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
	AL11968421	A. BUILDING: _____ B. WING _____	04/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLOUD HAVEN ALF	907 N TAYLOR RD BRANDON, FL 33510

(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 A change of ownership (CHOW) survey was conducted at St Cloud Haven ALF on . . . . . Deficiencies were identified at the time of survey.	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 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	A 078		

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A 078	Continued From page 1 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 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 all staff had an annual . . . . . ( ) screening, for 1 staff member of 3 (Staff B), whose records were reviewed. Findings Included: A review of Staff B's records revealed that she	A 078		

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A 078	Continued From page 2 had been working in the facility since 2017 and was on the schedule for the week of . Her record revealed the latest screening was dated . In an interview with the Administrator at 4:00pm on , she stated she was not aware that Staff B's screening had expired. Class III	A 078		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). 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. (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. (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. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility	A 083		

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A 083	Continued From page 3 failed to ensure that they had at least one staff person working in the facility, at all times, that had First Aid training. In an interview with Staff A at 10:10am on , she stated that she worked 24 hour shifts and was frequently the only staff person working in the facility. A review of Staff A's record on revealed that she worked as a caregiver and was not exempt from having the First Aid training. The record had no record of First Aid training. In an interview with Staff A at 3:30pm on , she stated she did not remember taking the First Aid course. In an interview with the Administrator on at 3:35pm, she stated she was unaware that Staff A did not have First Aid training. Class III	A 083		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility	A 152		

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A 152	Continued From page 4 supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [illegible] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [illegible] or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be [illegible]. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure a safe physical environment for 5 of 5 residents who lived in the facility. Findings Included: An observation, at 9:30am on [illegible], through the window of the double glass paned doors of the main living room area of the facility, revealed a backyard that was unkempt, with overgrown grass and and tree branches scattered throughout the yard. It was observed that the double glass paned doors were not locked, and	A 152		

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A 152	Continued From page 5 that when opened, one could easily step outside onto the screened-in patio that contained a swimming pool. The pool appeared as dark green and there was debris and algae floating on top of it. There was a moveable fence around the front of the pool, nearest the door, however there was a huge gap between the fence and the screen enclosure that would allow anyone to easily walk around the fence and enter into the pool. In an interview with the Administrator, at 11:30am . . . , she stated that the door between the living area and the enclosed patio/pool area was not kept locked, and that residents did go outside to the patio. The fence around the front of the pool was placed by them (the facility staff) to keep residents out. She acknowledged there was a gap in the fence that would allow anyone to easily walk around the fence, and that it was not a very secure way to keep people from entering or falling into the pool. The administrator stated that they were not sure what to do about the pool, as the landlord was not offering any solutions for cleaning it or making the area safer. She stated there had been talk of getting rid of the pool altogether. During the interview with the Administrator, at 11:30am on , she demonstrated how easy it was to pick up a part of the fence and move it without much effort. Photographic evidence obtained. Class III	A 152		