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
	AL11968495	A. BUILDING: _____ B. WING _____	12/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE OF ZEPHYRHILLS	38130 PRETTY POND RD ZEPHYRHILLS, FL 33540

(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
A 000	Initial Comments A complaint investigation (complaint numbers and 2022013592 and 2022017593) was conducted at American House Zephyrhills on . Deficiencies were identified at the time of survey.	A 000		
A 081 SS=D	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. 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	A 081		

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A 081	Continued From page 1 (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 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	A 081		

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A 081	Continued From page 2 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 , neglect, and , . The facility must use its 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. (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.	A 081		

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A 081	Continued From page 3 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all resident care staff persons receive a 2 hour, pre-service orientation training, prior to providing assistive care to residents for 5 of 6 care staff (Staff C, Staff E, Staff H, Staff I and Staff J), whose records were reviewed. Findings Included: A review of Staff C's records, on [redacted], revealed that she worked in the facility from [redacted] until [redacted], as a resident aide. There was no evidence of any pre-service orientation in her record. A review of Staff E's records, on [redacted], revealed that she had worked in the facility, as a resident aide, since [redacted]. There was no evidence of any pre-service orientation training in her record. A review of Staff H's records, on [redacted], revealed that she had worked in the facility since [redacted], as a resident aide. There was no evidence of any pre-service orientation training in her record. A review of Staff I's records, on [redacted], revealed that she worked in the facility from [redacted] until [redacted], as a resident aide. There was no evidence of any pre-service orientation training in her record. A review of Staff J's records, on [redacted], revealed that she worked in the facility from [redacted] to [redacted], as a resident aide. There was no evidence of any pre-service orientation training	A 081		

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A 081	Continued From page 4 in her record. In an interview with the Business Office Manager at 4:45pm on , she stated that while she was sure that all new care staff received a pre-service orientation to the facility, she had not been providing any training certificates for such training. Class III	A 081		
A 166 SS=D	429.23(5) FS; Risk Mgmt & QA; Reporting Reqs. 429.23, FS Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (5) Three business days before the deadline for the submission of the full report required under subsection (4), the agency shall send by electronic mail a reminder to the facility's administrator and other specified facility contacts. Within 3 business days after the agency sends the reminder, a facility is not subject to any administrative or other agency action for failing to withdraw the preliminary report if the facility determines the event was not an adverse incident or for failing to file a full report if the facility determines the event was an adverse incident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that adverse incident reports (AIRS) were reported to the Agency, within the required timeframe, for 5 of the 7 AIRS reports	A 166		

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A 166	Continued From page 5 that were reviewed (598137, 598810, 598555, 5998634 and 598630). Findings Included: A review of AIRS report 598137, reported for an incident on . . . . . , involving the . . . . . of a resident, with law enforcement involvement, revealed that the initial preliminary report was sent in on , 4 days after the incident occurred. A review of AIRS report 598810, reported for an incident on , involving a and a transfer to a facility providing acute care, revealed that the initial preliminary report was sent in on . . . . . , 3 days after the incident occurred. A review of AIRS report 598555, reported for an incident on , involving a and transfer to a facility providing acute care, revealed that the initial preliminary report was sent in on . . , 4 days after the incident occurred. A review of AIRS report 598634, reported for an incident on , involving a and transfer to a facility providing acute care, revealed that the initial preliminary report was sent in on . . . . . , 6 days after the incident occurred. A review of AIRS report 598630, reported for an incident on , involving a and transfer to a facility providing acute care, revealed that the initial preliminary report was sent in on . . . . . , 5 days after the incident occurred. An interview with the Administrator was conducted at 9:45am on . In the interview, he stated that he was not sure about the required timing of the AIRS reports because	A 166		

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A 166	Continued From page 6 he was not certain of whether or not to it would be required to file the AIRS reports in the first place. He did not know for sure if they were adverse incidents or not, so he waited until later. He stated he did not know that the initial reports needed to be filed within the first 24 hour of the occurrence of the incident. Class III	A 166		