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
	AL11911196	A. BUILDING: _____ B. WING _____	07/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGARMILL MANOR	8985 S. SUNCOAST BLVD. HOMOSASSA, FL 34446

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 4 of 6 employees sampled (Staff A, Medication Technician; Staff B, Medication Technician; Staff C, Medication Technician; Staff D, Medication Technician; and Staff G, Medication Technician) were listed on the Agency for Health Care Administration Background	CZ814		

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CZ814	Continued From page 1 Screening Clearinghouse Employee Roster. Findings include: Review of Staff A's personnel record conducted on revealed she was hired on . Review of Staff B's personnel record conducted on revealed she was hired on . Review of Staff C's personnel record conducted on revealed she was hired on . Review of Staff D's personnel record conducted on revealed she was hired on . Review of Staff G's personnel record conducted on revealed she was hired on . Review of the facility's Background Screening Clearinghouse Employee Roster was conducted on and revealed Staff A, Staff B, Staff C, Staff D, and Staff G were not listed. On at 11:06 AM, during an interview with the Administrator, she stated staff should be added to the roster upon completion of the Level II background screening. She confirmed Staff A, Staff B, Staff C, Staff D, and Staff G were not listed on the roster at this time. Unclassified	CZ814		

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A 000	Continued From page 2	A 000		
A 000	Initial Comments An unannounced complaint investigation (complaint numbers 2023002317, 2023004199, 2023004249, 2023006076, 2023006198, and 2023009941) was conducted at Sugarmill Manor on , , through , , . Deficiencies were identified during the survey.	A 000		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the	A 165		

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

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A 165	Continued From page 4 The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to report an incident of to the Department of Children and Families (DCF) for 1 of 2 Adverse Incident Reports sampled. Findings: A review of Adverse Incidents reported in the last 6 months was conducted on and revealed the facility filed two incident reports. One of two incident reports, with incident date , was regarding an allegation of staff-to-resident . On at 12:29 PM, during an interview with Staff C, Medication Technician, she stated	A 165		

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A 165	Continued From page 5 she did witness another staff (Staff D, Medication Technician) slap Resident #6 recently. She stated, "I reported the incident to my immediate supervisor. I also completed a incident report. The staff that slapped the resident is no longer working at the facility." On at 10:19 AM, during an interview with the Administrator, she stated "I did not report the incident to the Department of Children Families." Review of the facilities Policy provided was not dated and read, "VII: Reporting/Response: a) The Social Services Director will begin his/her investigation immediately and report to Adult Protective Services (1-800-96-) within 5 days providing the following: 1) Name, age, race, , physical description, and location of alleged victim. 2) Name, addresses and telephone numbers of responsible party/family members as well as that of alleged , , (s). 3) Provide the caller's name, address and phone number. 4) Description of the physical or , , injuries. 5) Information on who else has been notified. Class III	A 165		