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 |
|---|---|---|---|
| | AL11969203 | A. BUILDING: _____ B. WING _____ | 01/24/2024 |

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| GOCIO HOME | 3781 GOCIO RD SARASOTA, FL 34235 |

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| A 000 | Initial Comments<br><br>An unannounced complaint survey for #2022007210 was completed on . .... through at Gocio Home, an assisted living facility in Sarasota, Florida.<br><br>Complaint #2022007210 was substantiated with at A 008, A 025, and A 091.<br><br>The following is a description of the deficiencies. | A 000 | | |
| A 008 SS=D | 429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment<br><br>429.26<br>(5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical | A 008 | | |

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| A 008 | Continued From page 1<br><br>examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.<br><br>(6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of | A 008 | | |

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| A 008 | Continued From page 2<br><br>Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , require such assistance.<br><br>59A-36.006<br>(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection.<br>(a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following:<br>1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,<br>2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,<br>3. Any nursing or , , services required by the individual,<br>4. Any special diet required by the individual,<br>5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,<br>6. Whether the individual has signs or symptoms of , Resistant | A 008 | | |

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| A 008 | Continued From page 3<br>[illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff,<br>7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and,<br>8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner.<br>(b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, [illegible], which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed.<br>1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility.<br>2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided.<br>(c) Medical examinations of residents placed by the department, by the Department of Children | A 008 | | |

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| A 008 | Continued From page 4<br><br>and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).<br>(d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule.<br>(e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or .<br><br>(f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, and staff interview, the facility failed to obtain and maintain an Agency for Health Care Administration Health Assessment Form 1823 completed within 60 days before | A 008 | | |

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| A 008 | Continued From page 5<br><br>admission to the facility or within 30 days after admission for 2 (Residents #2 and #3) of 3 resident files reviewed.<br><br>The findings included:<br><br>1. Record review revealed Resident #2 signed the facility contract on . A Health Assessment Form 1823 was completed, signed and dated by the physician on . The Form was found to be incomplete. The medication list was marked "See Attached." No medication list was attached. A facility medication observation record (MOR) from was placed behind the Health Assessment in the record. The MOR listed Prazosin 1 mg cap but the instruction for usage was not captured on the form. There were no medication orders or changes documented from the Health Care Provider in the resident's record.<br><br>2. Record review revealed Resident #3 signed the facility contract on . There was no Health Assessment Form 1823 in Resident #3's record.<br><br>3. During an interview on at 10:20 a.m., the Administrator said the medication list must have been lost and she would see if it was scanned to the computer. She said she had the form for Resident #3 at another office and would bring it over. When told the survey would be completed by noon, the Administrator said she would be momentarily.<br>At 1:10 p.m., when the Administrator had not returned a second call was placed. The Administrator said she would fax the information to the office by . No faxed information was received by .<br><br>Class III | A 008 | | |

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| A 008 | Continued From page 6<br>. | A 008 | | |
| A 025 SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(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 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.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.<br>(b) Daily observation by designated staff of the activities of the resident while on the premises, | A 025 | | |

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| A 025 | Continued From page 7<br><br>and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(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.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, and staff interview, the facility failed to maintain resident documentation in the resident's record for 1 (Resident #2) of 3 resident reviewed.<br><br>The findings included:<br><br>Record review for Resident #2 found the resident was admitted on . . . . . Further review found no progress notes or documentation in the residents file. A review of the Staff Communication Book found documentation which begins on . . . . . to . . . . . , then . . . . to , then to . There was no documentation from . . . . . to . . . . . , or to .<br><br>Interview on at 10:30 a.m., live-in | A 025 | | |

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| A 025 | Continued From page 8<br><br>Caregiver Staff A said she had been working here from to , then from to the present. She said the administrator comes periodically and thins the records, but she does not file the documentation in the resident's records. She is unsure where the documentation goes.<br><br>Interview on at 11:18 p.m., the Advanced Practice Registered Nurse for the residents in the facility said she provides written documentation after every visit on each patient she sees. When told there was no documentation in the resident's record, she said, "I bring it in every time, I have not idea what they do with it. She said she keeps a copy of all documentation in the patient file at her office."<br><br>Class III<br>. | A 025 | | |
| A 078 SS=D | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(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.<br>1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida | A 078 | | |

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| A 078 | Continued From page 9<br><br>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 .<br><br>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 .<br><br>(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.<br>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.<br>(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.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must: | A 078 | | |

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| A 078 | Continued From page 10<br><br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record reviews and staff/provider interviews, the facility failed to ensure that staff had a freedom from communicable statement from a Health Care Provider with 30 days after employment but not earlier than 6 months prior to employment and had a ( ) Test annually thereafter for 2 (Staff A and B) of 2 staff reviewed.<br><br>The findings included:<br><br>1. Record review on revealed live-in caregiver Staff A was listed as hired on the Background Screening Roster for this facility on . No prior hire is noted for this staff on the Facility Roster. A prior hire date at a sister facility is listed on that facility's Roster as hired from with an end date of , a second start date of with no end date.<br><br>Review of Staff A's personnel record contained a communicable / statement with Staff A's name at the top, signed on by an Advanced Practice Registered Nurse (APRN). The statement had "Test Date: " and "Reading Date: " with no documented reading or result. The form had a "X" beside, "This individual is free from communicable and of good health sufficient to provide services to persons with compromised health." | A 078 | | |

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| A 078 | Continued From page 11<br><br>This statement was more than 30 days after hire. Further review found two other health statements. The file also contained a statement dated , with an unidentified signature which included a statement, "Medically acceptable for the position offered." That statement did not speak to freedom from communicable . The third statement was dated and more than 6 months prior to hire.<br><br>In an interview on at 10:15 a.m., caregiver Staff A stated she has worked at this facility from to , then was on leave and returned to work at a sister facility from to ; returning to this facility from to present.<br><br>2. Record review on revealed caregiver Staff B was listed as hired on the Background Screening Roster on . An Employee Hire Form listed the hire date as . Review of the employee record contained a communicable / statement with Staff B's name at the top, signed on by an APRN. The statement had "Test Date: " and "Reading Date: " with no documented reading or result. The form had a "X" beside, "This individual is free from communicable and of good health sufficient to provide services to persons with compromised health."<br><br>Observation revealed when layed one on top of the other and held to a light source, the pages were a perfect match except for the name at the top of the page. This observation was confirmed by Staff A at that time.<br><br>3. During a telephone interview on at 1:05 p.m., the Administrator said her personnel record | A 078 | | |

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| A 078 | Continued From page 12<br><br>had the same statement from the APRN also. She said they copied the statement and used it for all staff seen that day. She said she would reach out to the APRN and have her contact the surveyor. No call was received.<br><br>4. During a telephone interview on . . . . at 11:18 p.m., the noted APRN said she did see staff on . . . . . She said she goes there every Wednesday ( was a Friday). She said she had 1 page per staff, with the Staff 's name written at the top of each form. She did not complete the date signed per the Administrator's request. She said she gave the test, but a facility nurse reads it and the Administrator was unsure if the nurse would read it on the or . She said she filled in the X for the individual being free from communicable and signed each individual form. She said she does these staff statements complementarily as she provides medical care to the residents. She recognized the paper had been copied and used multiple times rather than having the individual statements she had signed. She was unsure which staff or how many staff she had seen that day. She further said she would not accept copies such as these as medical records.<br><br>Class III<br>. | A 078 | | |
| A 091 SS=D | 59A-36.011(12) FAC Training - Documentation & Monitoring<br><br>(12) TRAINING DOCUMENTATION AND MONITORING.<br>(a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's | A 091 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11969203 | A. BUILDING: _____ B. WING _____ | 01/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOCIO HOME | 3781 GOCIO RD SARASOTA, FL 34235 |

| (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 |
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| A 091 | Continued From page 13<br><br>personnel files. The documentation must include the following:<br>1. The title of the training program,<br>2. The subject matter of the training program,<br>3. The training program agenda,<br>4. The number of hours of the training program,<br>5. The trainee's name, dates of participation, and location of the training program,<br>6. The training provider's name, dated signature and credentials, and professional license number, if applicable.<br>(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.<br>(c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and 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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, and staff interview, the facility failed to ensure the , Neglect and , training was documented to include the training program agenda, the number of hours of the training program, and the trainee's name, dates of participation, and location of the training program for 2 (Staff A and B) of 2 staff files reviewed. Per 59A-36.011(3)(c) Florida Administrative Code the facility must use its prevention policies and procedures when offering this training.<br><br>The findings included:<br><br>Record review of live-in Caregiver Staff A | A 091 | | |

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|---|---|---|---|---|
| A 091 | Continued From page 14<br><br>revealed a certificate from MyAlf on line training showing training for , neglect and . The certificate has a box approximately 0.5 inch by 1.5 inch to document the facility policy and procedure training. This area did not contain the location of the facility's training, date or the timeframe for the facility's training. The certificate for Staff A was not completed. The date of the MyALF training was .<br><br>Record review of Caregiver Staff B revealed a certificate from MyAlf on line training showing training for , neglect and , . The section of the certificate for the facility to complete did not contain a location for the training, date or timeframe of the training. The date of the MyALF training was .<br><br>On at 12:36 p.m., Caregiver Staff A said she did not remember the facility's policy on as the training had been a long time ago. Staff A said there was no policy and procedure book at the facility. She said she had looked all over for it, but could not find one.<br><br>On at 1:10 p.m. during a telephone interview, the Administrator said the staff do read the policies and procedures. She said she knew there was a policy book, but she would fax a copy of the policy to the office by . No policy was received by .<br><br>Class III<br>. | A 091 | | |
| A 161 SS=D | 429.275(2) FS; 59A-36.015(2) FAC Records - Staff | A 161 | | |

Agency for Health Care Administration

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| A 161 | Continued From page 15<br><br>429.275<br>(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.<br><br>59A-36.015<br>(2) STAFF RECORDS.<br>(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:<br>1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C.,<br>2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,<br>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.,<br>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.,<br>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 16<br><br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, and administrative interview, the facility failed to maintain a record for all employees for 1 (Staff C) of 3 staff reviewed.<br><br>The findings included:<br><br>During an interview on _____ at 10:30 p.m., a copy of the Facility Roster for the facility was requested from the Administrator. The administrator said she would have to go to the other office and gather the information as the computer at the facility was not connected to the other computers.<br><br>When the Administrator failed to return by 1:10 p.m. a call was placed to the Administrator. She said she was not able to return to the facility at that time. When asked about staff files the administrator said there was no file for 1 staff who was terminated after an altercation with a resident. She said the staff stole her personnel record. She verified that Staff C's personnel record had been stolen on the day Staff C was terminated. She further verified she had not | A 161 | | |

Agency for Health Care Administration

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|---|---|---|---|---|
| A 161 | Continued From page 17<br>reported the theft of the personnel record to law enforcement.<br><br>Class III | A 161 | | |