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 |
|---|---|---|---|
| | AL11967883 | A. BUILDING: _____ B. WING _____ | R-C 09/14/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ERIKA'S HOUSE ALF LLC | 8301 N GOMEZ AVE TAMPA, FL 33614 |

| (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 |
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| {A 000} | Initial Comments<br><br>A revisit to a re-licensure survey in conjunction with a complaint (#2023011990) investigation was conducted at Erika's House ALF on Deficiencies were identified at the time of survey. | {A 000} | | |
| {A 078} SS=D | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(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.<br>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<br>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<br>(b) Staff must be qualified to perform their | {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<br>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.<br>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.<br>(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.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews and interview, the facility failed to provide evidence of an annual screening for 1 (Administrator ) of 3 sampled employee record.<br><br>Findings included: | {A 078} | | |

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| {A 078} | Continued From page 2<br><br>A review of employee records conducted revealed the Administrator was hired on .<br><br>A further review of the facility's employee records indicated the Administrator most recent ( ) screening was conducted on .<br><br>This review of the facility's employee records did not reveal evidence of an annual screening.<br><br>These findings were discussed and confirmed during an interview with the facility owner on at :11:12 AM.<br><br>Class III | {A 078} | | |
| {A 080} SS=D | 429.52( ) FS; 59A-36.011(1) FAC Training - Core & Competency Test<br><br>429.52<br>(2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements.<br>(3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics:<br>(a) State law and rules relating to assisted living facilities. | {A 080} | | |

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| {A 080} | Continued From page 3<br>(b) Resident rights and identifying and reporting , neglect, and , .<br>(c) Special needs of elderly persons, persons with mental illness, and persons with , and how to meet those needs.<br>(d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food.<br>(e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication.<br>(f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures.<br>(g) Care of persons with 's and related .<br><br>59A-36.011<br>(1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST.<br>(a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test.<br>(b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to , , , and managers who attended the core training program prior to , , , shall not be required to take the competency test. Administrators licensed as nursing home | {A 080} | | |

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| {A 080} | Continued From page 4 | {A 080} | | |

administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement.
(c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years.
(d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must:
1. Retake the assisted living facility core training; and,
2. Retake and pass the competency test.
(e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to provide proof of the Administrator completing 12 hours of continuing education (every 2 years) upon successful completion of the Assisted Living CORE Competency Exam.

Findings included:

A review of the Administrator employee record was conducted on . . . . . This review revealed the Administrator was hired on and successfully completed the Assisted Living Core Competency Exam on . A further

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| {A 080} | Continued From page 5<br><br>review of the employee record revealed no evidence of 12 hours of continuing education since 2021.<br><br>These findings were discussed and confirmed during an interview with the facility owner on . . . . . at :11:12 AM.<br><br>Class III | {A 080} | | |