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
	AL11968545	A. BUILDING: _____ B. WING _____	12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY VILLAGE AT THE FORUM	2619 FORUM BLVD FORT MYERS, FL 33905

(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 complaint survey for #2022011795, #2022015366, #2023005886, and #2023008586 was conducted on at Discovery Village at The Form, an assisted living facility in Fort Myers, Florida. Complaint #2022011795 was substantiated without citation. Complaint #2022015366 was unsubstantiated. Complaint #2023005886 was substantiated at A 078 and A 081. Complaint #2023008586 was unsubstantiated. The following is a description of the deficiencies.	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	A 078		

AHCA Form 3020-0001

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

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A 078	Continued From page 1 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, 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	A 078		

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A 078	Continued From page 2 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 ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable and evidence of freedom from ( ) that is documented annually thereafter for 6 (Staff A, B, C, D, Memory Care Director, and Assistant Executive Director) of 7 employee records reviewed. The findings included: Record review of Staff A's employee file revealed a hire date of as a caregiver/med tech. Further review revealed documentation of health screening with a test given on and read on . There was no documentation of a statement from a healthcare provider indicating freedom form signs and symptoms of a communicable . Record review of Staff B's employee file revealed a hire date of as a caregiver. Further review of Staff B's file revealed no evidence of a statement from a healthcare provider indicating freedom from signs and symptoms of a communicable . Record review of Staff C's employee file revealed a hire date of as a caregiver. Further review of Staff C's file revealed no evidence of a statement from a healthcare provider indicating freedom from signs and symptoms of a communicable .	A 078		

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A 078	Continued From page 3 Record review of Staff D's employee file revealed a hire date of ..... as a caregiver/med tech. Further review of Staff D's employee file revealed documentation of ..... symptom review from a QuantiFERON specimen collected on ..... There was no documented statement from a healthcare provider indicating freedom from signs and symptoms of a communicable Record review of the Memory Care Director's employee file revealed a hire date of ..... The Resident Care Directors file contained documentation of health screening with a test given on and read on ..... There was no documented statement from a healthcare provider indicating freedom from signs and symptoms of a communicable Record review of the Assistant Executive Director's employee file revealed a hire date of . The Assistant Executive Directors file contained documentation of health screening with a test given on and read on ..... The Assistant Executive Directors' file contained no statement from a health care provider within 30 days of hire indicating she was free of signs or symptoms of communicable On ..... at 4:04 p.m., the Human Resources confirmed the findings. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service	A 081		

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A 081	Continued From page 4 429.52(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 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	A 081		

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A 081	Continued From page 5 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 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.	A 081		

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A 081	Continued From page 6 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. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, facility failed to ensure employees complete 1 hours of . . . . . , Neglect and . . , ... training within 30 days of hire for 3 (Staff A, D and Memory Care Director) out of 7 staff records reviewed as required by Florida Administrative	A 081		

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A 081	Continued From page 7 Code. . The findings included: Record review of Staff A's employee file revealed a hire date of as a caregiver/med tech Further review of Staff A's file revealed a certificate documenting completion of 30 minutes of Preventing, Recognizing and Reporting . . . . training on . The regulation requires 1 hour of training to be completed. Record review of Staff D's employee file revealed a hire date of as a caregiver/med tech. Further review of Staff D's file revealed a certificate documenting completion of 30 minutes of Preventing, Recognizing and Reporting . . . training on . The regulation requires 1 hour of training to be completed. Record review of the Memory Care Director's employee file revealed a hire date of . The Memory Care Director's file contained no documented evidence of having completed the required 1-hour training for . . . . , Neglect and , - On at 4:04 p.m., the Human Resources . , ... confirmed no documentation of completion of , Neglect and , training on file for the Memory Care Director and the training completed by staff A and D did not meet the regulation requirements of 1-hour training to be completed within 30 days of hire. Class III	A 081		