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
	AL11910478	A. BUILDING: _____ B. WING _____	C 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELANCE AT PASADENA	1255 PASADENA AVENUE, S. SAINT PETERSBURG, FL 33707

(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 fingerprints are enrolled in the national retained print arrest 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 5 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 fingerprint 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; sex; 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 an employee was registered with the Agency for Healthcare Administration (AHCA) Background Screening Roster within 10 business days of hire date, for one (Staff B) of three	CZ814		

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CZ814	Continued From page 1 sampled staff. Findings Included: A record review of Staff B's employee file (unlicensed Medication Technician) conducted on 08/28/2023 revealed a hire date of 07/05/2023. Staff B's level II background screening did not list the facility under employment history. A record review of the online facility AHCA background screening roster conducted on 08/28/2023 revealed Staff B was not listed on the facility roster. In an interview with the Director of Clinical Services conducted on 08/28/2023 at 12:52pm she said Human Resources should add all employees to the facility background screening roster before they start working. Photo Evidence Obtained. Unclassified	CZ814		
A 000	Initial Comments A complaint survey (complaint numbers 2023012706, 2023012691, and 2023012726) in conjunction with a generator monitoring survey and a re-visit survey was conducted at Elance at Pasadena on 08/28/2023. Deficiencies were identified at the time of survey.	A 000		

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A 000	Continued From page 2 Amended 09/05/2023	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known allergies the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical restraints, the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and	A 054		

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A 054	Continued From page 3 interview, the facility failed to maintain daily Medication Observation Records (MORs) that were updated with the times scheduled medication were offered, if more than an hour after they were ordered, for one resident (Resident #2) of two sampled residents. Findings Included: During an observation of the medication pass by Staff A conducted on 08/28/2023 at 9:48am Staff A administered morning medications ordered for 8:00am to Resident #2. During a record review of the MOR for Resident #2 conducted on 08/28/2023 medications ordered for 8:00am were signed as given by staff initials that did not match Staff A. There were no exceptions listed on the MOR. During an interview with Staff A conducted on 08/28/2023 at 9:48am she said they did not document any differently if signing off on medications not given as ordered. In an attempted record review of the facility policy regarding the documentation of assistance with self-administration of medication conducted on 08/28/2023 there was no policy provided with this information. In an interview with the Director of Clinical Services conducted on 08/28/2023 at 10:21am she was unable to provide the facility process for the documentation of assistance with self-administration of medication. At 12:38pm she said the Medication Technicians or nurses should document on the resident's progress notes when medications were not given as ordered.	A 054		

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A 054	Continued From page 4 Photo Evidence Obtained. Class III	A 054		
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 death 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 ensure that residents or their responsible parties received a refund within 45-days of resident's transfer or discharge form the facility for one (Resident # 5) of the one sampled residents. Findings included: A record review of Resident # 5's resident contract, conducted on 08/28/2023 revealed the contract dated for 03/13/2013 stated that: "1. In the event the Community terminated this Residency Agreement and the Resident vacates the Suite before the Community Notice Period is over, the Community shall refund the Resident a probated amount of the paid Base Fee and the Additional Assisted Living Services Fees for the	A 170		

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A 170	Continued From page 5 unused portion of the Community Notice Period." A record review of Resident # 5's 45-day notice from the facility, conducted on 08/28/2023 revealed the notice dated for 05/05/2023 stated that there was a 45-day notice of termination of residency as the facility would only be accepting private pay. A record review of the facility's Admission/Discharge log, conducted on 08/28/2023 revealed that Resident # 5 discharged on 05/18/2023. A record review of the Resident Ledger for Resident #5, conducted on 08/28/2023 showed a refund due of $1,550.21 with an ending billing date of 05/18/2023. During an interview with the facility's Business Office Manager (BOM), conducted on 08/28/2023 at 12:29PM, the BOM revealed that there had been billing challenges with their new system and that Resident #5 had paid for May and was due a refund. The BOM went on to confirm that the resident had still not received the refund and that it had been over 45-days since the resident had discharged from the community. (Photographic Evidence Obtained) Class III	A 170		