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
	AL11969149	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROUT RIVER ASSISTED LIVING FACILITY	9821 RIBAULT AVE JACKSONVILLE, FL 32208

(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
CZ828	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. (f) Violating the parental consent requirements of s. 1014.06 This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to adhere to the license's capacity of 6 residents by providing care and services to 8 residents at the time of the survey. Findings Included: An interview was conducted with Staff A at 9:30am on . In the interview, she stated that there were 8 residents in the facility. She stated that Resident #2 and Resident #6 had been staying there on respite. She stated the residents on respite had rooms in the facility, ate meals and were receiving assistive services such as medication assistance. She provided a resident roster naming the 8 residents living	CZ828		

Agency for Health Care Administration

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CZ828	Continued From page 1 there. A review of the facility's assisted living license, on , revealed they held a license that specified a maximum capacity of 6 residents. A review of the facility's admission and discharge log, on , revealed the names and admission dates of the 8 residents that were living there. Resident #1 was admitted on . Resident #2 was admitted on . Resident #3 was admitted on . Resident #4 was admitted on . Resident #5 was admitted on . Resident #6 was admitted on . Resident #7 was admitted on . Resident #8 was admitted on . A review of Resident #2's record revealed a month to month lease agreement and an undated 1823 assessment stating that the resident needed assistance with meals and ambulation. A review of Resident #6's record revealed a month to month lease agreement and a medication list. In an observation at 12:10pm on , Resident #6 was observed sitting in the living room with other residents. In an observation at 12:15pm on , Resident #2, was seen in the living and had been served lunch and in the process of eating it. An interview was conducted with the Administrator at 1:50pm on . In the interview, she stated that her respite patients came in for periods of time, such as when families went on vacation, or to the hospital, or a caregiver , , and needed a place while	CZ828		

Agency for Health Care Administration

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CZ828	Continued From page 2 the family looked for a permanent place for the resident. She said that sometimes she took residents from other facilities when they had been given a 45 day notice, and she gave them an interim place to stay while they looked for another facility. The respite residents received room and board and assistive services, such as medications, just like any other assisted living resident. She had different residents from time to time, and they were on a month to month lease basis. In an interview with the Administrator at 4:25pm on , she stated she did not realize that residents on respite care, would be considered as residents to be included in the overall census, therefore she did not know that her facility had been over-capacity. Photographic evidence obtained. Unclassified	CZ828		
CZ875	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is	CZ875		

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CZ875	Continued From page 3 available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with 's or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person 's independence in activities of daily living, and skills in working with families and caregivers. (d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not	CZ875		

Agency for Health Care Administration

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CZ875	Continued From page 4	CZ875		

limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information, and stress management.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing

Agency for Health Care Administration

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CZ875	Continued From page 5 education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning , chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , must complete the training required in this section before . Proof of completion of	CZ875		

Agency for Health Care Administration

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CZ875	Continued From page 6 equivalent training completed before . . . , ... , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after . . , ... , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all staff had the appropriate training for 's and related forms of (ADRD), for 1 of 4 staff sampled (Staff B). Findings Included: A review of Staff B's record revealed a hire date of . . . . . . There was no ADRD training certificate in her record. An interview was conducted with the Administrator at 4:20pm on . . . . . , and she stated that the missing training certificate should have been there as evidence of the training. Class III	CZ875		
A 000	Initial Comments An abbreviated relicensure survey with extended congregate care monitorinng and a complaint (#2023017491) was conducted at the Trout River Assisted Living Facility on . Deficiencies were identified at the time of the visit.	A 000		

Agency for Health Care Administration

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A 078	Continued From page 7	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 . 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 . . . . . . (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		

Agency for Health Care Administration

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A 078	Continued From page 8 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 . . . . . 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: Based on record review and interview, the facility failed to ensure that all staff had evidence of a negative . . . . . (.) examination on an annual basis, for 2 of 4 staff members whose records were reviewed (the Administrator and Staff C). Findings Included: A review of the Administrator's record on revealed no evidence a negative examination was conducted on an annual basis.	A 078		

Agency for Health Care Administration

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A 078	Continued From page 9 A review of Staff C's record on revealed no evidence of a negative examination conducted on an annual basis. In an interview at 4:20pm on , the Administrator stated that she thought the examinations were up to date. Class III	A 078		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all	A 161		

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A 161	Continued From page 10 staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ⌄ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 3 of 4 staff members (Staff A, Staff B and Staff C) had documentation of all required training certificates in their personnel records. Findings included: A review of Staff C's record on revealed missing training certificates for control, activities of daily living and behavioral needs,	A 161		

Agency for Health Care Administration

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A 161	Continued From page 11 elopement, reporting major and adverse incidents, emergency response, resident rights and reporting and neglect, nutrition and safe food handling, /acquired (/) and ( ). The record showed that Staff C began employment on . A review of Staff A's record on , revealed missing training certificates for pre-service orientation, control, elopement, reporting major and adverse incidents, emergency response, resident rights and reporting and neglect, nutrition and safe food handling, /acquired (/) and ( ). The record showed that Staff A began employment on . A review of Staff B's record on , revealed missing training certificates for pre-service orientation, control, activities of daily living and behavioral needs, elopement, reporting major and adverse incidents, emergency response, resident rights and reporting and neglect, nutrition and safe food handling, /acquired (/) and ( ). The record showed that Staff B began employment on . In an interview with the Administrator at 4:20pm on , she stated that the missing training certificates should have been there, and for some reason it weren't in the records that were reviewed. Class III	A 161		

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AE210	Continued From page 12	AE210		
AE210	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , , , shall not be required to take the assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , , or social needs of frail elderly and persons, or persons with 's or related . (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff had the required extended congregate care (ECC) training, for 2 of 4 staff	AE210		

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AE210	Continued From page 13 members whose records were reviewed (the Administrator and Staff A). Findings Included: A review of the the Administrator's record on . . . . . , revealed there was no ECC initial 4 hour training, or any 4 hour ECC updated training that was required every 2 years, in her record. The record showed the Administrator's hire date was . . . . . A review of Staff A's record on . . . . . revealed no ECC training. Staff A's hire date was . In an interview with the Administrator at 4:25pm on . . . . . , she stated the training records should have been in the record. Class III	AE210		