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
	AL11969506	A. BUILDING: _____ B. WING _____	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PADDOCK RIDGE AT OCALA	4001 SW 33RD COURT OCALA, FL 34474

(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 re-licensure survey with Emergency Power Plan and Limited Nursing Services monitoring and a complaint investigation (complaint 2024006590) were conducted at Paddock Ridge at Ocala on July 22, 2024 through July 23, 2024. Deficiencies were identified at the time of the survey.	A 000		
A 036	59A-36.007(10) INFECTION CONTROL PROCEDURES (10) INFECTION CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of infectious diseases. (a) The facility must implement a hand hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to infectious materials or bodily fluids. Hand hygiene may include the use of alcohol-based rubs, antiseptic handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an anticipated exposure to transmissible infectious agents in blood, body fluids, secretions, excretions, nonintact skin, and mucuous membranes during the provision of personal services. Standard precautions include: hand hygiene, and dependent upon the exposure, use of gloves, gown, mask, eye protection, or a face shield. (c) The facility must clean and disinfect reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by:	A 036		

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A 036	Continued From page 1 Based on observation and interview, the facility failed to ensure employees followed infection control procedures while assisting with self-administration of medication for 3 of 3 residents sampled, Residents #9, #12 and #13. Findings include: During a medication pass observation conducted on July 22, 2024 at 12:12 PM, Staff A, Medication Technician, was observed providing assistance with self-administration of medication to Residents #9, #12, and #13. Staff A did not use proper infection control (hand hygiene) before taking the medication out of the sealed package or after giving medication to each of the residents. During an interview on July 22, 2024 at 12:30 PM, Staff A stated she was nervous and had forgotten to wash her hands or use her hand sanitizer that was on the medication cart. During an interview on July 23, 2024 at 10:42 AM, the Executive Director stated her expectations for medication technicians are to wash hands before assisting with administration and after assisting with administration. Review of the facility's Infection Control Policy, dated 11/2014 and revised 12/2019, reads, "a. hand hygiene refers to hand washing with soap (anti-microbial or non-antimicrobial) or the use if alcohol-based hand rub (ABHR), which does not require access to water." Class III	A 036		

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A 078	Continued From page 2	A 078		
A 078	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 disease. 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 tuberculosis 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 tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of communicating tuberculosis. 2. If any staff member has, or is suspected of having, a communicable disease, 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 disease. (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	A 078		

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A 078	Continued From page 3 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. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility contracting 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 contracted 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 record review and interview, the facility failed to ensure 2 of 3 sampled staff completed a tuberculosis examination on an annual basis, Staff A and Staff C, and failed to ensure 1 of 3 sampled staff submitted a written statement from a health care provider within 30 days after beginning employment documenting that the individual does not have any signs or symptoms of communicable disease, Staff C. Findings Include:	A 078		

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A 078	Continued From page 4 Review of employee records conducted on 07/23/2024 revealed Staff A, Medication Technician was hired on 04/01/2024, and Staff C, Caregiver was hired on 04/16/2024. Staff A and Staff C's records did not have documentation evidence of an annual completed tuberculosis examination. Staff C's record also revealed no written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease. During an interview on 07/23/2024 at 10:45 AM, the Executive Director stated, "No, she [Staff A] did have a TB [tuberculosis] test completed but we cannot find the form. [Staff C's name] does not have TB documentation evidence on file." Class III	A 078		