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
	AL11967339	A. BUILDING: _____ B. WING _____	10/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODS	1889 CURLEW ROAD PALM HARBOR, FL 34683

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CZ830 SS=D	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 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	CZ830		

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CZ830	Continued From page 1 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 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	CZ830		

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CZ830	Continued From page 2 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, the facility failed to submit their comprehensive emergency management plan (CEMP) annually as required. Furthermore, the facility failed to submit necessary revisions within thirty days after notification from the local emergency management office as required. Findings Included: A review of the facility's CEMP approval, conducted on , revealed that the most recent approval document was dated . During a telephone interview with the emergency management Representative, conducted on at 10:20am, the Representative stated that the facility's CEMP did not pass for the year 2021 it was rejected on . The Representative stated that she sent a letter to the facility to pay the review fee and to submit a new plan to the local emergency management office by . The Representative stated that she received the new plan on and that the last approved plan was dated . and the facility did not have an approved plan for the years 2019, 2020, or 2021 and we need payment to review their 2022 plan. During an interview with the Administrator, conducted on at 10:17am, the Administrator stated that he had just submitted the facility's CEMP this past weekend (on or near) and did not have a letter that the	CZ830		

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CZ830	Continued From page 3 CEMP was submitted for approval. The Administrator stated that the facility did not have and approved CEMP for the year 2021 and was unable to provide any other documentation that the facility obtained an annual CEMP approval. Class III	CZ830		
CZ841 SS=D	408.823( ) FS In-person Visitation (1) This section applies to centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and	CZ841		

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CZ841	Continued From page 4 the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care. (c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects: 1. End-of-life situations. 2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support. 3. The resident, client, or patient is making one or more major medical decisions. 4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . 5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident, client, or patient who used to talk and interact with others is seldom speaking. 7. For hospitals, childbirth, including labor and delivery. 8. . . . . patients. (d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the	CZ841		

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CZ841	Continued From page 5 visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section, providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a visitation policy and procedures for visitors posted on their website within thirty days of the effective date of the act under part 1 of chapter 429, Florida Statute. Furthermore, the facility failed to have a visitation that included visitation for the allowance of visitors in all circumstance required. Findings Included: A review of the facility's website, conducted on [redacted], revealed that the website did not have a visitation policy and procedure posted. During a review the facility's visitation policy and procedures, conducted on [redacted], revealed that the undated visitation policy and procedures did not included visitation for the following circumstances: The allowance of in-person visits in all of the following circumstances:	CZ841		

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CZ841	Continued From page 6 End-of-life situations A resident, client, or patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support The resident, client, or patient is making one or more major medical decisions A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . . . A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver A resident, client, or patient who used to talk and interact with others is seldom speaking. The length of the visits and numbers of visitors which allow for consensual physical contact between residents and the visitors The control and education policies for visitors for screening, personal protective equipment, and other . . . . control protocols for visitors The designation of a person responsible for ensuring that staff adhere to the policies and procedures During an interview with the Wellness Director, conducted on . . . . . at 02:30pm, the Wellness Director agreed that the visitation policy and procedures was not posted on the facility's website. The Wellness Director agreed that the	CZ841		

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CZ841	Continued From page 7 facility's undated policy and procedures did not include all elements and circumstance required. Class III	CZ841		

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A 000	Initial Comments A biennial survey and a generator monitoring were conducted at Woods on . Deficiencies were identified 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	A 078		

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A 078	Continued From page 1 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 obtain a statement from a health care provider that employees were free from ( ) annually and a one-time statement that employees were free from communicable for three employees (Administrator and Staff D and E) of four sampled	A 078		

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A 078	Continued From page 2 employees. Findings Included: A record review for the Administrator, conducted on , revealed that the Administrator's employee record did not have statements from a health care provider that the employee was free from annually. The Administrator's negative was dated . The administrator was hired on . A record review for Staff D, conducted on , revealed that Staff D's employee record did not contain evidence from a health care provider that the employee was free from annually or a onetime statement that the employee was free from communicable within thirty days of employment. Staff D's negative was dated . Staff D was hired on . A record review for Staff E, conducted on , revealed that Staff E's employee record did not contain evidence from a health care provider that the employee was free from annually or a onetime statement that the employee was free from communicable within thirty days of employment. Staff E's negative was dated . Staff E was hired on . During an interview with the Wellness Director, conducted on , the Wellness Director agreed that the Administrator and Staff D and E did not have an annual statement from a health care provider that they were free from signs and symptoms of and that Staff D and E did not have onetime statements that the employees were free communicable within thirty	A 078		

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A 078	Continued From page 3 days of employment. Class III	A 078		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered	A 084		

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A 084	Continued From page 4 nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the	A 084		

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A 084	Continued From page 5 levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training	A 084		

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A 084	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have employees obtain 2-hours annual training for assisting with self-administration of medications for two employees (Staff C and E) of two sampled employee that provided residents with self-administration of medications assistance. Findings Included: A record review for Staff C, conducted on ....., revealed that Staff C obtained 6-hours of training for assistance with self-administration of medications on ..... . Staff C had a 2-hour annual update on ..... . There were no certificates for annual updates obtained in the years 2021 or 2022. A record review for Staff E, conducted on ....., revealed that Staff E obtained 6-hours of training for assistance with self-administration of medications on ..... . Staff C did not have evidence of an annual update obtained by ..... in the employee's record. During an interview with the Wellness Director, conducted on ..... at 02:30pm, the Wellness Director agreed that Staff C and E did not have evidence that they had obtained 2-hours updates annually as required for assistance with self-administration of medications. Class III	A 084		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODS	1889 CURLEW ROAD PALM HARBOR, FL 34683

(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 162	Continued From page 7	A 162		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [illegible], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance [illegible], 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually.	A 162		

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A 162	Continued From page 8 (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an . . . recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ... ' ' ( ), CF-ES 1006, . . ., which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy,	A 162		

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A 162	Continued From page 9 guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's [redacted], DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020,	A 162		

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A 162	Continued From page 10 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain resident records for hospice residents with the required interdisciplinary care plan ( ), a hospice admission or consent form, and a health assessment documented completely on the required , form for two Residents (#1 and #5) of two sampled residents admitted to hospice services. Findings Included: A record review for Resident #1, conducted on , revealed that Resident #1 was admitted to the facility on . Resident #1 had a decline in condition and was admitted to hospice services on an unknown date. Resident #1's record did not contain the consent form agreeing to hospice services. Resident #1's record did not contain the resident's twice per year for the years 2020, 2021, or 2022 as required. Resident #1's health assessment form dated noted that the resident required total care for all activities of daily living. The health assessment form was on the form and not on the required , form. Resident #1's was not noted on the health assessment form or the health assessment forms dated and . Resident #1's record did not contain an interdisciplinary care that described the care and services that hospice provided and those that the facility provided and agreed by all three parties (hospice, facility, and resident). A record review for Resident #5, conducted on , revealed that Resident #5 was	A 162		

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A 162	Continued From page 11 admitted to the facility on . Resident #5 had a decline in condition and was admitted to hospice services on an unknown date. Resident #5's record did not contain the consent form agreeing to hospice services. Resident #5's health assessment form dated noted that the resident required total care for all activities of daily living. The health assessment form was on the form and not on the required , form. There was no elopement risk assessment on the health assessment form. Resident #5's interdisciplinary care plan dated was not signed in agreement by the facility or the resident or resident's responsible party. During an interview with Wellness Director, conducted on at 02:30pm, the Wellness Director agreed that Residents #1 and #5 did not have consent for hospice services and that their health assessments were on the form and not the required , form. The Wellness Director agreed that Resident #5's health assessment did not have an elopement risk assessment for the resident. The Wellness Director stated that hospice probably had Resident #1's documented in their records. The Wellness Director agreed that Resident #1 did not have an interdisciplinary care plan and that Resident #5's interdisciplinary care plan was not signed in agreement by all parties. Class III	A 162		