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 |
|---|---|---|---|
| | AL11966430 | A. BUILDING: _____ B. WING _____ | R 08/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| A GENTLE CARE ALF RESIDENCE # 2 | 66 BLARE CASTLE DRIVE PALM COAST, FL 32137 |

| (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>A revisit to a complaint survey (complaint #2022013676) was conducted at A Gentle Care ALF Residence #2 from to . Deficiencies were found to be uncorrected at the time of the survey. | {A 000} | | |
| {A 054} | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use.<br>(b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:<br>1. The name of the resident and any known the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the | {A 054} | | |

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| {A 054} | Continued From page 1<br>medication.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to maintain a daily medication observation record (MOR) for each resident who received assistance with self-administration of medications or medication administration, updated each time the medication is offered or administered, which included a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors, for 2 of 2 residents observed for assistance with self administration of medication (Residents 4 and 5).<br><br>The findings included:<br><br>During an observation on at 10:00 am of the Administrator providing assistance with the self administration of medication to Resident 4, she stated that the resident had requested , medication. She opened the medication cabinet and obtained a container of , ( ) 500 milligrams (mg). She stated that the facility had not received the MOR and therefore she had to improvise. She manually added an entry for 500 mg as needed (PRN) and noted the times of 8:00 am and 10:00 am on the MOR. She obtained one tablet from the container ( which had no resident name or directions for use) and gave it to Resident 4. She documented the medication as given in the column of the MOR. Photographic evidence obtained.<br><br>In an interview on at 10:05 am, the Administrator was asked when the order for was given and why it was not already in the MOR . She stated that she was not sure | {A 054} | | |

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| {A 054} | Continued From page 2<br><br>but she would check.<br><br>Review of the Resident 4's . . , and . . MOR revealed that resident had orders for: hydrocodeone . . . . . , 5-325 mg every 4 to 6 hours as needed for non- acute , and . . 81 mg once a day. These medications had no been signed off as given.<br><br>During a second observation on at 2:31 pm, the Administrator was preparing medication for Resident 5. She obtained one tablet of . . . . . - . . . . . , . . 5-325 mg and took it to the resident. After the resident had taken the medication she signed the MOR, however there was no time on the MOR indicating when the medication was scheduled to be given. Photographic evidence obtained.<br><br>Review of the Resident 5's , MOR revealed order for one tablet of . . . . . - , 5-325 mg four times a day. There was no times noted in the MOR to give the medication and the medication was not checked as given. Additionally, there was no system in place to account for the medication.<br><br>The Administrator was interviewed on at 3:20 pm. She stated that Resident 4's . - , 5- 325 mg was discontinued and was put on . . . . 50 mg at night. She could not tell when . - . . . . , . . 5- 325 mg was discontinued or . . added.<br><br>Further review of the Resident 4's , , and . . . . . MOR revealed orders for . - , 5- 325 mg but there was no entry for 50 mg. Photographic evidence obtained. | {A 054} | | |

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| {A 054} | Continued From page 3<br><br>The Administrator was observed contacting the pharmacy on [illegible] at 3:25 pm. The pharmacy representative mentioned the Hydrocodeone-[illegible] for Resident 4 was discontinued in [illegible] and [illegible] was added in [illegible]. The pharmacy represenative could not obtain any information regarding the order for [illegible].<br><br>The Administrator was interviewed on [illegible] at 3:45 pm. She confirmed that the MOR was not documented properly.<br><br>Class III | {A 054} | | |
| {A 081} | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52<br>(1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record.<br>(b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). | {A 081} | | |

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| {A 081} | Continued From page 4<br><br>(c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a).<br><br>(7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.<br><br>59A-36.011<br>(2) STAFF PRESERVICE ORIENTATION.<br>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).<br>(b) New staff must complete the preservice orientation prior to interacting with residents.<br>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.<br>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br>1. Resident's rights; and,<br>2. The facility's license type and services offered by the facility.<br>(3) STAFF IN-SERVICE TRAINING. Facility | {A 081} | | |

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| {A 081} | Continued From page 5 | {A 081} | | |

administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training.
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training

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| {A 081} | Continued From page 6<br><br>within 30 days of employment that covers the following subjects:<br>1. Resident behavior and needs.<br>2. Providing assistance with the activities of daily living.<br>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.<br>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.<br>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.<br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on a review of employee records and interview with the Administrator, the facility failed to ensure 1 of 3 sampled employees (Employee B) received two hours of pre-service orientation that covered topics including the facility's license type and services offered.<br><br>The findings include:<br><br>A review of Employee B's personnel file found he was hired [redacted] as a Caregiver/Medication Technician. | {A 081} | | |

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| {A 081} | Continued From page 7<br><br>An interview was conducted with the Business Office Manager (BOM) on . . . . at 11:30 am, and she was asked for pre-service training records for Employee B.<br><br>On . . . at 12:07 pm, the BOM was asked again for the information. The Administrator was in the office with paperwork strewn about her. They explained they were "working on it".<br><br>At 12:57 pm on , the Administrator produced some documents including a certificate for a 1 hour pre-service orientation training. She apologized for the delay and explained her printer was not working right. Review of the certificate for Pre-Service Orientation found it was dated . The duration of the training was 1 hour and the topic covered was "Fire and Safety". There was no employee name or signature on the certificate. Photographic evidence was obtained.<br><br>An interview was conducted with the Administrator on at 3:30 pm. She was shown the pre-orientation certificate with no name. The Administrator said it was Employee B's. When asked if she realized what the time requirement for the pre-service orientation was, she said, two hours. The Administrator was asked to look at the credit hours. She did and said, "one hour", acknowledging the . . . . . The Administrator confirmed the topic covered was fire safety. When advised there were additional unmet training requirements, specifically the facility's license type/services offered by the facility, she acknowledged the requirements and missing information.<br><br>Class III | {A 081} | | |

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| {A 161} | Continued From page 8 | {A 161} | | |
| {A 161} | 429.275(2) FS; 59A-36.015(2) FAC Records - Staff<br><br>429.275<br>(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.<br><br>59A-36.015<br>(2) STAFF RECORDS.<br>(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:<br>1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C.,<br>2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,<br>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.,<br>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.,<br>5. Documentation verifying direct care staff and | {A 161} | | |

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| {A 161} | Continued From page 9<br><br>administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on a review of employee records and interview with the Administrator, the facility failed to maintain employee records, including an application and references, health statements or training certificates for 1 of 3 sampled employees reviewed (Employee D).<br><br>The findings include:<br><br>Review of the facility's staff schedule for found Employee D, Caregiver, worked every Sunday from 8:00 am to 8:00 am Monday morning. Photographic evidence was obtained.<br><br>An interview was conducted with the Business Office Manager (BOM) on at 11:20 am, and she was asked for the personnel file for Employee D. The Administrator explained at 11:30 am on that Employee D went and forth between a former sister facility and this facility. Employee D's file was at the other facility, which closed two or three months ago. The | {A 161} | | |

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| {A 161} | Continued From page 10<br><br>Administrator then said the file was no longer there where it was supposed to be, and she did not have it here. She stated it may have been in a storage trailer, but that trailer went missing, or with the former Administrator. She has not gone to retrieve the contents of trailer. The Administrator stated she would look again, but did not provide any personnel records for Employee D by the end of the survey.<br><br>Class III | {A 161} | | |