

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/19/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARBOR POINT ALF, INC.

**1045 HARBOR LAKE DRIVE
SAFETY HARBOR, FL 34695**

(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 revisit the biennial survey of _____ was conducted at Harbor Point Alf on _____. The facility had deficiencies at the time of survey.	{A 000}		
{A 078} SS=D	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 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 _____	{A 078}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER HARBOR POINT ALF, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 1045 HARBOR LAKE DRIVE SAFETY HARBOR, FL 34695		
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{A 078}	Continued From page 1 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 attempted record review and interview, the facility failed to ensure that staff had a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 2 (Staff A and Staff B) out of 2 sampled. Findings include:	{A 078}			

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{A 078}	Continued From page 2 An attempted review of employee records conducted on _____ revealed Staff A was hired on (DOH) _____ and Staff B DOH _____. Neither Staff A or Staff B had documentation in their file of a signed statement from a health care provider stating they are free from communicable _____. An interview was conducted with the Administrator on _____ at 9:34 a.m. and when asked if he had documentation of Staff A or Staff B having documentation that they were free from communicable _____ and the Administrator stated he did not. Class III	{A 078}		
{A 082} SS=D	59A-36.011(4) FAC Training - / _____ (4) _____ Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on _____, including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on attempted record review and interview, the facility failed to provide proof that 3 (Staff A, Staff B and Staff C) of 3 employees completed a one-time education course on human	{A 082}		

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{A 082}	Continued From page 3 () and (acquired)) within 30 days of employment. Findings included: An attempted review of employee records conducted on, revealed that Staff A, hired on (DOH), Staff B DOH and Staff C DOH, revealed all three staff were lacking documentation oh having completed / .. training. An interview was conducted with the Administrator on at 9:34a.m. and when asked if he could provide proof that Staff A, Staff B and Staff C had completed / .. training the Administrator stated he could not. Class III	{A 082}		