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
	AL11953238	A. BUILDING: _____ B. WING _____	01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLYWOOD BEACH RETIREMENT HOME	1722-26 MADISON STREET HOLLYWOOD, FL 33020

(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 Relicensure and Generator Monitoring survey was conducted at Hollywood Beach Retirement Home on . The facility had deficiencies related to the Relicensure at the time of the survey.	A 000		
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (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. 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. 2. The facility must have a photo identification of at risk residents on file that is accessible to all	A 032		

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A 032	Continued From page 1 facility staff and law enforcement as necessary. 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. (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: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 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, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure that 1 of 3 sampled employees (Employee B) who works at night participated in the facility's elopement drills. The findings included: Employee B was hired at the facility on the eighth	A 032		

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A 032	Continued From page 2 of [redacted] as a home health aide (HHA). Review of the staffing schedule showed Employee B as a night shift staff. Employee B is scheduled to work Thursday through Sunday from 5:30 PM to 7:30 AM. During an interview with Employee B on [redacted] at 2:30 PM, she confirmed that she has been working at the facility since [redacted]. Employe B also acknowledged that she has not participated in any elopement drills at the facility. Employee B explained the meaning of elopement drills and demonstrated understanding of the task. The Administrator said that she completed two elopement drills in the facility, but both took place in the morning. The Administrator also explained that she reviewed the objectives of the elopement drills with the night staff, but she did not complete the drills with them. The Administrator said that "If I have to the drill at night then, I will do it." Class III	A 032		
A 078	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 [redacted]. 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	A 078		

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A 078	Continued From page 3 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, 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	A 078		

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A 078	Continued From page 4 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 records review, observation, and interviews, the facility failed to ensure that 2 of 2 sampled employees (Employees A & B) completed training in ./acquired (/) within thirty days of employment. The findings included: Review of Employee A's personnel records revealed a hire date of . Employee A is a non-licensed staff and works as a Caregiver/Aide at the facility. On Employee A was observed performing her duties at the facility. The Staffing schedule revealed that Employee A is scheduled to work on Mondays, Tuesdays, and Thursdays from 8:00 AM to 5:00 PM, on Wednesdays and Sundays from 7:30 AM to 5:30 PM. Review of Employee B's personnel records revealed she was hired on . Employee B is also a non-licensed employee who works as a Caregiver at the facility. Review of the staffing schedule documented that Employee B was scheduled to work Thursday through Sunday	A 078		

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A 078	Continued From page 5 from 5:30 PM to 7:30 AM. Review of both Employee A and B's personnel records on . . . . . revealed no evidence of training completed in / . . During an interview with Employee B on . . . . . at 2:22 PM, she confirmed that she does work at the facility as detailed above. Employee B said that she completed all required training, but she was not sure whether she had evidence to support completion of training in / . During the exit meeting with the Administrator on . . . . . at 4:00 PM, she said that she did not know she was supposed to have her employees complete the / . . training, if none of her residents had the . . . She said that she was never told to have her staff complete the / training. The Administrator agreed with the findings and said she will complete the required training. Class III	A 078		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (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.	A 161		

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A 161	Continued From page 6 59A-36.015 (2) STAFF RECORDS. (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: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 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., 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., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (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. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule	A 161		

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A 161	Continued From page 7 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure availability of training records for review upon request, during review of 1 of 2 sampled employees's personnel record (Employee B). Employee B did not have evidence of having completed training in [redacted] ([redacted]), Elopement, and control. The findings included: Review of employee A's personnel file on [redacted] revealed no evidence that training in [redacted], Elopement, and control was completed. Employee B was hired on [redacted]. The staffing schedule confirmed that Employee B currently works at the facility Thursday through Sunday from 5:30 PM to 7:30 AM. In an interview with Employee B on [redacted] at 2:22 PM, she revealed that she had completed the required training listed above. Employee also demonstrated competency in knowledge related to [redacted] control, [redacted], and elopement. Employee B did not know why the facility did not have proof of her training completion. The Administrator said during the record review and exit meeting on [redacted] at 4:00 PM she did not know what happened to Employee B's records. She said that she will have Employee B forward those documents to her. The Administrator further stated that she will have those records in the next review.	A 161		

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A 161	Continued From page 8 CLASS III	A 161		