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
	AL11910631	A. BUILDING: _____ B. WING _____	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIDDEN LAKES SENIOR LIVING COMMUNITY	1006 33RD STREET VERO BEACH, FL 32960

(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 An unannounced Relicensure survey and a Generator Monitoring survey were conducted on at Hidden Lakes Senior Living Community. The facility had deficiencies related to the Relicensure survey identified at the time of the survey.	A 000		
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	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 _____ 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 an interview, the facility failed to ensure 1 out of 3 sampled employees (Staff A) had submitted a written statement from a health care provider documenting that the employee does not have	A 078		

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A 078	Continued From page 2 any signs or symptoms of communicable . . . . . dated within six months prior to hire; and, failed to ensure 1 out of 3 sampled employees (Staff B) submitted an annual negative ( ) statement signed by a health care provider. The findings included: a) During review of the personnel file for Staff A, date of hire , a signed statement by a health care provider verifying this employee was free from all communicable . . , including , was not located. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. A Skin Test form dated . . . . was located in the file, and was only signed by a Registered Nurse noting that the employee was free from communicable . . . . b) During review of the personnel file for Staff B, a statement documenting freedom from . dated within the previous year and signed by a health care provider could not be found. Staff B was hired on . The last signed statement on file noting that the employee was free from . was dated . . The Administrator was notified of these findings on . . . . . at 12:00 PM. The facility provided no additional documentation for review at this time. Class III	A 078		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . . (.). A staff member who	A 083		

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A 083	Continued From page 3 has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure a staff member who has completed a course in First Aid and certified in (, ,) was in the facility at all times for 3 out of 3 sampled staff (Staff A, B and C). The findings included: Review of the personnel files for Staff A, B and C on revealed no current training in First Aid. On at 10:45 AM, the Administrator stated that a licensed nurse who is exempt from First Aid training and who is certified in is present in the facility during the day time. The Administrator acknowledged that the documentation of training in both First Aid and	A 083		

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A 083	Continued From page 4 . was not present and available for review for one staff member in the facility througout the 3:00 PM to 11:00 PM shift or the 11:00 PM to 7:00 AM shift. The facility provided no additional documentation for review at this time. Class III	A 083		