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
	AL11969074	A. BUILDING: _____ B. WING _____	R 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING	1061 TOMYN BLVD OCOEE, FL 34761

(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 A second revisit to the re-licensure survey and to a complaint investigation (#2024005430) was conducted at Inspired Living on . The facility had an uncorrected deficiency at the time of the survey.	{A 000}		
{A 078} SS=D	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 . 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 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 . 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 provider indicating that the individual does not constitute a risk of transmitting a communicable .	{A 078}		

AHCA Form 3020-0001

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

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{A 078}	Continued From page 1 (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. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility [redacted] 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 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: DEFICIENCY REMAINED UNCORRECTED Based on observations, record reviews and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training,	{A 078}		

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{A 078}	Continued From page 2 preparation and experience by allowing unlicensed caregivers to prepare , for injection for 3 of 3 sampled residents (#15, #16, #20.) Findings: 1. A review of resident #15's health assessment form (1823) revealed the resident needed assistance with self-administration of medications. On at 11:28 am, unlicensed caregiver L was seen putting a needle on resident #15's 2. A review of resident #16's 1823 revealed the resident needed assistance with self-administration of medications. On at 11:36 am, unlicensed caregiver N said she assisted resident #16 with his by putting the needle on the pen and the resident was independent with everything else. 3. A review of resident #20's 1823 revealed the resident needed assistance with self-administration of medications. On at 9:03 am, unlicensed caregiver L was seen putting a needle on resident #20's On at 10:38 am, unlicensed caregiver L said she assisted residents #15, #16 and #20 with their by putting the needle on the pen and the residents were independent with everything else. On at 10:54 am, resident #20 could not	{A 078}		

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{A 078}	Continued From page 3 remember what the staff did for his versus what he did. His family member, who was present, spoke up and said the staff only put the needle on the pen and resident #20 did everything else himself. On at 11:40 am, unlicensed caregiver M said she assisted residents #15, #16 and #20 with their , by putting the needle on the pen and the residents were independent with everything else. A review of the facility's training material used to train unlicensed caregivers on providing assistance with an , revealed the material indicated the unlicensed staff can put a needle on the pen. Class III	{A 078}		