152}		

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{A 152}	Continued From page 9 recommendations for the remediation of the ... on ... . On ..., the local health department set forth required remediation guidance for the ... in the facility and re-issued those requirements on ... . It was determined on ... that the facility had not implemented any of the recommendations or requirements from the local health department. The local health department provided the facility with the following requirements on ...: We recommend you obtain professional consultation from a qualified water system expert for proper assessment and remediation of your water system. The remediation action plan must be reviewed by [the local health department] and results of follow-up monitoring must be provided to [the local health department]. We have attached some accepted remediation and maintenance guidelines for your information and consideration. Chlorination: [see above description]. We require post-remediation testing following a detailed plan such as [occupational safety and health administration] remediation schedule below entitled: "test the domestic hot- or warm-water system for ... " on the following schedule: A. weekly for the first month after resumption of operation; B. every two weeks for the next two months; and C. monthly for the next three months [and] if 10 or more CFU per ml of water are present, re-treat ... your entire system in consultation with your qualified water systems expert. You may also contact your water treatment provider to assist you through remediation.	{A 152}		

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{A 152}	Continued From page 10	{A 152}		

We require that [the facility's] Memory Care Unit notify incoming residents in writing about the ongoing investigation of Legionnaires cases with association to this facility. This provides residents an opportunity to make an informed decision based on their personal assessment of risks.

We require that notification of current residents also occur as soon as possible. Management should contact residents who visited [the facility's] Memory Care Unit in the last four weeks starting from in writing about the ongoing investigation of Legionnaires' cases associated with [the facility's] Memory Care Unit. This provides recent visitors the opportunity to seek medical care appropriately should they become ill with symptoms of .

For maintenance of the premise plumbing system and to minimize growth of , domestic hot water should be stored at a minimum of 140 degree Fahrenheit and delivered at a minimum of 105 degree Fahrenheit to all points of delivery. Minimum temperatures of 122 degrees Fahrenheit are required to prevent new growth of within hot water systems. Follow-up with your industrial hygiene procedures to ensure proper temperatures are maintained.

Monitor hot water temperatures at locations from the hot water heaters. Annual inspections of the entire water system are advisable. These should include periodic draining, cleaning with a solution, and flushing of all water storage tanks to remove biofilm, scale, and sediment. The importance of maintaining complete documentation of the facility premise plumbing maintenance, water management efforts, and temperature logs cannot be overstated.

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{A 152}	Continued From page 11 Report all possible cases of Legionnaires (staff or residents) immediately to the [local health department's] , Department ...any case of , that was not present on admission that cannot be explained by another diagnosis should be reported to the [local health department's] , Department... Develop a written water safety management plan for the prevention and control of . Provide [local health department's] , Department with a copy... The email to the facility from the local health department on also noted the recommendation of 'maintenance after decontamination' and 'accepted remediation and maintenance guidelines' which included: Domestic Hot Water Systems: Emergency Management and Best Practices Background Information: The following protocol for minimization of in Potable and Emergency Water Systems has been adapted from the ASHRAE Standard , Minimizing the Risk of Legionellosis Associated with Building Water Systems and is recommended in cases where Legionnaires' is known or suspected and may be associated with the potable water system ....these measures can be effective in fostering the safety of the potable water system. This is accomplished through the destruction of free-swimming , including , and indirectly by eliminating conditions that favor amplification (multiplication), i.e. the elimination of biofilms and and other protozoa that feed on biofilms and which serve as hosts. Where decontamination of hot water systems is	{A 152}		

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{A 152}	Continued From page 12 necessary the following control measures should be taken - Chlorination: 1. should be added to achieve a free residual of at least 2mg/L throughout the system. 2. This may require chlorination of the water heater or tank to levels of 20 to 50mg/L. 3. The pH of the water should be maintained between 7.0 to 8.0. 4. Each outlet should be flushed until the odor of is detected. 5. The should remain in the system for a minimum of 2 hours (not to exceed 24 hrs) 6. Thoroughly flush the system. of water systems is not recommended due to frequent failure and rapid recolonization of . On a review of and Legionnaires found at Mayo Clinic Legionnaires' - Symptoms and causes -, revealed that Legionnaires was a severe form of from due to an by the bacterium known as . Most people catch Legionnaires' by inhaling the from water or soil. Persons at greater risk and susceptible to Legionnaires are smokers and people with weakened systems. Untreated, Legionnaires can be fatal and urgent medical attention is usually recommended. Prompt treatment with usually cures Legionnaires'. Observations, conducted on from 09:00am through 12:30pm, revealed that there was a sign posted at the sign-in and out kiosk station to the side of the front entrance to the facility. However, many visitors coming and going from the facility walked past the kiosk station with	{A 152}		

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{A 152}	Continued From page 13 no notification of the facility positive [illegible] and Legionnaires status. At 01:15pm, the notification sign was moved to the reception desk at the request of the Surveyor. The Health and Wellness Director in-serviced Staff C to notify visitors of the facility's positive [illegible] and Legionnaires status. The other six Concierges had not been in-serviced. A record review for Resident #1, conducted on [illegible], revealed that Resident #1 was admitted on [illegible] and sent to the hospital for [illegible] signs and symptoms on [illegible]. According to Resident #1's health assessment form dated [illegible], the resident had diagnoses which included [illegible] and [illegible]. Resident #1 used a walker for ambulation, required supervision with [illegible] and grooming, and assistance with ambulation, bathing, toileting, transferring, and self-administration of medications. There was no evidence that [illegible] or the Hospital were notified of the facility's positive [illegible]/Legionnaires status. There was no evidence that Resident #1's primary care provider was notified regarding the facility's positive [illegible]/Legionnaires status. There was no evidence that the local health department was notified that Resident #1 was sent to the hospital with [illegible] signs and symptoms. There was no evidence that Resident #1 had been tested for the [illegible]. During an interview with Resident #1's responsible party, conducted on [illegible] at 01:06pm, Resident #1's responsible party stated that she was aware of the facility's past [illegible]/Legionnaires positive status but was not aware of the ongoing concerns related to [illegible]/Legionnaires within the facility.	{A 152}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969017	A. BUILDING: _____ B. WING _____	R-C 05/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERMARK AT TRINITY (THE)	1960 BLUE FOX WAY TRINITY, FL 34655

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{A 152}	Continued From page 14 A record review for Resident #2, conducted on , revealed that Resident #2 was admitted on and sent to the hospital for signs and symptoms on . According to Resident #2's health assessment form dated , the resident had diagnoses which included , , and . Resident #2 required supervision with ambulation, bathing, , eating, grooming, toileting, and transferring. There was no evidence that or the Hospital were notified of the facility's positive /Legionnaires status. There was no evidence that Resident #2's primary care provider was notified regarding the facility's positive /Legionnaires status. There was no evidence that the local health department was notified that Resident #2 was sent to the hospital with signs and symptoms. There was no evidence that Resident #2 had been tested for the . During an interview with Resident #2's responsible party, conducted on at 01:06pm, Resident #2's responsible party stated that she did not remember seeing any postings in the facility related to the facility's positive /Legionnaires status. Resident #2's responsible party stated that she was aware of the facility's past /Legionnaires positive status and that the facility was all clear. Resident #2's responsible party was not aware of the ongoing concerns related to /Legionnaires within the facility. A record review for Resident #3, conducted on , revealed that Resident #3 was admitted on and sent to the hospital for signs and symptoms on . Resident #3 had a diagnosis of	{A 152}		

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{A 152}	Continued From page 15 and was placed on during the hospitalization. According to Resident #3's health assessment form dated , the resident had diagnoses which included , , , and . Resident #3 used a walker for short distance ambulation and a wheelchair for long distance ambulation. Resident #3 required continuous . Resident #3 needed supervision with ambulation and bathing. Resident #3's Pulmonologist came to the facility on to assess the resident's condition. There was no evidence that or the Hospital were notified of the facility's positive /Legionnaires status. There was no evidence that Resident #3's primary care provider or Pulmonologist was notified regarding the facility's positive /Legionnaires status. There was no evidence that the local health department was notified that Resident #3 was sent to the hospital and had a positive diagnosis. There was no evidence that Resident #3 had been tested for the . During a telephone interview with Resident #3's responsible party, conducted on at 12:10pm, Resident #3's responsible party stated that she was never notified that the facility had a positive /Legionnaires status. Resident #3's responsible party was not aware of the ongoing concerns related to /Legionnaires within the facility. A record review for Resident #5, conducted on , revealed that Resident #5 was sent to the hospital on for , signs and symptoms. There continued to be no evidence that the hospital was notified of the facility's positive /Legionnaires status.	{A 152}		

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{A 152}	Continued From page 16 There continued to be no evidence that Resident #3's primary care provider was notified regarding the facility's positive [illegible]/Legionnaires status. There continued to be no evidence that the local health department was notified that Resident #3 was sent to the hospital with [illegible] signs and symptoms. There was no evidence that Resident #3 had been tested for the [illegible]. An attempt to review the facility's tracking and trending of [illegible] and Legionnaires, conducted on [illegible], there was no tracking or trending of [illegible] and Legionnaires before the day of survey. The tracking and trending implemented during survey did not include Resident #1, #2, #3, #4, #5, or [illegible]. There were no documented notifications to the local health department on the forms for Resident #1, #2, #3, or #5 hospital visits for [illegible] symptoms or Resident #3's diagnosis of [illegible]. There was no evidence that Residents #1, #2, #3, or #5 were tested for the [illegible]. A review of the [illegible] remediation efforts required by the local health department, conducted on [illegible], revealed that the facility did not implement the required [illegible] chlorination, weekly testing for [illegible], the replacement of the thermostatic mixing valve, or the complete [illegible] of the facility's water systems. During an interview with a Scientist at the local health department, conducted on [illegible] at 11:30am, the Scientist stated that the facility had not notified the local health department related to the hospital visits for Residents #1, #2, or #3 for [illegible] signs and symptoms or that Resident	{A 152}		

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{A 152}	Continued From page 17 #3 had received treatment for . During an interview with a Representative from the Water Management Company, conducted on at 02:24pm, the Representative stated that the chlorination, weekly testing for , the replacement of the thermostatic mixing valve, or the complete of the facility's water systems were all scheduled to be performed. The Representative stated that the only remediation that had been scheduled prior to today was the replacement of the thermostatic missing valve on . During an interview with the Health and Wellness Director, conducted on , at 10:12am, the Health and Wellness Director stated that the facility did not notify the hospitals where Residents #1, #2, or #3 were transferred to regarding the facility's positive /Legionnaires status. The Health and Wellness Director stated that the facility did not have a plan or systems in place for notifying emergency services personnel or hospitals of the facility's positive /Legionnaires status. At 01:25pm, the Health and Wellness Director stated that the last notification email regarding the facility's positive /Legionnaires status was sent in . The Health and Wellness Director stated that there was no system in place for notifying emergency medical services personnel or hospitals regarding the facility's positive /Legionnaires status. The Health and Wellness Director stated that there has been no further testing done anywhere in the facility to test for since . During an interview with the Campus Administrator, conducted on at	{A 152}		

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{A 152}	Continued From page 18 10:30am, the Campus Administrator stated that the facility did not have a system in place to notify hospital emergency departments of the facility's positive /Legionnaires status. A review of an in-service document, conducted on , revealed that the Health and Wellness Director created an in-service training for all Nursing staff regarding the notification to emergency medical services personnel and hospitals regarding the facility's positive /Legionnaires status. The in-service training was conducted with Staff B and no other Nursing Personnel. Class II	{A 152}		