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
	AL11969761	A. BUILDING: _____ B. WING _____	03/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELANCÉ AT BOYNTON BEACH	10605 S JOG RD BOYNTON BEACH, FL 33437

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A 000	Initial Comments AMENDED REPORT An unannounced Relicensure with Extended Congregate Care (ECC), Complaint (#2022005290 and #2022010452) survey and Generator Monitoring survey were conducted on at Elance at Boynton Beach. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 078	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	A 078		

AHCA Form 3020-0001

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

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A 078	Continued From page 1 written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (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 interview, the facility failed to provide documented evidence of an	A 078		

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A 078	Continued From page 2 annually updated negative . . . . . ( ) examination from a Health Care Practitioner for 1 out of 3 sampled staff members, specifically the Director of Nursing (DON). The findings included: Review of the DON's employee file indicated that she was hired on . . . . . and she presently worked in the facility as a Supervising Direct Care Nurse. Further review of the employee file indicated that the DON did not have evidence of having received any annual . . examination since the date of hire. In an interview conducted with the Administrator on . . . . . at 4:40 PM, he stated that the facility did not presently have evidence that the DON received a recent, annually updated . . examination from a Health Care Practitioner to represent her negative . . status. Class III	A 078		
A 081	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.	A 081		

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A 081	Continued From page 3 The facility must keep the signed statement in the employee's personnel record. (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	A 081		

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A 081	Continued From page 4 home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 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.	A 081		

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A 081	Continued From page 5 (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must 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 documented evidence of Elopement Response training within 30 days of employment for 3 out of 3 sampled staff members, specifically the Director of Nursing (DON), Staff B and Staff C. The findings included: Review of the DON's employee file indicated that she was hired on and she presently worked in the facility as a Supervising Direct Care Nurse. Further review of the employee file indicated that the DON did not have evidence of having received an in-service in Elopement Response training. In an interview conducted with the Administrator on at 4:40 PM, he stated that the facility	A 081		

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A 081	Continued From page 6 did not presently have evidence the DON received training in Elopement Response. Review of Care Manager Staff B's employee file revealed a hire date of . . . . . to work the 3:00 PM to 11:00 PM shift. Further review of the employee file indicated Care Manager Staff B did not have evidence of having received an in-service in Elopement Response training. Review of Certified Nursing Assistant (CNA) Staff C's employee file revealed a hire date of . . . . . Further review of the employee file indicated CNA Staff C did not have evidence of having received an in-service in Elopement Response training. On at 5:40 PM, the Executive Director stated that the information for Care Manager Staff B and CNA Staff C was not available and that there was no documented evidence of having received an in-service in Elopement Response training. Class III	A 081		
A 090	59A-36.011(11) FAC Training - . . . (11) . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in 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	A 090		

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A 090	Continued From page 7 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 provide documented evidence of a 1-hour training course in ( ) Policy and Procedures for 3 out of 3 staff members, specifically the Director of Nursing (DON), Staff B and Staff C. The findings included: Review of the DON's employee file indicated that she was hired on and she presently worked in the facility as a Supervising Direct Care Nurse. Further review of the employee file indicated that the DON did not have evidence of having received a 1-hour training course in Policy and Procedures. In an interview conducted with the Administrator on at 4:40 PM, he stated that upon review of the DON's employee file there was no evidence of the DON having received Policy and Procedure training. Review of Care Manager Staff B's employee file, revealed a hire date of to work the 3:00 PM to 11:00 PM shift. Further review of the employee file did not contain documentation to indicate that Care Manager Staff B had received training on the facility's Policy and Procedures regarding . Review of Certified Nursing Assistant (CNA) Staff C's employee file, revealed a hire date of	A 090		

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A 090	Continued From page 8 .. . . . . to work the 7:00 AM to 3:00 PM shift. Further review of the employee file did not contain documentation to indicate that CNA Staff C had received training on the facility's Policy and Procedures regarding . . . On . . . . . at 5:40 PM, the Executive Director stated that the information for Care Manager Staff B and CNA Staff C was not available and that there was no documented evidence of the one-hour training of . in the employee files of Care Manager Staff B and CNA Staff C. Class III.	A 090		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after	CZ830		

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CZ830	Continued From page 9	CZ830		

approval of its plan by the local emergency management agency, county health department, or Department of Health.
(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.
(3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider:
1. Suffered damage to its operation during the state of emergency.
2. Is currently licensed.
3. Does not have a provisional license.
4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.
(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency

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CZ830	Continued From page 10 approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of submission and approval of its Comprehensive Emergency Management Plan (CEMP) to the local Emergency Management Division for annual approval as required. The findings included: The Assisted Living Facility has a capacity of 104 beds with a current census on of 53 residents. The facility has a dedicated Memory Care Unit for those residents with Review of the facility's records revealed that the facility did not have evidence of a CEMP for	CZ830		

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CZ830	Continued From page 11 review. In an interview conducted with the Administrator on at 3:25 PM, he stated that he did not know where the facility's CEMP was located and that the facility did not presently have approval by the local Emergency Management Division. He also stated that he did not have any receipt to demonstrate that the facility submitted their CEMP for annual review by the local Emergency Management Division. Class III	CZ830		