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
	AL11911223	A. BUILDING: _____ B. WING _____	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICK STREET MANOR	22332 VICK STREET PORT CHARLOTTE, FL 33980

(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, emergency power plan, health facility reporting system, generator, visitation form, and complaint survey for #2023013143 was conducted on through at Vick Street Manor, an assisted living facility in Port Charlotte, Florida. Complaint #2023013143 was substantiated without citation. The following is a description of the deficiencies.	A 000		
A 031 SS=D	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care	A 031		

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A 031	Continued From page 1 and services provided to meet the resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were	A 031		

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A 031	Continued From page 2 unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to arrange for a current health assessment after a significant change in condition for 1 resident (#11) of 3 reviewed for hospice services. The findings included: Based on interview and record review, the facility failed to arrange for a -to- health assessment after a significant change in condition for 1 resident (#11) of 3 residents reviewed for admission to hospice services. The findings included: Review of the facility policy for Hospice effective indicated the facility would comply with the following admission and continuing residency criteria regarding hospice services: Health Assessment - AHCA Form 1823 shall be completed within 30 days of admission to hospice. Review of the medical record revealed Resident #11 was admitted to the facility on . Review of the physician's orders revealed an order for hospice consult on . Resident #11 was admitted to hospice on . Review of Resident #11's medical chart revealed the most recent -to- health assessment (AHCA Form 1823) was dated . A new form was not executed within 30 days of the resident's admission to hospice, which was	A 031		

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A 031	Continued From page 3 required. On [redacted] at 1:54 p.m., the Wellness Coordinator said she did not obtain an updated health assessment (AHCA Form 1823) for Resident #11 after the resident was admitted to hospice because she was not aware of the requirement. The administrator was made aware and said they would be arranging for the health assessment. Class III	A 031		
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 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	A 032		

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A 032	Continued From page 4 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 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:	A 032		

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A 032	Continued From page 5 Based on record review and staff interview, the facility failed to ensure staff participation and documentation of resident Elopement drills on each shift twice annually in accordance with the facility Elopement Policy and Procedure The Findings Included: Review of Family Extended Care Inc Missing Residents and Elopement Policy and Procedure: All employees will participate in an elopement drill at a minimum of twice annually. It is the responsibility of the employee to attend announced drills when such notification is posted at least one week (7 days) in advance. Attendance is mandatory, and failure to attend will constitute an unexcused absence. On [redacted] at 1:30 p.m., review of facility records, revealed documentation of elopement drills on [redacted], and [redacted], 6 staff members were not documented as participating in any of the elopement drills. Review of the employee list revealed Staff U was hired on [redacted]. Staff U is not listed as participating in any of the four elopement drills performed in 2023. Review of the employee list revealed Staff R was hired on [redacted]. Staff R is not listed as participating in any of the four elopement drills performed in 2023. Review of the employee list revealed Staff E was hired on [redacted]. Staff E is not listed as participating in any of the four elopement drills performed in 2023. Review of the employee list revealed Staff V	A 032		

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A 032	Continued From page 6 was hired on . . . . . Staff V is not listed as participating in any of the four elopement drills performed in 2023. Review of the employee list revealed Staff T was hired on . Staff T is not listed as participating in any of the four elopement drills performed in 2023. Review of the employee list revealed Staff F was hired on . . . . There was no documentation in the employee record for Staff F indicating participation in any elopement drills at the facility. On . . . . at 2:00 p.m., the Administrator stated facility staff are to participate in 2 elopement drills annually. The administrator confirmed no documentation of elopement drills for 2022 and no listing of staff participation in 2023. The Administrator said if the staff did not attend the drills they did not participate. On . . . . at 2:15 p.m., the Administrator confirmed the facility has 6 staff that have not completed the elopement drills per the facility policy. Class III	A 032		
A 076 SS=D	59A-36.009 FAC . . . . . ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An assisted living facility may not require execution	A 076		

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A 076	Continued From page 7 of a . . as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS- , "Health Care Advance Directives - The Patient's Right to Decide," , , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- . . . . is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and, 2. DH Form 1896, Florida . . . . Form, ... , 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005. (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant	A 076		

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A 076	Continued From page 8 to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences or , staff trained in , , ( ) or a health care provider present in the facility, may withhold (and). (b) In the event a resident is receiving hospice services and experiences or , , facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to have available in the medical chart, the executed and signed ( ) Form, indicating the resident did not wish to have , ( ) for 1 resident of 3 residents reviewed. The findings included: Review of the Policy and Procedure for orders ( ) indicated: If a resident does not have a , facility staff will provide and call 911 for medical assistance and advanced life saving measures. If a has been executed, a copy of that document must be made a part of the resident's record.	A 076		

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A 076	Continued From page 9 On . . . . at 11:07 a.m., observed Resident #11 awake, sitting in the 2nd floor dining room. Resident #11 was not interviewable and did not respond to verbal stimulation. Resident #11's bedroom was on the same floor close to the dining room. Review of the medical chart revealed Resident #11 was elderly, had diagnoses of . . . . . and , and a legal guardian who made all health care decisions. The legal guardian signed a hospice agreement on . The hospice care plan revealed the guardian executed and signed a form on . There was no Form amongst any of the documents. Observation of the outside of the hard chart revealed there was no yellow sticker next to Resident #11's name which is used to indicate the resident has a order in the chart. On at 2:15 p.m., the Wellness Director said she could not find a form for Resident #11 in the medical chart or anywhere else and would have to call hospice to see if they had one. The Wellness Director confirmed there was no yellow sticker on the outside of Resident #11's chart next to the name, identifying the resident's status. Review of the multidisciplinary notes for Resident #11 (in the medical chart at the facility) revealed a hospice consult on . . . . and coordination of services among Resident #11 and the Hospice on . . . . . On . . . . at 9:10 a.m., the Wellness Director said she contacted hospice, and they transmitted a copy of the form to the facility. She said it was signed by the legal guardian on .	A 076		

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A 076	Continued From page 10 She said they should have had it in the medical chart. On at 9:29 a.m., Caregiver Staff C said when a resident chooses status, the form is signed, immediately placed in the medical chart, and a yellow sticker is attached to the outside of the chart next to the resident's name, indicating status. Staff C said a 2nd copy of the form is attached to the resident's bedroom door, alerting staff they should not perform . She said if there is none of that at the facility, then the resident gets if they need it. On at 9:38 a.m., the Wellness Director said she is responsible for reviewing the hospice records and overlooked the status for Resident #11. She said the facility should have had the form on file, but they did not.	A 076		
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	A 083		

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A 083	Continued From page 11 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 record review and interview, the facility failed to ensure a staff member who has completed a course in - (.) and First Aid and holds a currently valid card is in the facility at all times for 28 (Administrator, Wellness Coordinator, Activities Coordinator, Marketing , Administrative Assistant, Business Office Manager, Dietary manager, Staff A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V) of 28 employees reviewed. The findings included: Record review of the facility employee file for Staff A revealed a hire date of ., Staff A's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff B revealed a hire date of , Staff B's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF.	A 083		

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A 083	Continued From page 12 Record review of the facility employee file for Staff C revealed a hire date of . . . . . Staff C's file contained documentation of certification completed on with an expiration date of completed online through American . . . / . Association which did not meet the regulations and is not valid for ALF. Record review of the facility employee file for Staff D revealed a hire date of . . . . . Staff D's file contained certification completed on . . . . . online through National . . Foundation, indicating the course was administered in accordance with the 2020 ECC/ILCOR and AHA guidelines, which did not meet the regulations and is not valid for ALF. Record review of the facility employee file for Staff E revealed a hire date of , Staff E's file contained documentation of . certification completed on with an expiration date of . . . . . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff F revealed a hire date of . . . . . Staff F's file contained no documentation of completion of . training. Record review of the facility employee file for Staff G revealed a hire date of . Staff G's file contained documentation of . certification completed on with an expiration date of . . . . . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF.	A 083		

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A 083	Continued From page 13 Record review of the facility employee file for Staff H revealed a hire date of . . . . . Staff H's file contained documentation of certification completed on . . . . . with an expiration date of . . . . . Further review revealed documentation of . completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff I revealed a hire date of . Staff I's file contained documentation of . certification completed on with an expiration date of . . . . . Further review revealed documentation of . completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff J revealed a hire date of . . . . . Staff J's file contained documentation of certification completed on . . . . . with an expiration date of . Further review revealed documentation of . completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff K revealed a hire date of 11/24/21. Staff K's file contained documentation of . certification completed on with an expiration date of . . . . . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff L revealed a hire date of . . . . . Staff L's file contained documentation of certification	A 083		

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(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 083	Continued From page 14 completed on . . . . . with an expiration date of . Further review revealed documentation of . completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff M revealed a hire date of . Staff M's file contained documentation of . certification completed on with an expiration date of . . . . . . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff N revealed a hire date of 11/29/21. Staff N's file contained documentation of certification completed on . . . . with an expiration date of . Further review revealed documentation of . completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff O revealed a hire date of . Staff O's file contained documentation of certification completed on with an expiration date of . . . . . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff P revealed a hire date of . . . . . Staff P's file contained documentation of certification completed on . . . . . with an expiration date of . Further review revealed documentation of . completed through Emergency Care and Safety Institute which did not meet regulations	A 083		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911223	A. BUILDING: _____ B. WING _____	04/11/2024

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A 083	Continued From page 15 and is not valid for ALF. Record review of the facility employee file for Staff Q revealed a hire date of . Staff Q's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff R revealed a hire date of 11/16/10. Staff R's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff S revealed a hire date of . Staff S's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff T revealed a hire date of . Staff T's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff U revealed a hire date of . Staff U's	A 083		

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	AL11911223	A. BUILDING: _____ B. WING _____	04/11/2024

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A 083	Continued From page 16 file contained documentation of certification completed on with an expiration date of . . . . . . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Staff V revealed a hire date of . . . . . , Staff V's file contained documentation of certification completed on . . . . and expired on . . . . . Further review revealed no current documentation of completion of . for Staff V. Record review of the facility employee file for the Administrator revealed a hire date of . The Administrator's file contained documentation of certification completed on with an expiration date of . . . . . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Wellness Coordinator revealed a hire date of . The Wellness Coordinator's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for Business Office Manager (BOM) revealed a hire date of , The BOM's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety	A 083		

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	AL11911223	A. BUILDING: _____ B. WING _____	04/11/2024

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A 083	Continued From page 17 Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for the Activity Coordinator revealed a hire date of , the Activity Coordinator's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for the Marketing revealed a hire date of , the Marketing 's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee file for the Dietary Manager revealed a hire date of , the Dietary Manager's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the current Schedule for the month of and revealed multiple days the facility would have no staff on schedule with Valid certification as required per regulations. On - on the morning (7:00-3:00), afternoon (3:00-11:00) and night (11:00- 7:00) shifts revealed no current "care	A 083		

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A 083	Continued From page 18 team " staff with valid certifications completed in accordance with regulations as required for assisted living facilities (ALFs). On at 10:30 a.m., Staff D stated she did and did the class online, and she printed the completion certificate. She confirmed the completed was an online class and was not an in-person class she completed. On at 12:54 p.m., in an interview, the Business Office Manager confirmed the certifications for the Administrator, Wellness Coordinator, Staff D, and E did not meet regulation requirements and Staff F has no documentation of completion of on file. On at 1:36 p.m., Reviewed the certifications for all the staff in the facility with Business Office Manager (BOM), she stated the certifications are all the same and there was only 1 certificate that meets regulations, and is expired. The BOM confirmed the for staff C and D was completed online and is not valid as it was not done in person. On at 1:45 p.m., the Business Office Manager confirmed there would be days on the schedule; where there is no staff with valid certification that meet regulations. The BOM said certifications for all the staff in the facility are not valid and do not meet regulation requirement, and are not valid for ALFs. Class III	A 083		