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
	AL11969275	A. BUILDING: _____ B. WING _____	07/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASIDE AT FORT MYERS	15800 BEACHWALK BLVD FORT MYERS, FL 33908

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A 000	Initial Comments An unannounced relicensure, extended congregate care, limited nursing services, emergency power plan monitoring, and complaint survey for #2022002792, #2022011336, and #2022014897 was conducted on through at Seaside at Fort Myers, an assisted living facility in Fort Myers, Florida. Complaint #2022002792 was substantiated without citation. Complaint #2022011336 was unsubstantiated. Complaint #2022014897 was unsubstantiated. The following is the description of the deficiencies.	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	A 081		

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A 081	Continued From page 1 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 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 control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of	A 081		

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A 081	Continued From page 2 compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , 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 , 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	A 081		

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A 081	Continued From page 3 (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 ensure facility employees complete 2-hour pre-service orientation prior to interacting with residents and maintain documentation of completion for 4 (Staff C, D, E, and F) of 5 employee files reviewed. The findings included: Record review of Staff C file revealed a hire date of as a med tech/caregiver. Staff C's file contained no documentation of completing 2-hour pre-service orientation prior to interacting with residents. Record review of Staff D file revealed a hire date of as a med tech/caregiver. Staff D's file contained no documentation of completing 2-hour pre-service orientation prior to interacting with residents. Record review of Staff E file revealed a hire date of as a med tech/caregiver. Staff E's file contained no documentation of completing 2-hour pre-service orientation prior to interacting with residents.	A 081		

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A 081	Continued From page 4 Record review of Staff F file revealed a hire date of as a med tech/caregiver. Staff F's file contained no documentation of completing 2-hour pre-service orientation prior to interacting with residents, On at 12:54 p.m., the Business Office Manager confirmed the findings. Class III	A 081		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and	A 091		

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A 091	Continued From page 5 training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to appropriately document required trainings for 3 (Staff C, D, and F) of 5 employee records reviewed. The findings include: Record review for Staff C revealed a hire date of as a med tech/caregiver. Further review found a document titled Community Orientation signed by Staff C on . The documentation did not include, the hours of training, the agenda, nor the trainers name, credentials, and signature. Record review for Staff D revealed a hire date of as a med tech/caregiver. Further review found a document titled Community Orientation signed by Staff D on . The documentation did not include, the hours of training, the agenda, nor the trainers name, credentials, and signature. Record review for Staff F revealed a hire date of as a med tech/caregiver. Further review found a document titled Community Orientation signed by Staff F on . The documentation did not include, the hours of training, the agenda, nor the trainers name, credentials, and signature. On at 1: 45 p.m., the Administrator confirmed the pre-service orientation documentation on file did not meet regulatory requirements.	A 091		

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A 091	Continued From page 6 Class	A 091		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet	A 093		

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A 093	Continued From page 7	A 093		

the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.
(f) For facilities serving three or more meals a

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A 093	Continued From page 8 day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation and staff interview facility failed to have menus prominently posted or easily available to residents in the memory care unit. The Findings Included: On at 9:10 a.m. during a tour of the facility, no menus were observed posted in the Inspiritas 1st floor and 2nd floor memory care	A 093		

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A 093	Continued From page 9 dining rooms or in the units. On [redacted] at 9:19 a.m. in an interview, Resident #1 stated there is never a menu posted so that he knows what is being served. He said he doesn't know until he sits for meals and has to ask the staff or wait for them to tell him. On [redacted] at 11:45 during lunch observation in the Inspiritas memory care 1st and 2nd floor Dining rooms, there were no menus prominently posted for residents to know what was being served for the meal. On [redacted] at 7:50 a.m. during breakfast observation in the Inspiritas 2nd floor memory care dining room, there was no menu prominently posted for residents to know what would be served for the meal. On [redacted] at 8:06 a.m., in an interview, Licensed Practical Nurse (LPN) Staff H, stated the staff are supposed to be give menus to post but that isn't being done. Staff H confirmed no menus were posted on the 1st and 2nd floor memory care dining rooms for the residents to know what meals are being served. On [redacted] at 1:10 p.m., the Administrator acknowledged the menus are not posted in the Inspiritas 1st and 2nd floor memory care dining rooms. Class III	A 093		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff	A 161		

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A 161	Continued From page 10 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.	A 161		

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A 161	Continued From page 11 (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity _____, to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain personnel records for each staff containing documentation required for compliance with Florida Administrative Code for 1 (Staff E) of 5 employee files reviewed. The findings included: Employee list provided by the Administrator listed a hire date of _____ for Staff E as a caregiver/med tech. On review of Staff E's employee file revealed a job description for Housekeeper. Staff E's file failed to contain a copy of the job description for caregiver/med tech. On at 12:54 p.m., the Business Office Manger confirmed the missing documentation from the employee file. Class III	A 161		

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AE210	Continued From page 12	AE210		
AE210 SS=D	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , , shall not be required to take the assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , , or social needs of frail elderly and persons, or persons with 's or related . (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility. This Statute or Rule is not met as evidenced by: Based on record reviewed and staff interview facility failed to ensure 1 (Staff F) had at least 2 hours of in-service training, for Extended Congregate Care (ECC), within 6 months of hire	AE210		

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AE210	Continued From page 13 provided by the Administrator and or ECC supervisor and 2 (staff G ECC supervisor, and Administrator) have 4 hours of training for extended congregate care (ECC) ECC concepts and requirements within 3 months of employment in the facility. The Findings included: On at 9:00 a.m., Wellness Director (WD) stated Staff G was the ECC Supervisor for the facility as the Registered Nurse (RN). Review of the Limited Nursing services (LNS), Extended Congregate Care records revealed RN Staff G is the LNS/ECC supervisor for the facility. Further review revealed no documented evidence of completing 4 hours of ECC training. Record review found Staff F was hired on as a caregiver/Med Tech. Further review found no document evidence of completing 2 hours of ECC training. Record review for the Administrator revealed a hire date of on . Further review found no document evidence of completing 4 hours of ECC training. On at 12:54 p.m., the Business Office Manager confirmed the findings of no documentation of completion of ECC training. Class III	AE210		