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
	AL11968539	A. BUILDING: _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARTRAM LAKES ASSISTED LIVING	6209 BROOKS BARTRAM DR BLDG 200 JACKSONVILLE, FL 32258

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A 000	Initial Comments An abbreviated relicensure and complaint survey (complaint numbers 2022015703, 2022009653 ,2021011830, 2021015553 & 2022009508) was conducted at Bartram Lakes Assisted Living on , to . Deficiencies were identified at the time of the survey.	A 000		
A 032 SS=E	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.	A 032		

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A 032	Continued From page 1 2. The facility must have a photo identification of at risk residents on file that is accessible to all 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 all staff participated in two elopement drills during the year of 2022, for 10 of 21 sampled staff members (Employees A, B, D, E, F, G, H, I, J and K).	A 032		

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A 032	Continued From page 2 The findings include: A record review of the facility's elopement drill sign in sheets for 2022 revealed elopement drills were held with staff on , , , , , 1026/22, and . (Photographic evidence obtained) During further review of the elopement drill sign in sheets, staff members listed below were noted not to have participated in at least two elopement drills conducted in 2022. (Photographic evidence obtained) Employee A, Med Tech, hired . (attended 1 drill on). Employee B, Med Tech, hired . (did not attend any drills in 2022). Employee D, Resident Assistant, hired . (attended 1 drill on). Employee E, Resident Assistant, hired . (attended 1 drill on). Employee F, Resident Assistant, hired . (attended 1 drill on). Employee G, Resident Assistant, hired . (attended 1 drill on). Employee H, Med Tech, hired . (did not attend any drills in 2022). Employee I, LPN, hired . (did not attend any drills in 2022). Employee J, LPN, hired . (did not attend any drills in 2022). Employee K, Resident Assistant, hired . (attended 1 drill on). During an interview with the Administrator on at 12:35 PM, she reviewed the sign in sheets and confirmed, the abovementioned employees did not attend two elopement drills in 2022 . She explained she was scheduling drills	A 032		

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A 032	Continued From page 3 quarterly but now, but would need to do monthly drills to ensure all employees participated in at least two drills each year. Class III .	A 032		
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 . . . . . 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	A 078		

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A 078	Continued From page 4 . . . . . . (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 four of four sampled employees (Employee A, B, C, and the Administrator) submitted a written statement from a health care provider documenting that the	A 078		

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A 078	Continued From page 5 individual did not have any signs or symptoms of communicable . The facility also failed to ensure four of four sampled employees submitted evidence of a negative examination on an annual basis. (Employee A, B, C and the Administrator) The findings include: A personnel file review for Employees A, B, C and for the Administrator was conducted on . The files did not contain signed statements by a health care provider stating that the employees were free of communicable . Additionally, there were no annual status documented. During a telephone interview with the Administrator on at 9:58AM , she said that their corporate office did not allowthe employees to receive results from theclinic, and the results went directly to corporate office. The Administrator acknowledged that the documentation had no signed statement by a physician that she, nor Employees A, B, C were free of communicable , and results of the tests were missing. Class III	A 078		
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	A 161		

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A 161	Continued From page 6 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), 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	A 161		

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A 161	Continued From page 7 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 employees record review and interview with the Administrator, the facility failed to provide evidence of training in , ... Procedure and Policy (P&P), and Level II within 30 days of hire for 3 of 4 sampled employees (Employee A, B, and C), and failed to provide evidence of training in Level I for 2 of 4 sampled employees (Employees B and C). The findings include: A record review of Employee A's personnel file showed a hire date of . The file for Employee B showed a hire date of . . . . . ., and Employee C's showed a hire date of . . . . . . Their files had documentation missing to demonstrate training in , . P&P, or Levels I and II of / . . . . training. None had evidence of core training. An interview conducted with the Administrator on . . . . . at 9:58 AM in regard to the missing documentation. She acknowledged that the trainings were missing and not available to demonstrate that Employees A, B, and C had received training in , ... P&P, and / Level I and Level II. Class III	A 161		

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