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
	AL11969061	A. BUILDING: _____ B. WING _____	03/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CREEK OF ST	165 SILVER LN SAINT , FL 32084

(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 relicensure survey with complaint investigation (complaints 2023009785 and 2023012593) was conducted on at Silver Creek of St . Deficient practice was identified at the time of survey.	A 000		
A 160	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018,	A 160		

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A 160	Continued From page 1 F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.	A 160		

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A 160	Continued From page 2 (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure records were readily available for review, for four of five records requested (Residents 14, 15, 16 and 17). The findings include: Review of the the admission discharge log from , - revealed the following information for Residents 14, 15, 16,	A 160		

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A 160	Continued From page 3 and 17. Photographic evidence obtained. Resident 14 was admitted on ..... and discharged on . Resident 15 was admitted ..... and discharged on . Resident 16 was admitted on ..... discharged . Resident 17 was admitted on ..... but the discharge date was blank. On at 2:15 pm, the Health and Wellness Director (HWD) was asked to provide records for Residents 14, 15, 16, and 17 for review. At 3:00 pm on , the Administrator returned with the files for Resident 14, 15, and 16, but stated that he was not familiar with Resident 17, so he contacted the corporate office for information. The Administrator was notified that the files he provided for Residents 14, 15, and 16 only had the contract, so he was asked to provide additional records on ..... at 3:15 pm. He stated that they did not have access to the files, but he reached out to the previous management company for access. On at 3:30 pm, over an hour from the original request, the Administrator stated that the business office was checking for additional documents and he had contacted the corporate office for assistance. At 4:45 pm on , he returned and asked which information was most vital . He added that the file might be too large to download and may take a long time. He was give the priority items to provide which included the residents' 1823 health	A 160		

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A 160	Continued From page 4 assessments and progress notes. At 5:00 pm on , the Administrator explained he had not obtained any feedback about the documentation requested. He was provided with the regulatory reference about records being readilly available. The requested records were not available by the time of the exit conference on at 5:45 pm. The Administrator confirmed that he had not received the documents first requested at 2:15pm. Class III	A 160		