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
	AL11953426	A. BUILDING: _____ B. WING _____	05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE MANOR	1401 16TH STREET SARASOTA, FL 34236

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A 000	Initial Comments An unannounced relicensure, limited mental health, emergency power plan, health facility reporting system, generator, and visitation form survey was conducted on at Renaissance Manor, an assisted living facility in Sarasota, Florida. The following is description of the deficiencies:	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual	A 010		

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A 010	Continued From page 1 receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of	A 010		

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A 010	Continued From page 2 Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a	A 010		

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A 010	Continued From page 3 plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their	A 010		

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A 010	Continued From page 4 professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have an updated physical examination by a health care practitioner recorded on Agency for Health Care Administration Health Assessment Form 1823 upon significant change or at a minimum of every three years for continued residency for 1 (Resident #5) of 1 residents reviewed. The findings included: Review of the health record on for Resident #5 showed an admission date of . . . . His most recent Health Assessment Form 1823 was dated . . . . . . Review of a fax confirmation dated . . . . showed a request to his health care practitioner for an updated Health Assessment Form 1823 to be completed and sent to the facility. On at 11:23 a.m., during an interview, the Administrator stated that Staff G is responsible for ensuring the Health Assessments are up-to-date. She acknowledged that Resident #5 did not have an updated Health Assessment Form 1823 and was unsure why it would have been requested late. Class III .	A 010		

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A 081	Continued From page 5	A 081		
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 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.	A 081		

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A 081	Continued From page 6 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 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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this	A 081		

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A 081	Continued From page 7 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 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	A 081		

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A 081	Continued From page 8 and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure employees completed 1 hour of in-service training for Recognizing/Reporting /Neglect, control, Elopement Response, facility emergency procedures training, and 2 hours of pre-service orientation, prior to interacting with residents, and based on facility policy and procedures as required by Florida Administrative Code within 30 days of employment for 3 (Staff D, E, F) of 5 employee records reviewed. The findings included: Record review for Staff D revealed a hire date of as a Resident Aide. Staff D's employee record contained documentation of a certificate of completion for 1 hour of training for control and Universal Precautions on ....., Major emergency Preparedness and Evacuation on ....., ..., Neglect and ..... on , and Elopement and ..... on ....., through MyALFTraining.com an online computer-based training system, and the training completed was not based on facility policies and procedures. Further review of Staff D's employee record revealed documentation of a certificate of completion for 2 hours of training for Preservice	A 081		

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A 081	Continued From page 9 Orientation on through MyALFTraining.com an online computer-based training system, and the training completed was not based on facility policies and procedures. Record review for Staff E revealed a hire date of as a Resident aide. Staff E's employee record contained documentation of a certificate of completion for 1 hour of training for control and Universal Precautions on , Major emergency Preparedness and Evacuation on , , Neglect and , on , and Elopement and on , through MyALFTraining.com an online computer-based training system, and the training completed was not based on facility policies and procedures. Further review of Staff E's employee record revealed documentation of a certificate of completion for 2 hours of training for Preservice Orientation on through MyALFTraining.com an online computer-based training system, and the training completed was not based on facility policies and procedures. Record review for Staff F revealed a hire date of as an activities case manager. Staff F's employee record contained documentation of a certificate of completion for 1 hour of training for control and Universal Precautions on , Major emergency Preparedness and Evacuation on , , Neglect and , on , and Elopement and on , through MyALFTraining.com an online computer-based training system, and the training completed was not based on facility policies and procedures. Further review of Staff F's employee record revealed documentation of a certificate of completion for 2 hours of training for Preservice Orientation on through	A 081		

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A 081	Continued From page 10 MyALFTraining.com an online computer-based training system, and the training completed was not based on facility policies and procedures, and staff F's employee record contained no evidence of documentation of completion of 3 hours of ADL and Behavioral needs training within 30 days of hire as required.. On ..... at 12:38 p.m., during an interview, the Assistant Administrator stated the training for the employees is done online through MyALFTraining.com, a computer-based training, and the training is not being done based on the facility policies and procedures, it is based on Florida Regulations for assisted living facilities. On ..... at 12:45 p.m., during an interview, the Assistant Administrator confirmed that all the employee trainings were completed online through MyALFTraining.com .com and are not based on the facility policy and procedures. The Administrator confirmed the missing training for 3 hours for ADL and Behavioral needs for Staff F. Class III .	A 081		
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	A 090		

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A 090	Continued From page 11 admissions must receive at least one hour of training in the facility's policy and procedures regarding [redacted] 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 record review, and interview, the facility failed to ensure employees completed 1 hour of [redacted] training ([redacted]) based on facility policy and procedures as required by Florida Administrative Code within 30 days of employment for 3 (Staff D, E, F) of 5 employee records reviewed. The findings included: Record review for Staff D revealed a hire date of [redacted] as a Resident aide. Staff D's employee record contained documentation of a certificate of completion for 1-hour [redacted] on [redacted], through MyALFTraining.com, an online computer-based training system. Further review revealed the training completed was not based on facility policies and procedures. Record review for Staff E revealed a hire date of [redacted] as a Resident aide. Staff E's employee record contained documentation of a certificate of completion for 1-hour [redacted] on [redacted], through MyALFTraining.com, an online computer-based training system. Further review revealed the training completed was not based on facility policies and procedures. Record review for Staff F revealed a hire date of [redacted] as an Activities case manager. Staff F's employee record contained documentation of a certificate of completion for 1-hour [redacted]. Do Not	A 090		

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A 090	Continued From page 12 . . . . . Order on . . . . , through MyALFTraining.com, an online computer-based training system. Further review revealed the training completed was not based on facility policies and procedures. On . . . . at 12:38 p.m., during an interview, the Assistant Administrator stated the training for the employees is done online through MyALFTraining.com, a computer-based training, and the training is not being done based on the facility policies and procedures, it is based on Florida Regulations for assisted living facilities. On . . . . . at 12:45 p.m., during an interview, the Assistant Administrator confirmed that all the employee trainings were completed online through MyALFTraining.com .com and is not based on the facility policy and procedures. Class III .	A 090		