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
	AL11969590	A. BUILDING: _____ B. WING _____	12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATEAU MADELEINE	205 HARDOON LANE MELBOURNE, FL 32940

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CZ813	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090 Background Screening. (3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have eligibility results of a . . . . . employee level II Background screening and the signed Attestation in the employee's personnel file, maintained by the provider for 1 of 4 staff sampled. Findings: On a request was made to review . . . staff D file from the Administrator. At 4:40pm in an interview with the Administrator, he confirmed Staff D's file could not be provided because she is not an employee of the facility. He could not provide an Attestation of Compliance or employee background screening. Review of the background roster revealed staff D was not listed. Unclassified	CZ813		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.-	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1 (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective [illegible], or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before [illegible], initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective [illegible], initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made. (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the	CZ814		

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CZ814	Continued From page 2 clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to report in Care Provider Background Screening Clearinghouse, employment status within 10 business days for 1 of 4 sampled staff. (D) Findings: A review of the facility's' Background Screening (BGS) Roster revealed: Staff D was not listed on the BGS Roster. The administrator confirmed 0n at 4:40pm staff D was not listed on the Background screening roster. Unclassified	CZ814		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.-	CZ816		

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CZ816	Continued From page 3 (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ␣␣␣ to the Federal Bureau of Investigation for a national criminal history record check unless the person's ␣␣␣ ... are enrolled in the Federal Bureau of Investigation's national retained print ... notification program. If the ␣␣␣ ... of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣␣␣ ... electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣␣␣ to the Federal Bureau of Investigation for a national criminal history record check. The ␣␣␣ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print ... notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ␣␣␣. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional	CZ816		

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CZ816	Continued From page 4 certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if . . . . . for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, ... , . . . , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest	CZ816		

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CZ816	Continued From page 5 that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if . . . . . for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , . to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the . . . report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide an Attestation of Compliance with Background Screening for 1 of 4 staff reviewed (D). Findings: On the record for staff D was requested.	CZ816		

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CZ816	Continued From page 6 The Administrator said the record could not be provided because staff D was a Nurse. At 4:40pm the Administrator confirmed they could not provide an Attestation of Compliance with Background Screening. Unclassified	CZ816		
CZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as	CZ821		

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CZ821	Continued From page 7 required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On	CZ821		

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CZ821	Continued From page 8 Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory	CZ821		

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CZ821	Continued From page 9 Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to electronically report and submit an adverse incident report to the agency within the required timeframes for 4 of 5 sampled residents (#8, #13, #14, and #15) as required. Findings: 1. Resident #14's record review revealed admission date . The last 1823 Health Assessment dated listed medical history of , , hard of hearing, , and . He needs	CZ821		

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CZ821	Continued From page 10 supervision with all activities of daily living (ADLs) and independent with eating. He needs assistance with self-administration of medications and high risk for . He was recently admitted to Hospice care on . A facility note dated at 3:34 AM (early morning) by nurse J documented resident #14 in his bathroom and a -to- assessment completed. It was noted that resident #14 had a on his left . Resident #14 was grimacing and not bearing to left . Contacted Hospice and stated to send resident #14 to the hospital. The family was notified. A facility note dated at 10:19 AM by nurse G documented resident #14 it was confirmed that resident #14 had a to the left . There was no documented evidence that the facility reported resident #14's with injury of a left , to the agency. (Photographic Evidence Obtained) On at 3:30 PM, an interview with the Director of Nursing and Administrator confirmed the findings and further stated that they was not aware that these had to reported as an adverse to the agency. It was explained that with injury meets one of the adverse incident reporting criteria in the regulations. 2. In a record review of resident#13's health assessment dated , confirmed a medical history of right side , , , M/o PE, 3, , , , and assistance with daily living to include ambulation, bathing and .	CZ821		

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CZ821	Continued From page 11 In further review of resident#13's observation notes revealed on nurse assessed ankle was but resident could wiggle her but was unable to stand and bear on her right ankle. Resident was sent to the emergency room for further evaluation. Resident was then admitted to hospital for broken ankle. On at 3pm, there was no evidence this incident was reported to the agency as required confirmed by the Administrator. 3. In a record review of resident#15's health assessment dated , confirmed a medical history of DMII, , memory , ,poor balance, unsteady gait, , sleep disturbances and a risk. The resident did not require assistance with daily living. In further review of resident's 15's observation notes revealed resident had a . Resident was in her chair with bloody , complains of , on right side. Resident states she was at the refrigerator and on floor. Assessed for injuries right . Resident was sent to the hospital and had surgery on her , . On at 3pm, there was no evidence this incident was reported to the agency as required confirmed by the Administrator. 4. A review of resident #8 record revealed she was admitted on . Her record contained an 1823 dated . She required assistance with all activities of daily living. Further review found a hospital record dated /23documenting a positive displaced right 12 due to a .	CZ821		

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CZ821	Continued From page 12 Review of the facility notes revealed: On at 7:50am an unwitnessed . TV hit . No apparent injuries sent to the emergency room. On at 1:50pm the administrator confirmed he did not submit an Adverse Incident Report to the agency. 	CZ821		
A 000	Initial Comments A re-licensure survey and a generator monitoring was conducted at Chateau Madeline Assisted Living Facility & Memory Care with Limited Nursing Services (LNS) on . The provider had deficiencies at the time of the survey visit.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the	A 025		

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A 025	Continued From page 13 condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.	A 025		

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	AL11969590	A. BUILDING: _____ B. WING _____	12/11/2023

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A 025	Continued From page 14 This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to ensure that appropriate supervision to meet the care and services by implementing a more defined system to maintain safety interventions for and documenting the well-being such as significant changes and the legal representative being notified for 3 of 5 sampled residents (#8, #10, #14) as required. Findings: 1. Resident #14's record review revealed admission date . The last 1823 Health Assessment dated listed medical history of , , , hard of hearing, , and . He needs supervision with all activities of daily living (ADLs) and independent with eating. He needs assistance with self-administration of medications and high risk for . He was recently admitted to Hospice care on . A facility note dated 11/3/2023 at 8:55 AM by nurse G documented was notified by resident's daughter that resident #14 was on the floor. The daughter stated resident #14 tried to sit in his recliner and missed the chair. It was observed that resident #14 did not have on the pendant at the time and informed resident #14 he needs always keep pendant on. Vitals checked and normal. There were no further facility notes that resident #14 was being monitored after this and there	A 025		

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A 025	Continued From page 15 was no assessment completed found in the record. On at 2:15 PM, an interview with the Director of Nursing (DON) about resident #14's 1st on asking if a assessment was conducted and what interventions were put in place to prevent future . The DON stated that she only completed a regular incident report regarding the and confirmed she was not aware that the nurse staff was not documenting follow ups and notifying family and physician after a significant change. She stated that she will conduct an in-service training to remind to document completely in facility's notes. A facility note dated 11/7/2023 at 12:41 AM (early morning) by nurse H documented that resident #14 was admitted to the hospital for low . . . . . Three days later at 5:08 PM resident #14 returned to the facility. There was no documentation that family and physician were notified about this hospitalization. A facility note dated 11/19/2023 at 10 AM by nurse G documented that resident #14 complained of pains, resident #14 was sent out to the hospital. Later at 12:13 PM that resident #14 had , . There was no documentation that the family and physician were notified. A facility note dated 11/22/2023 at 8:23 PM by nurse I documented spoke with daughter for an update on resident #14 and daughter stated that resident #14 , is not controlled at this time and will remain at the hospital for a few more days. Resident #14 had a negative reaction to a	A 025		

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A 025	Continued From page 16 medication where he was . . . . . . Other alternative medication was being tried. The daughter further stated that she spoke to Hospice and resident #14 will be admitted on Hospice after discharge from hospital. A facility note dated 11/29/2023 at 3:09 PM by nurse G documented resident #14 returned from the hospital, vitals checked normal. There was no documentation that the family and physician notified and no documentation if resident #14 returned to the facility with new orders. A facility note dated at 7:33 PM by nurse E documented that Hospice nurse was out tonight visiting resident #14. The care was discontinued and removed. We are to monitor for discomfort and distention. If there are complications call Hospice. A facility note dated . . . . . at 3:34 AM (early morning) by nurse J documented resident #14 in his bathroom and a . . . -to- . . . assessment completed. It was noted that resident #14 had a . . . . . on his left . . . . . Resident #14 was grimacing and not bearing to left Contacted Hospice and stated to send resident #14 to the hospital. The family was notified. A facility note dated at 10:19 AM by nurse G documented resident #14 it was confirmed that resident #14 had a to the left . On at 2:50 PM, a request was made to review the facility's safety policies and procedures to mitigate and documented	A 025		

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A 025	Continued From page 17 interventions for multiple . The policies and procedures for were not produced. (Photographic Evidence Obtained) On at 3:30 PM, an interview with the DON and Administrator confirmed the findings. 2. On a review of resident #10 record revealed she was admitted on . Her record contained a Resident Health Assessment Form (1823) dated . Her diagnoses included and of the and Hospice care. She required assistance with bathing, , and toileting and supervision with all other activities of daily living. She used a wheelchair for ambulation. Review of the Hospice notes revealed: On documented by Hospice RN, Resident had 7 reported during certification period. , , , , , , and . As a result of these the resident has 5 , all healed except one from the most recent . Review of the facility notes for resident #10 revealed: On documented at 11:24pm Resident found sitting on the floor next to her bed. On documented at 2:41pm. The nurse assessed resident on the floor denies hitting , no injuries noted. On at 4:30am unwitnessed noted. no apparent injury On at 1:37am an unwitnessed next to bed, no apparent injuries. On at "1154" unwitnessed . Message	A 025		

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A 025	Continued From page 18 left with POA at "0704." On at "12:30" the nurse assessed resident on the floor denies hitting , no injuries noted. On at 10:23pm the resident was found on the bathroom floor. small on the palm of her right and applied steri strips. A review of the service plan for resident #10 did not find any documented mitigating factors to decrease and injury. 3. A review of resident #8 record revealed she was admitted on . Her record contained an 1823 dated . She required assistance with all activities of daily living. Further review found a hospital record dated /23documenting a positive displaced right 12 due to a . The hospital record documented the history of other emergency room visits for , , , and . Review of the facility notes revealed: On at 7:50am unwitnessed TV hit . No apparent injuries sent to ER. On at 7:01am The resident was found on the floor in the room next to hers. No apparent injury. Then the resident complained of lower , . No service plan for resident #8 was provided for review. Class II	A 025		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF.	A 078		

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A 078	Continued From page 19 (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 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,	A 078		

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A 078	Continued From page 20 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 have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of employment. for 1 of 4 staff sampled (D). Findings: On requested the staff D employee file from the Administrator. At 4:00pm in an interview with the Administrator he confirmed the staff D file could not be provided because she is . He could not provide freedom from communicable statement.	A 078		

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A 078	Continued From page 21 The third-party contract was signed . . . and did not document staff D by name. Class III	A 078		
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	A 081		

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A 081	Continued From page 22 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 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	A 081		

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A 081	Continued From page 23 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 (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 24 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide documentation of a 1-hour training for reporting major and/or adverse incidents for 1 of 4 staff sampled and a preservice orientation provided by the facility before interacting with residents for 1 of 4 staff sampled. (D) Findings: On requested staff D employee file from the Administrator. At 4:00pm in an interview with the Administrator he confirmed staff D file could not be provided because she is . He could not provide freedom from communicable statement. The third-party contract was signed and did not document staff D by name. Class III	A 081		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures	A 090		

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A 090	Continued From page 25 regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide documentation for currently employed facility direct care staff of at least one hour of training in the facility's policies and procedures regarding ( ) for 1 of 4 staff reviewed. (D) Findings: On requested the staff D employee file from the Administrator. At 4:00pm in an interview with the Administrator he confirmed the staff D file could not be provided because she is . He could not provide documentation of training on the facility policy. The third-party contract was signed and did not document staff D by name. Class III	A 090		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or	A 160		

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A 160	Continued From page 26 other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible]. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's	A 160		

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A 160	Continued From page 27 contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with [redacted]'s [redacted] or related [redacted], a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's [redacted] prevention policies and procedures; (r) The facility's medication practices;	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969590	A. BUILDING: _____ B. WING _____	12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATEAU MADELEINE	205 HARDOON LANE MELBOURNE, FL 32940

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A 160	Continued From page 28 (s) The facility's policy on physical . . . . . ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on the facility's documentation and interview, the facility failed to obtain a current fire safety inspection report by the local authority, or the State Fire Marshal office annually as required. Findings: A review of the facility's last fire inspection report dated (last year). There was no documented evidence of a fire inspection report for the current year (2023) provided. (Photographic Evidence Obtained) On at 11:45 AM, an interview with the Administrator confirmed the finding. Class III	A 160		
AN277 SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the	AN277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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AN277	Continued From page 29 admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or . . . . . nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. for 1 of 1 staff sampled Findings: On at 12:20pm requested the Staff D - LNS nurse's record. The Administrator confirmed he could not provide a record because staff D is a	AN277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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AN277	Continued From page 30 . . . . . nurse. A review of the contract dated did not document staff D as the LNS nurse. The contract documented the 3rd party would conduct a monthly assessment on all residents receiving "limited nursing services" by an RN, ARNP, or MD Photographic Evidence Obtained Class III	AN277		