

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11964655</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/21/2024</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**FREMONT MANOR**

**909 FREMONT AVENUE  
WINTER PARK, FL 32789**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A re-licensure survey and generator monitoring was conducted at Fremont Manor on .....<br>The provider had deficiencies at the time of the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A 000               |                                                                                                                          |                          |
| A 032<br>SS=D            | 59A-36.007(7) FAC Resident Care - Elopement Standards<br><br>59A-36.007<br>(7) ELOPEMENT STANDARDS.<br>(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. 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 this requirement for up to 30 days.<br>1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.<br>2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. | A 032               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FREMONT MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>909 FREMONT AVENUE<br/>WINTER PARK, FL 32789</b> |                                                                                                                          |                                                        |
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| A 032                                                    | <p>Continued From page 1</p> <p>The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.</p> <p>(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:</p> <ol style="list-style-type: none"> <li>1. An immediate search of the facility and premises,</li> <li>2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,</li> <li>3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,</li> <li>4. The continued care of all residents within the facility in the event of an elopement.</li> </ol> <p>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on review of the facility's documented elopement drills, personnel record reviews and interview, the facility failed to have documentation that 1 of 3 sampled staff participated in a minimum of two resident elopement drills each year (B).</p> <p>Findings:</p> | A 032                                                                                        |                                                                                                                          |                                                        |

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| A 032                                                    | Continued From page 2<br><br>Review of personnel record revealed caregiver B was hired on .<br><br>Review of the , and resident elopement drills revealed no documentation that caregiver B participated in any drills.<br><br>On ..... at 2:30pm, the maintenance director and administrator confirmed the findings and was unable to provide additional drills.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A 032                                                                          |                                                                                                                          |  |                                                        |
| A 081<br>SS=D                                            | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52<br>(1)(a) 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.<br>(b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d).<br>(c) If an assisted living facility employee completes the 1-hour training required under s. | A 081                                                                          |                                                                                                                          |  |                                                        |

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| A 081                                                    | <p>Continued From page 3</p> <p>430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a).</p> <p>(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.</p> <p>59A-36.011</p> <p>(2) STAFF PRESERVICE ORIENTATION.</p> <p>(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).</p> <p>(b) New staff must complete the preservice orientation prior to interacting with residents.</p> <p>(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.</p> <p>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:</p> <ol style="list-style-type: none"> <li>1. Resident's rights; and,</li> <li>2. The facility's license type and services offered by the facility.</li> </ol> <p>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to</p> | A 081                                                                          |                                                                                                                          |  |                                                        |

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| A 081                                                    | Continued From page 4<br><br>facility staff:<br>(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 bloodborne pathogens, may be used to meet this requirement.<br>(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:<br>1. Reporting adverse incidents.<br>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br>(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:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident neglect, and . . . . . The facility must use its prevention policies and procedures when offering this training.<br>(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: | A 081                                                                                        |                                                                                                                          |                                                        |

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| A 081                                                    | <p>Continued From page 5</p> <ol style="list-style-type: none"> <li>Resident behavior and needs.</li> <li>Providing assistance with the activities of daily living.               <p>(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.</p> <p>(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.</p> <ol style="list-style-type: none"> <li>All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</li> <li>All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</li> </ol> </li> </ol> <p>This Statute or Rule is not met as evidenced by:<br/>Based on personnel record reviews and interview, the facility failed to obtain the staff in-service trainings for 3 of 3 sampled staff (A, B, Administrator) within 30 days of employment as required.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>A record review of Staff A revealed a hire date . There was no documented in-service trainings for:           <ol style="list-style-type: none"> <li>2-hour pre-service orientation prior to interacting with residents.</li> </ol> </li> </ol> | A 081                                                                                        |                                                                                                                          |  |                                                        |

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| A 081                    | Continued From page 6<br><br>2. A record review of the Administrator revealed a hire date . . . . . There was no documented in-service training for:<br><br>a. 2-hour pre-service orientation prior to interacting with residents.<br><br>3. A record review of Staff B revealed a hire date . . . . . There was no documented in-service trainings for:<br><br>a. 2-hour pre-service orientation prior to interacting with residents.<br><br>On . . . . . at 2:30pm The Administrator confirmed the findings.<br><br>Class III                                                                                                                                                                                                                                                                                                      | A 081               |                                                                                                                          |                          |
| A 083<br>SS=D            | 59A-36.011(5) FAC Training - First Aid and . . . . .<br>(5) FIRST AID AND . . . . .<br>( . . . . . ) A staff member who has completed courses in First Aid and . . . . . and holds a currently valid card documenting completion of such courses must be in the facility at all times.<br>(a) Documentation that the staff member possess current . . . . . certification that requires the student to demonstrate, in person, that he or she is able to perform . . . . . and which is issued by an instructor or training provider that is approved to provide . . . . . training by the American Red Cross, the American . . . . . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. | A 083               |                                                                                                                          |                          |

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| A 083                                                    | <p>Continued From page 7</p> <p>(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on personnel record reviews and interview, the facility failed to have documented evidence to indicate 1 of 3 sampled staff (B) had a valid ( ) card in the facility at all times.</p> <p>Findings:</p> <p>Review of Caregiver B's record review revealed a hire date of . There was no evidence documented of in person card on file. The First Aid Training on file was dated .</p> <p>at 2:30pm - The Administrator stated the course Staff B was online. I will have her retake the course.</p> <p>Class III</p> | A 083                                                                          |                                                                                                                          |                          |                                                        |