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
	AL11969325	A. BUILDING: _____ B. WING _____	R 10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL SQUARE AT TALLAHASSEE ASSISTED LIVI	1060 CLARITY POINTE TALLAHASSEE, FL 32308

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{A 000}	Initial Comments An unannounced revisit to the standard biennial ( ) was conducted at Capital Square at Tallahassee Assisted Living on . At the time of survey some of the areas of concerns were found not to be corrected.	{A 000}		
{A 081} SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (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. (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). (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). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice	{A 081}		

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{A 081}	Continued From page 1 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. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (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). (b) New staff must complete the preservice orientation prior to interacting with residents. (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. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility 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	{A 081}		

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{A 081}	Continued From page 2 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 within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (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.	{A 081}		

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{A 081}	Continued From page 3 (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. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed upon to ensure that 3 of 6 employees (Employees A, E and F) received preservice orientation, trainings in control, ADL and Behavioral need, elopement response, reporting major incidents, reporting adverse incidents, facility emergency procedures, resident rights, and recognizing reporting neglect and nutritional safe food handling. The findings included: A record re-review was conducted of the personnel files of Employee A, who was hired as a Resident Assistant on ; Employee E, who was hired as a Medication Technician on ; and Employee F, who was hired as a Resident Assistant on , as they had been previously been cited in the biennial survey for not receiving preservice orientation, trainings in control, ADL and Behavioral need, elopement response, reporting major incidents,	{A 081}		

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{A 081}	Continued From page 4 reporting adverse incidents, facility emergency procedures, resident rights, and recognizing reporting neglect and nutritional safe food handling and no trainings included. These trainings were still missing during the revisit. On at approximately 11:24 am, the Executive Director (ED) reported that she was not able to produce any trainings. She stated she had attempted to contact the corporate office, who reported they had been trying to get access to the system that has the training (Relias). However, because the new management company does not have access to this system, they are not able to access any of the trainings. Class III	{A 081}		
{A 090} SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	{A 090}		

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{A 090}	Continued From page 5 failed upon to ensure that 3 of 6 employees (Employees A, E and F) received at least one hour of training in the facility's policies and procedures regarding . The findings included: A record re-review was conducted of the personnel files of Employee A, who was hired as a Resident Assistant on ; Employee E, who was hired as a Medication Technician on ; and Employee F, who was hired as a Resident Assistant on , as they had been previously been cited in the biennial survey for not receiving training in the facility's policies and procedures regarding . On at approximately 11:24 am, the Executive Director (ED) reported that she was not able to produce any trainings. She stated she had attempted to contact the corporate office, who reported they had been trying to get access to the system that has the training (Relias). However, because the new management company does not have access to this system, they are not able to access any of the trainings. Class III	{A 090}		
{AE210} SS=D	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	{AE210}		

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{AE210}	Continued From page 6 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 upon revisit to ensure that 1 of 6 employees completed 4 hours of initial training in extended congregate care. (Employee D) The findings include: A record review was conducted of Employee D's (Executive Director) personnel file and, upon revisit, still found no documentation that she had completed the required 4 hours of initial training in extended congregate care required by Administrators of facility's with extended congregate care licenses.	{AE210}		

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{AE210}	Continued From page 7 On at approximately 11:24 am, the Executive Director acknowledged that she had not completed the 4 hours of initial training in extended congregate care. Class III	{AE210}		

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{CZ000}	Initial Comments On , a revisit survey was performed at Capital Square at Tallahassee Assisted Living and Memory Care in Tallahassee, FL. This was a follow up to the biennial survey originally ending on . Some areas of concern continued to be deficient.	{CZ000}		
{CZ830} SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status,	{CZ830}		

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{CZ830}	Continued From page 1	{CZ830}		

each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.
(3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider:
1. Suffered damage to its operation during the state of emergency.
2. Is currently licensed.
3. Does not have a provisional license.
4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.
(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be

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{CZ830}	Continued From page 2	{CZ830}		

prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.

(4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to submit its comprehensive emergency management plan (CEMP) to the county's Emergency Management for review and approval.

The findings include:

A record review was conducted of the facility's CEMP. The CEMP was last submitted and approved by Leon County Division of Emergency Management on . Upon revisit, the CEMP had not been submitted for review and approval.

On at approximately 10:30 AM, the Executive Director reported that the CEMP had not been submitted to the Leon County Division of Emergency Management because, when she got to the fire safety plan, she realized that there was no binder or paperwork in the building, so she reached out to the fire marshal to complete the fire safety plan. She stated that she had to redo the fire safety plan and then resubmit it to the Fire Marshall for approval. Only after this occurs can they submit the CEMP for review and approval.

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{CZ830}	Continued From page 3 She stated that, when the new management company took over on , they did not realize that the previous management company had not updated the CEMP. Class III	{CZ830}		