

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965356	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARBORCHASE OF TALLAHASSEE

**100 JOHN KNOX ROAD
TALLAHASSEE, FL 32303**

(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 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 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	A 078		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 078	Continued From page 1 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 interviews and record review, the facility failed to ensure documentation of communicable status for 4 of 4 employees reviewed for Hire Requirements (Staff A, B, C, and D). The facility failed to ensure annual testing for 3 of 4 employees reviewed for Hire Requirements (Staff A, C, and D). The findings included: Communicable status Review of Staff A's (Medication Technician), Staff	A 078		

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A 078	Continued From page 2 B's (Medication Technician), Staff C's (Director of Memory Care), and Staff D's (Executive Director) employee files revealed there was no documentation of communicable status present. An interview was conducted with the Executive Director and Business Office Manager on at 11:15 AM. The surveyors discussed the missing communicable status forms from these employee's files. The director stated she did not know why these forms were missing from the employee's files. testing Review of Staff A's (Medication Technician), Staff C's (Director of Memory Care), and Staff D's (Executive Director) employee files revealed there was no documentation of a current test present. An interview was conducted with the Executive Director and Business Office Manager on at 11:15 AM. The surveyors discussed the tests from these employee's files. The director stated she did not know why these forms were missing from the employee's files. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by	A 081		

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A 081	Continued From page 3 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. (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). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (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. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously	A 081			

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A 081	Continued From page 4 completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (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. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (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 _____ borne _____, may be used to meet this requirement. (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: 1. Reporting adverse incidents. 2. Facility emergency procedures including	A 081			

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A 081	Continued From page 5 chain-of-command and staff roles relating to emergency evacuation. (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: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and The facility must use its prevention policies and procedures when offering this training. (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: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (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. (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. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	A 081			

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A 081	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure preservice orientation was completed by 2 of 4 employees reviewed for Hiring and Training Requirements (Staff A and Staff B). The facility failed to ensure control, activities of daily living and behavioral needs, elopement response, reporting major incidents, reporting adverse incidents, facility emergency procedures, incident reporting, resident rights, recognizing and reporting and neglect, or nutritional and safe food handling training were completed by 1 of 4 employees reviewed for Staff Training Requirements (Staff C) The findings included: A review of Staff A's and Staff B's (both Medication Technician) employee files revealed there was no preservice orientation education present. A review of Staff C's (Director of Memory Care) employee file revealed there was no documentation of training for control, activities of daily living and behavioral needs, elopement response, reporting major incidents, reporting adverse incidents, facility emergency procedures, incident reporting, resident rights, recognizing and reporting and neglect, or nutritional and safe food handling. An interview was conducted with the Executive Director and the Business Office Manager on at 11:15 AM. The surveyors discussed	A 081		

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A 081	Continued From page 7 the missing education from these employee's files. The director stated she did not know why these required trainings were missing from these files. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) ... (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and ... , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure / training was completed by 1 of 4 employees reviewed for Staff Training Requirements (Staff C). The findings included: A review of Staff C's (Director of Memory Care) employee file revealed there was no documentation that Staff C had completed the required / training. An interview was conducted with the Executive Director and Business Office Manager on ... at 11:15 AM. The surveyors discussed	A 082		

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A 082	Continued From page 8 the missing required education from Staff C's employee file. The director stated she did not know why this education information was missing from Staff C's employee file. Class III	A 082		
A 090 SS=D	59A-36.011(11) FAC Training - ----- (11) ----- TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure the facility's () policy and procedure training was completed by 1 of 4 employees reviewed for Staff Training Requirements (Staff C). The findings included: A review of Staff C's (Director of Memory Care) employee file revealed there was no documentation that Staff C had completed the	A 090		

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A 090	Continued From page 9 required policy and procedure training. An interview was conducted with the Executive Director and Business Office Manager on at 11:15 AM. The surveyors discussed the missing required education from Staff C's employee file. The director stated she did not know why this education information was missing from Staff C's employee file. Class III	A 090			
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.ftrules.org/Gateway/reference.asp?No=Ref-04003 , and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx . Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents,	A 093			

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A 093	Continued From page 10 standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care	A 093			

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A 093	Continued From page 11 provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _____ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on _____. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has _____ with residents to serve, must be on _____ at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.	A 093			

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A 093	Continued From page 12 This Statute or Rule is not met as evidenced by: Based upon observation and interviews, the facility failed to provide food served attractively at a palatable temperature. The findings include: Dining observations were conducted on of the lunch-time meal. The lunch meal was delivered to residents in the facility's two dining rooms between 12:03 PM and 12:45 PM. The surveyors conducted interviews during the dining observations. Residents #7, #13, and #16 were observed sitting at a table together in the main dining room and were observed receiving their meals at the same time. Each resident complained of their food being . . . upon delivery. Resident #7 stated he was not going to eat his meal and gave the surveyors permission to check the food temperatures. The surveyors obtained a thermometer from the facility's kitchen and took the following temperatures from Resident #7's plate: the chicken . . . was at 104 degrees, the mashed potatoes were at 87 degrees, and the corn was at 102 degrees. Each resident was upset because of the . . . food and stated that this was a common issue during mealtimes. During this observation and interviews, Resident #16 attempted to mix a butter . . . into his mashed potatoes and stated he was upset that the potatoes were so . . . the butter would not melt. Residents #11, 14, and 15 were observed sitting at a table together in the main dining room and were observed receiving their meals at the same time. Each resident complained of their food	A 093		

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A 093	Continued From page 13 being . . . upon delivery. Each resident was upset because of the food and stated that this was a common issue during mealtimes. Resident #14 was observed asking for an alternate meal. The Director of Resident Care told Resident #14 that the alternate meal option was a cheeseburger. Resident #14 agreed to receive a new plate of the alternate meal choice. Resident #1 was observed receiving her meal tray in the main dining room. She complained to the surveyor that the food was and that it was often . . . and under seasoned. She stated this was upsetting to her and she often did not eat her meals. She said the cook was overworked and she complained also that there were no alternate food choices for residents besides the foods on the "always available" menu-hamburgers, hotdogs, and grilled cheese. An interview was conducted with Resident #3 on at 10:40 AM regarding the food served at the facility. She stated there was "no good food" and that her son bought her Ensure shakes to supplement her meals. An interview was conducted with Resident #6 on at 11:44 AM regarding the food served at the facility. When asked about the food at the facility, she stated, "horrible! Horrible, horrible, horrible". She further explained that she was admitted to the facility because of eating issues, and that she had a . . . that was currently not in use. She said she was losing . . . and that her doctor wanted to keep the . . . in place in case they needed to supplement her oral food intake with . . . formulary. During a review of Resident #6's record, the surveyor found that she had suffered a 7.96- . . . loss since being admitted to	A 093			

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NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF TALLAHASSEE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 JOHN KNOX ROAD TALLAHASSEE, FL 32303		
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A 093	Continued From page 14 the facility on A second interview was conducted with Resident #6 in the dining room after her meal tray was taken away untouched. Resident #6 stated she almost never ate her food but that her son provided her with Ensure shakes to supplement her meals. When asked to elaborate, Resident #6 stated the food was not to her liking and that it was often served She said she had lived at the facility for less than a month and that there had been three meals that were served appropriately hot. An interview was conducted with Staff G, a Cook, on at 12:30 PM regarding the lunch meal. Staff G said that he worked at the facility 7 days per week, minimum 12 hours, maximum 15 hours per day. He was the only cook and he felt overworked and tired. He said he had been working this way since When asked if he would be able to take a day off, he stated he would not because he did not want the residents to suffer in his absence. An interview was conducted with Resident #7 on at 1:24 PM regarding the food served at the facility. He stated he hated the food service because "lunch is late, and food is". An interview was conducted with Resident #8 on at 2:00 PM regarding the food served at the facility. She stated the food service was a concern because "the coffee has been , and the food is ". She further stated she was upset that she had to eat mashed potatoes during the lunch meal on An interview was conducted with Resident #9's private caregiver on at 2:25 PM	A 093		

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STREET ADDRESS, CITY, STATE, ZIP CODE

HARBORCHASE OF TALLAHASSEE

**100 JOHN KNOX ROAD
TALLAHASSEE, FL 32303**

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A 093	Continued From page 15 regarding the food served at the facility. The caregiver stated they had concerns about the quality of the food being served and concerns about the kitchen staff. They stated, "the food stinks; she eats in her room, and we have to microwave the food to warm it" for the resident. They also stated the "meat is very tough". They said they were concerned because the cook never got a day off. An interview was conducted with the Executive Director on _____ at 3:45 PM regarding the lunch meal. The Director admitted that the food served for the lunch meal was _____. She said, "the reason was because there is only one cook and one of the kitchen aides (she then pointed to Staff H, Dietary Aide) is slow". The Director said she was trying to hire more staff. Class III	A 093		
A 161 SS=D	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. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member	A 161		

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A 161	Continued From page 16 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 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the	A 161		

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A 161	Continued From page 17 facility failed to ensure applications and references were present in the employee files for 4 of 4 employees reviewed for Hiring and Training Requirements (Staff A, B, C, and D). The findings included: During the review of Staff A's (Medication Technician), Staff B's (Medication Technician), Staff C's (Director of Memory Care) and Staff D's (Executive Director) employee files, it was revealed there were no applications present. An interview was conducted with the Executive Director and Business Office Manager on at 11:15 AM. The surveyors discussed the missing applications from these employee's files. The director stated that there were no applications kept on file for the staff members at the facility but only their resumes. Class III	A 161			
AE210 SS=D	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to _____ shall not be required to take the	AE210			

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AE210	Continued From page 18 assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, _____, or social needs of frail elderly and persons, or persons with _____'s _____ or related _____. (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure Extended Congregate Care (ECC) training was completed by 1 of 4 employees reviewed for Extended Congregate Care Facility Training Requirements (Staff B). The findings included: A review of Staff B's (Medication Technician) employee file revealed there was no documentation of completion of the required ECC staff training. An interview was conducted with the Executive Director and Business Office Manager on _____ at 11:15 AM. The surveyors discussed the missing ECC staff training from Staff B's employee file. The director stated she did not know why this education information was missing from Staff B's employee file.	AE210		

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AE210	Continued From page 19	AE210		
	Class III			
CZ000	Initial Comments An unannounced standard biennial survey was conducted at Harborchase of Tallahassee Assisted Living Facility in Tallahassee, FL. During this survey, a review of the specialty license for Extended Congregate Care, a generator assessment, a review of the visitation policy, and a review of the comprehensive emergency management plan was performed. At the time of the survey, there were areas of concern identified.	CZ000		
CZ816 SS=D	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's _____ to the Federal Bureau of Investigation for a national criminal history record check unless the person's _____ are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the _____ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit	CZ816		

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CZ816	Continued From page 20 ... electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ... to the Federal Bureau of Investigation for a national criminal history record check. The ... shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print ... notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ... The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:	CZ816		

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CZ816	Continued From page 21 (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if _____ for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, _____, herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtm. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if _____ for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to _____ to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal.	CZ816			

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CZ816	Continued From page 22 (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 was present in the employee file for 1 of 4 employees reviewed (Staff C). The findings included: A review of Staff C's (Director of Memory Care) employee file was performed on It was discovered that there was no Background Screening Attestation form present. An interview was conducted with the Executive Director and the Business Office Manager on at 11:15 AM. The surveyors discussed the missing attestation form from Staff C's file. The Executive Director stated she was unaware that the attestation form needed to be retained in employee's files. Unclassified	CZ816		

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A 000	Continued From page 23	A 000		
A 000	Initial Comments An unannounced standard biennial survey was conducted at Harborchase of Tallahassee Assisted Living Facility in Tallahassee, FL. During this survey, a review of the specialty license for Extended Congregate Care, a generator assessment, a review of the visitation policy, and a review of the comprehensive emergency management plan was performed. At the time of the survey, there were areas of concern identified.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (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. 59A-36.007 Resident Care Standards.	A 025		

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A 025	Continued From page 24 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (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. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (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. This Statute or Rule is not met as evidenced by: Based upon observations and interviews, the facility failed to provide adequate staffing to provide appropriate care and services to the residents. The findings include:	A 025			

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A 025	Continued From page 25 An interview was conducted with Resident #1 on at 10:16 AM regarding staffing. Resident #1 stated she felt that the staffing at the facility was short, and she was concerned for the staff's wellbeing. She said the cook was overwhelmed and did not have the facility's support to do his job properly. She said the medication technicians often gave medications late because they also worked as caregivers for the residents. She said the medication technicians/caregivers also were responsible for doing the resident's laundry at the facility. She further stated that, because there was one medication technician/caregiver assigned to each floor, she was concerned for their physical and mental health due to the stress and demand of the workload. An interview was conducted with Resident #10's husband on at 10:35 AM regarding staffing. He stated he had concerns about the facility's staffing and that he felt the staffing was inadequate on the memory care unit. He said "there are times when they do not even have a staff member available to let me out and they won't give me the code even though I am here every day from 8:00 AM to 1:00 PM and then at 2:00 PM until 5:00 PM. I also have a private caregiver that comes in and feeds her dinner because she cannot feed herself". He further stated the memory care director was often pulled to work on the floor due to lack of staffing on the unit. He said, "the administrator forgets this unit is here" and "she never comes here". An interview was conducted with Resident #3 on at 10:40 AM regarding staffing. Resident #3 stated she had suffered and two since being admitted to the facility and that she felt it was because she often had to wait	A 025			

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A 025	Continued From page 26 for the staff to assist her to the bathroom. She stated the staff were overworked and overwhelmed by the workload and the number of residents they were assigned to care for each day. An interview was conducted with Resident #6 on at 11:44 AM regarding staffing. Resident #6 stated she felt that the facility staffing was short but that her main concern was the kitchen staff. She said the cook was "the only one running the kitchen" and that he had "no help". She said she felt that was why the food quality at the facility suffered. An interview was conducted with Staff G, Cook, on at 12:30 PM regarding the lunch meal. Staff G said that he worked at the facility 7 days per week, minimum 12 hours, maximum 15 hours per day. He was the only cook and he felt overworked and tired. He said he had been working this way since . When asked if he would be able to take a day off, he stated he would not because he did not want the residents to suffer in his absence. An interview was conducted with Staff A, Medication Technician on at 1:52 PM regarding staffing. Staff A stated the medication technicians had become the facility's caregivers and that the facility needed extra help to provide proper resident care. She further confirmed that the medication technicians/caregivers were responsible for doing resident's laundry along with showers, meals, and medications. Staff A said the staff had been telling the administration that they needed more help "for a long time". She said she was very stressed out and felt most days that she "just runs from one end of the building to the other" and that residents often told her she	A 025			

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A 025	Continued From page 27 worked too hard. An interview was conducted with Resident #9's private caregiver on _____ at 2:25 PM regarding staffing. The caregiver stated Resident #9 had 24-hour-per-day private caregivers and that it was a concern of the family that the facility was unable to retain staff to provide safe and proper resident care. An interview was conducted with Staff B, Medication Technician on _____ at 2:26 PM regarding staffing. Staff B stated the facility was short on staff on all shifts. She stated there was one medication technician/caregiver per floor and that often times multiple residents needed help at the same time but there was no additional staff to help the residents, so the residents would have to wait for assistance. Staff B stated, "its stressful because you have to handle medications and resident care at the same time, and you do not want to mess up a resident's medication because a different resident needs to use the bathroom while you're passing medications". She confirmed that the medication technicians/caregivers were responsible for resident's showers, laundry, meals, and medications. When asked if she had spoken to the corporate management company about her concerns, Staff B stated, "what good would it do?" An interview was conducted with Staff C, Director of Memory Care on _____ at 2:46 PM regarding staffing. Staff C stated the facility was short-staffed but that they were in the process of hiring more caregivers. She stated that she was often asked to perform caregiver duties in the memory care unit due to lack of staff and that she felt overwhelmed by this because it took her away from her normal director duties.	A 025			

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A 025	Continued From page 28 An interview was conducted with Staff F, Director of Resident Care, on _____ at 11:36 AM. Staff F stated that staffing was short and that she "had a hard time recruiting and keeping staff". She said the staff were overwhelmed and she often had to ask the staff to work more hours. Staff F said they had asked the Administrator for an extra caregiver to be scheduled each day but that "she would not allow it". She said the Administrator was aware that the staffing was short but that when she asked for a solution, the Administrator would only say "I guess you need to hire more people". She said she did not feel there were enough staff to provide proper care for the residents of the facility and that she felt resident care suffered because of the lack of staff. Class III	A 025		
A 030 SS=D	59A-36.007(5) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able	A 030		

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STREET ADDRESS, CITY, STATE, ZIP CODE

HARBORCHASE OF TALLAHASSEE

**100 JOHN KNOX ROAD
TALLAHASSEE, FL 32303**

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A 030	Continued From page 29 to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; _____, Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida _____ Hotline, 1(800)96-_____ or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. _____ and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident _____, neglect, and _____; 6. Administrative and housekeeping schedules and requirements; 7. _____ control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical _____. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules	A 030		

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A 030	Continued From page 30 or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at	A 030			

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A 030	Continued From page 31 any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making for health care services, the provision of or arrangement of transportation to health care, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless,	A 030			

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HARBORCHASE OF TALLAHASSEE

**100 JOHN KNOX ROAD
TALLAHASSEE, FL 32303**

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A 030	Continued From page 32 for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ill, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (I) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without harassment, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, responsibilities, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and	A 030		

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A 030	Continued From page 33 the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated or under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the	A 030		

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A 030	Continued From page 34 resident. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to honor resident's rights to an adequate grievance policy. The findings included: During the entrance conference conducted on at 9:57 AM, the surveyors requested a copy of the facility's grievance policy and the recent grievances filed. The Executive Director told the surveyors that there were no grievances to review, and that the policy was for the residents and family members to speak to her regarding any concerns. An interview was conducted with Resident #1 on at 10:16 AM regarding the facility's grievance process. Resident #1 stated the local Ombudsman came to the facility monthly or every other month to discuss grievances with the residents. She further stated that within the facility, the Administrator had a "suggestion box" by her office door but that there were no official grievance forms to fill out aside from that. She said she and other residents felt intimidated by the Administrator and that when they spoke to her that she "growls" at them and "never smiles". When asked to give an example, Resident #1 said she had a concern because she had gone to a doctor's with her son and the facility had sent her with a medication list. She said the list was incorrect and contained old medications that she was no longer taking. She said she and her son went to discuss this concern and the Administrator told her son, "Well, you are	A 030			

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A 030	Continued From page 35 taking over her medications next month anyway, so what does it matter?". Resident #1 stated she and her son were upset by this and that she felt this was an inappropriate way for the facility to respond to their concern. An interview was conducted with Resident #3 on at 10:40 AM regarding the facility's grievance process. Resident #3 stated she had not filed any grievances at the facility. When asked to elaborate, Resident #3 stated, "it doesn't do any good. Anything you say, the administrator just says 'it's ok'". When asked if she would be able to fill out a grievance form, Resident #3 said there was no form to fill out for grievances and that they could only talk to the Administrator. An interview was conducted with Resident #5 on at 11:36 AM regarding the facility's grievance process. Resident #5 stated she had spoken to the Administrator about an interaction with a caregiver in which the caregiver told her she would not make up Resident #5's bed one evening. Resident #5 said this upset her, so she spoke to the Administrator about it. She said the Administrator handled the situation by telling the caregiver to please make her bed. When asked if she had filled out a formal grievance form, Resident #5 said she had not and that she had only verbally told about the interaction. An interview was conducted with Staff A, a Medication Technician on at 1:52 PM regarding the facility's grievance process. Staff A stated she did not know if there was an official grievance policy at the facility, but that the Administrator had a box outside her office for "suggestions". She recalled one day a resident asked her how to call the corporate office to file a complaint but that she did not know how to	A 030			

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A 030	Continued From page 36 instruct the resident. An interview was conducted with Staff B, a Medication Technician, on _____ at 2:26 PM regarding the facility's grievance process. Staff B stated she did not know what the facility's grievance policy was and that she had not helped any resident file a grievance since she started working at the facility. An interview was conducted with the Director of Memory Care on _____ at 2:46 PM regarding the facility's grievance process. She stated she did not know what the facility's grievance policy was and that she had not helped any resident file a grievance since she started working at the facility. Class III	A 030			
A 032 SS=D	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	A 032			

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A 032	Continued From page 37 415.1051, 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 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	A 032		

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A 032	Continued From page 38 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 interviews and record review, the facility failed to ensure completion and documentation of elopement drills for 4 of 4 employees reviewed for _____'s Training Requirements (Staff A, B, C, and D). The findings included: Review of Staff A's (Medication Technician) employee file revealed there was no documentation of participating in elopement drills. An interview was conducted with Staff A on _____ at 1:52 PM. During this interview, Staff A stated that she had not participated in an elopement drill since she started working at the facility 7 years prior. She stated she had received education on "how to handle an elopement situation", but never a drill. Review of Staff B's (Medication Technician) employee file revealed there was no documentation of participating in elopement drills. An interview was conducted with Staff B on _____ at 2:26 PM. During this interview, Staff B stated that she had not participated in an elopement drill since she started working at the facility 8 months prior. Review of Staff C's (Director of Memory Care) employee file revealed there was no documentation of participating in elopement drills.	A 032			

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NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF TALLAHASSEE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 JOHN KNOX ROAD TALLAHASSEE, FL 32303		
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A 032	Continued From page 39 An interview was conducted with Staff C on _____ at 2:46 PM. During this interview, Staff C stated that she had not participated in an elopement drill since she started working at the facility 2 months prior. Review of Staff D's (Executive Director) employee file revealed there was no documentation of participating in elopement drills. An interview was conducted with Staff D, Executive Director and Staff I, Business Office Manager on _____ at 11:15 AM. The surveyors discussed the missing elopement drill information from these employee's file. Staff D stated elopement drills were conducted at the facility but that she did not have proper documentation of when the drills took place or who participated in the drills. Class III	A 032		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record.	A 053		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965356	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARBORCHASE OF TALLAHASSEE

**100 JOHN KNOX ROAD
TALLAHASSEE, FL 32303**

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A 053	Continued From page 40 (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including _____ testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based upon observation, interview, and record review, the facility failed to provide medication per physician's orders for 1 of 3 residents observed for medication administration. (Resident #12) The findings include: A medication administration observation was conducted on _____ at 9:16 AM with Staff E, a Medication Technician, who was preparing medications for Resident #12. While preparing the medications, the surveyor observed that the Medication Observation Record documented Resident #12 was scheduled to receive	A 053		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965356	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2024
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A 053	Continued From page 41 ... (a ... reducing medication) at 7:00 AM but that it had not been signed off. Further observations revealed Staff E obtain a ... tablet from the medication cart. The surveyor asked Staff E if Resident #12 preferred to receive this medication with the scheduled 9:00 AM medications. Staff E stated, "Honestly, I didn't have time to give it at 7:00 AM". Following the medication administration observation, an interview was conducted with Staff E. She further stated that the facility was short staffed and that the medication technicians worked ... as caregivers for the residents, meaning that during medication administration, they also had to perform care duties, such as answering call lights, getting residents to breakfast, and helping residents to the bathroom. She said along with these duties, they also were responsible for doing resident's laundry because the facility had no laundry aides on staff. She said because of this, residents' medications were often given late. Class III	A 053		