

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964723	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CRESCENT LAKE HOUSE

**2301 S US HW 17
CRESCENT CITY, FL 32112**

(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
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 _____ to the Federal Bureau of Investigation for a national criminal history record check unless the person's _____ are enrolled in the Federal Bureau of Investigation's national retained print _____ notification program. If the _____ 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 _____ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the _____ to the Federal Bureau of Investigation for a national criminal history record check. The _____ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print _____ 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 _____. 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 _____ 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, _____, 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.sht ml. 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 _____ for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to _____ 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 _____ 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 _____ 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 _____. Deficiencies were identified at the time of the survey.	A 000			
A 036	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of _____ (a) The facility must implement a _____ hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to _____ materials or _____ hygiene may include the use of _____-based rubs, _____ handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an _____ exposure to transmissible	A 036			

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A 036	Continued From page 4 agents in,, nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask,, protection, or a shield. (c) The facility must clean and 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 hygiene during assistance with self-administration of medications to reduce the risk of transmission of and failed to ensure staff performed 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 at 11:05 AM, Staff C, Medication Technician (MT), did not perform hygiene and prepared the resident's medications. Staff C, MT placed the medications in the resident's, returned to the medication cart and obtained gloves. The MT did not perform hygiene, applied a glove, and administered a prescribed gel to the resident's, The MT removed the glove, did not perform hygiene, documented the medication administration, returned to the medication cart, did not perform 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 _____ at 11:10 AM Staff C, MT did not perform _____ hygiene, and began to prepare the resident's medications. Staff C, MT did not perform _____ hygiene, removed the medications from the medication packs into a dose cup, and placed the medications in the resident's _____ for the resident to self-administer the medications. Staff C, MT returned to the medication cart, did not perform _____ hygiene, obtained a lancet, _____ monitoring strip, _____, and _____ to give to the resident for ordered _____ testing. The resident performed the _____ testing and self-disposed of the lancet and _____ Staff C, MT, received the _____ testing strip and _____ from the resident without gloves and disposed of the _____ testing strip. Staff C, did not perform _____ hygiene, exited the resident's room, returned to the medication cart, did not perform _____ hygiene, placed the _____ in the storage case without cleaning it, and proceeded to document on the medication record. Staff C did not perform _____ hygiene and started to prepared medications for a resident. During an observation of assistance with self-administration of medications for Resident #8 on _____ at 11:20 AM, Staff C, MT did not perform _____ 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 _____ for the resident to self-administer. Staff C, MT did not perform _____ hygiene, returned to the medication cart, did not perform	A 036		

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A 036	Continued From page 6 ... hygiene, and documented the medication administration. During an interview with Staff C, MT, regarding ... hygiene during assistance with self-administration of medications, conducted on ... at 11:30 AM. Staff C, MT stated, "I washed my ... between each resident. I didn't touch the bloody end of the ... test strip. I didn't know I was supposed to clean the ..." During an interview conducted with the Administrator regarding ... hygiene during assistance with self-administration of medications, conducted on ... at 12:15 PM, the Administrator stated, "They should wash their ... in between each resident, wear gloves when handling the ... , and clean the ... after each use." Review of the policy and procedures for Control and Medication Pass revealed they did not address ... 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 _____ 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 _____ at 12:15 PM, the Administrator, when asked the name of the nurse who is employed or _____ 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 _____ at 11:00 AM the liaison of the home health agency stated, "We don't have a contract with the facility, we are _____ 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			