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
	AL11964723	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT LAKE HOUSE	2301 S US HW 17 CRESCENT CITY, FL 32112

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CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check unless the person's fingerprints are enrolled in the Federal Bureau of Investigation's national retained print arrest notification program. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit fingerprints electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print arrest notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	CZ816		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ816	Continued From page 1 professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, January 2017, herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service	CZ816		

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CZ816	Continued From page 2 s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if arrested for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to appointment to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the arrest report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure an Attestation Form was executed for 1 of 3 sampled personnel records, Staff B.	CZ816		

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CZ816	Continued From page 3 Findings include: Review of the personnel record for Staff B, Medication Technician, revealed the Attestation Form was not signed by the employee and was not dated. During an interview on 8/15/24 at 1:30 PM Staff B's Attestation Form was reviewed with the Administrator. The Administrator acknowledged Staff B's Attestation Form was left unsigned and undated. Unclassified	CZ816		
A 000	Initial Comments An unannounced re-licensure survey with Emergency Power Plan and Limited Nursing Services monitoring was conducted at Crescent Lake House on August 15, 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	A 036		

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A 036	Continued From page 4 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: Based on observation, interview, and record review, the facility failed to develop a policy and procedure for hand hygiene during assistance with self-administration of medications to reduce the risk of transmission of infectious disease and failed to ensure staff performed hand hygiene before and after the provision of assistance with self-administration of medications for 3 of 3 residents, Residents #5, #7, and #8. Findings include: During an observation of assistance with self-administration of medications for Resident #5 on 8/15/2024 at 11:05 AM, Staff C, Medication Technician (MT), did not perform hand hygiene and prepared the resident's medications. Staff C, MT placed the medications in the resident's hand, returned to the medication cart and obtained gloves. The MT did not perform hand hygiene, applied a glove, and administered a prescribed gel to the resident's knee. The MT removed the glove, did not perform hand hygiene, documented the medication administration, returned to the medication cart, did not perform hand hygiene,	A 036		

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A 036	Continued From page 5 and began preparing medications for another resident. During an observation of assistance with self-administration of medications for Resident #7 on 8/15/2024 at 11:10 AM Staff C, MT did not perform hand hygiene, and began to prepare the resident's medications. Staff C, MT did not perform hand hygiene, removed the medications from the medication packs into a dose cup, and placed the medications in the resident's hand for the resident to self-administer the medications. Staff C, MT returned to the medication cart, did not perform hand hygiene, obtained a lancet, glucose monitoring strip, alcohol pad, and glucometer to give to the resident for ordered glucose testing. The resident performed the glucose testing and self-disposed of the lancet and alcohol pad. Staff C, MT, received the glucose testing strip and glucometer from the resident without gloves and disposed of the glucose testing strip. Staff C, did not perform hand hygiene, exited the resident's room, returned to the medication cart, did not perform hand hygiene, placed the glucometer back in the storage case without cleaning it, and proceeded to document on the medication record. Staff C did not perform hand hygiene and started to prepared medications for a resident. During an observation of assistance with self-administration of medications for Resident #8 on 8/15/2024 at 11:20 AM, Staff C, MT did not perform hand hygiene and began to prepare the resident's medications. Staff C, MT removed the medications from the medication packs into a dose cup and placed the medications into the resident's hand for the resident to self-administer. Staff C, MT did not perform hand hygiene, returned to the medication cart, did not perform	A 036		

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A 036	Continued From page 6 hand hygiene, and documented the medication administration. During an interview with Staff C, MT, regarding hand hygiene during assistance with self-administration of medications, conducted on 8/15/2024 at 11:30 AM. Staff C, MT stated, "I washed my hands between each resident. I didn't touch the bloody end of the glucose test strip. I didn't know I was supposed to clean the glucometer." During an interview conducted with the Administrator regarding hand hygiene during assistance with self-administration of medications, conducted on 8/15/2024 at 12:15 PM, the Administrator stated, "They should wash their hands in between each resident, wear gloves when handling the glucometer, and clean the glucometer after each use." Review of the policy and procedures for Infection Control and Medication Pass revealed they did not address hand hygiene during the assistance with self-administration of medications. Class III	A 036		
AN277	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified	AN277		

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AN277	Continued From page 7 staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or contracted nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to employ or contract with a licensed nurse to be available to provide such services as needed by residents. Findings include: During an interview on 8/15/2024 at 12:15 PM, the Administrator, when asked the name of the nurse who is employed or contracted to be available to provide such services as needed by residents, stated, "We don't have one." When asked if she had background screenings and training files on site for the staff from the home health agency that provided limited nursing	AN277		

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AN277	Continued From page 8 services care, the Administrator stated, "I don't have any of that. I didn't know I needed it." During an interview on 8/15/2024 at 11:00 AM the liaison of the home health agency stated, "We don't have a contract with the facility, we are contracted through the insurance company." Review of the personnel files did not provide a file of a licensed nurse, and the Administrator was not able to produce a contract of a licensed nurse who is available to provide nursing services as needed by residents. Class III	AN277		