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
	AL11966091	A. BUILDING: _____ B. WING _____	11/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONVIVIAL JACARANDA TRACE, LLC	3600 WILLIAM PENN WAY VENICE, FL 34293

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced change of ownership (CHOW), relicensure, extended congregate care, emergency power plan, health facility reporting system, generator, and visitation form survey was conducted on at Convivial Jacaranda Trace, an assisted living facility in Venice, Florida. The following is a 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 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 081		

AHCA Form 3020-0001

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

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A 081	Continued From page 1 (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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers	A 081		

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A 081	Continued From page 2 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 (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	A 081		

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A 081	Continued From page 3 policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, facility failed to ensure employees complete 1 hour of Elopement Response training within 30 days of hire as required by Florida Administrative Code for 2 (Staff A and Resident Care Director) of 3 staff records reviewed. The findings included: On review of Staff A's employee file revealed a hire date of as a Licensed Practical Nurse. Staff A's file contained no documentation of having completed 1-hour required training for Elopement Response. On review of the Resident Care Director's employee file revealed a hire date of . The Resident Care Director's file contained no documentation of having completed the required 1-hour training for Elopement Response. On at 2:58 p.m., the VP of Human Resources confirmed there was no documentation of completion of Elopement Response training on file for Staff A and the Resident Care Director. Class III	A 081		
A 090 SS=D	59A-36.011(11) FAC Training -	A 090		

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A 090	Continued From page 4 (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 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 ensure employees complete at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after hire and failed to maintain documentation of completion for 2 (Staff A and Resident Care Director) of 3 employee files reviewed. The Findings Include: On review of Staff A's employee file revealed a hire date of as a Licensed Practical Nurse. Staff A's file contained no documentation of having completed the required 1-hour training for ( ). On review of the Resident Care Director's employee file revealed a hire date of . The Resident Care Director's file contained no documentation of having completed	A 090		

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A 090	Continued From page 5 the required 1-hour training for . On at 2:58 p.m., the VP of Human Resources confirmed there was no documentation of completion of ( ) training on file for Staff A and the Resident Care Director. Class III	A 090		
A 092 SS=D	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner.	A 092		

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A 092	Continued From page 6 (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to have menus reviewed annually and signed by a dietician. The findings include: On at 9:30 a.m. during a tour of the memory care units A and B, observed menus on the table in the kitchen with no date of review and no dietician's signature. Tour of the ALF observed menus posted in the hallways with no date of review and not signature by the dietician. On at 12:58 p.m., in an interview with the Director of Dining Services, and the chef, they stated the facility just changed companies and they are in transition. They said the menus are with the dietician and they are awaiting the return of approved menus. On at 1:05 p.m., the Director of Dining Services, and the chef confirmed the facility currently does not have approved menus signed by the dietician and they are using the old menus. Class III	A 092		