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
	AL11943120	A. BUILDING: _____ B. WING _____	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROTON MANOR	2512 CROTON AVENUE SARASOTA, FL 34239

(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
CZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to submit annually and maintain documentation of a current Comprehensive Emergency Management Plan (CEMP), approved by the local emergency management agency to ensure the safety and welfare of all residents. The findings included: On , the Administrator provided a Comprehensive Emergency management Plan (CEMP) that had been approved on , . The letter indicated the facility's CEMP is approved for 12 months from the date of the letter. During a telephone interview on at 11:59 a.m., the Sarasota Emergency Management representative stated the Croton Manor's CEMP was received in , of 2023, and an email was sent to facility requesting additional information needed and corrections needed to be made to the CEMP in , of 2023 and another email in of 2023 again requesting additional information, but nothing had been received from the facility as yet, and the CEMP/EPP for Croton Manor had expired. during an interview on at 12:08 p.m., the Administrator stated she does not have any documentation that indicates the facility resubmitted the CEMP after she received the rejection email. The Administrator confirmed the facility had no approved CEMP/EPP after 2022	CZ830		

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CZ830	Continued From page 3 and currently has no approved CEMP/EPP. Class III	CZ830		
A 000	Initial Comments An unannounced relicensure, emergency power plan, health facility reporting system, generator, and visitation form survey was conducted on at Croton Manor, an assisted living facility in Sarasota, Florida. The following is a description of the deficiencies.	A 000		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training	A 083		

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A 083	Continued From page 4 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 [redacted] currently valid card is in the facility at all times for 2 (Staff A, B) of 2 employees reviewed. The findings included: Record review of the facility employee list for Caregiver Staff A revealed a hire date of 11/15/19. Staff A's file contained documentation of certification completed on [redacted]. Further review revealed the documentation of [redacted] was completed through Postgraduate Institute of Medicine, an internet-based program which did not meet regulations and is not valid for ALFs. Record review of the facility employee list for Caregiver Staff B revealed a hire date of [redacted]. Staff B's file contained documentation of certification completed on [redacted]. Further review revealed the documentation of [redacted] was completed through Postgraduate Institute of Medicine, an internet-based program which did not meet regulations and is not valid for ALF. During an interview on [redacted] at 1:51 p.m., Staff A stated she did her [redacted] and first aid and completed the class online. Staff A states she works 4 days a week, and the other caregiver works the other 3 days, and they are live-in caregivers and are the only persons in the facility with the residents when on duty. During an interview on [redacted] at 2:08 p.m., the Administrator stated there is no written schedule	A 083		

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A 083	Continued From page 5 for the employees. Staff A works Sunday through Wednesday and Staff B works Thursday to Saturday. They are live-in caregivers and when they are at the facility, they are the only person on duty at the time of their schedule. The Administrator confirmed the training for Staffs A and B were completed online, does not meet the regulations, and therefore are days when there is no staff in the facility with valid . Class III .	A 083		
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 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	A 161		

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A 161	Continued From page 6 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 [redacted] 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 record review, and interview, the facility failed to maintain personnel records for each employee containing documentation required for compliance with Florida Administrative Code for 1 (Staff B) of 3 employee files reviewed. The findings included:	A 161		

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A 161	Continued From page 7 Review of an Employee list provided by the Administrator listed a hire date of for Staff B as a caregiver/Med Tech. Staff B's file contained no evidence of an application for employment. During an interview on at 2:08 a.m., the Administrator confirmed the documentation of the job application was missing from the employee file for Staff B. Class III .	A 161		