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 |
|---|---|---|---|
| | AL11969209 | A. BUILDING: _____ B. WING _____ | 06/11/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOORINGS PARK OAKSTONE AT GREY OAKS | 2355 RUE DU JARDIN NAPLES, FL 34105 |

| (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 |
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| A 000 | Initial Comments<br><br>An unannounced relicensure, extended congregate care, emergency power plan, health facility reporting system, generator, and visitation form survey was conducted on . . . . . at Moorings Park Oakstone at Grey Oaks, an assisted living facility in Naples, Florida.<br><br>The following is description of the deficiency: | A 000 | | |
| A 078 SS=D | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(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.<br>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 .<br>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 | A 078 | | |

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| A 078 | Continued From page 1<br><br>provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . . .<br>(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 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.<br>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.<br>(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.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, and interview, the facility failed to ensure for 4 (Administrator, Staff D, Staff E, and Staff F) of 4 staff reviewed, that within 30 | A 078 | | |

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| A 078 | Continued From page 2<br><br>days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . This has the potential to put a population at risk of developing communicable .<br><br>The findings included:<br><br>Review of "New Hire Physical Procedure, Revised ; 1. If you received a [ ] test today, you need to return___to have the results read within (48-72 hrs). 2. If Negative results you will return for a 2nd test on_____to be read_____(48-72 hrs)." If you require a , please go to the following facility...IF YOU HAVE TESTED POSITIVE IN THE PAST, please disregard step #2, #3 and provide [name of facility] a copy of the , report (conducted no earlier than 6 months), INH , , or a completion letter and other information from the Health Department you received the treatment. You will not be eligible to continue the hiring process without providing the required documentation."<br><br>Record review of the Administrator's employee file on , showed a hire date of . Review of Administrator's employee file did not contain a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable .<br><br>Review of Staff D's employee file on , showed a hire date of as Charge Nurse Licensed Practical Nurse (LPN). Review of Staff D's employee file did not contain a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . | A 078 | | |

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| A 078 | Continued From page 3<br><br>Review of Staff E's employee file on , showed a hire date of as a LPN. Review of Staff E's employee file did not contain a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable .<br><br>Review of Staff F's employee file on , showed a hire date of as a Resident Care Assistant. Review of Staff F's employee file did not contain a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable .<br><br>During an interview on at 2:23 p.m., the Administrator confirmed that their new hire physical procedure did not currently include a communicable statement and acknowledged that no documentation of freedom from communicable was on file for the Administrator, Staff D, Staff E, or Staff F.<br><br>Class III<br>. | A 078 | | |