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
	AL11953306	A. BUILDING: _____ B. WING _____	C 11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN AT FREEDOM VILLAGE (THE)	6410 21ST AVENUE, W. BRADENTON, FL 34209

(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 A Biennial Re-licensure and Complaint Investigation (Complaint Number 2024011557) in conjunction with a Generator monitoring were conducted at The Inn at Freedom Village on . Deficiencies were identified at the time of survey.	A 000		
A 078 SS=D	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		

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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 interview, the facility failed to obtain evidence of a negative ( ) examination and failed to obtain a one-time statement that the employee was free from communicable from a health care	A 078		

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A 078	Continued From page 2 provider for two employees (Staff A and C) of four sampled employees. Findings Included: An employee record review for Staff A and C, conducted on , revealed that Staff A and C's employee records did not have evidence from a health care provider that the employees were free from . Staff A and C's employee records did contain a statement from a health care provider that the employees were free from communicable . Staff A was hired on . Staff C was hired on 11/01/2023. During an interview with the Human Resources Director, conducted on from 01:00pm through 01:15pm, the Human Resources Director agreed that Staff A and C's employee records did not contain evidence of a negative examination or a one-time statement that the employees were free from communicable . Class III	A 078		
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	A 081		

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A 081	Continued From page 3	A 081		

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 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

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A 081	Continued From page 4	A 081		

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 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

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A 081	Continued From page 5 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. (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 to provide direct care staff with trainings	A 081		

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A 081	Continued From page 6	A 081		

regarding the facility's policy and procedures for control, emergency procedures and evacuation, incident and adverse incident reporting, prevention, and elopement response. Furthermore, the facility failed to provide direct care staff with a two-hours pre-service orientation prior to interacting with residents and trainings regarding three-hours of activities of daily living and behavioral needs, one-hour of nutrition and safe food handling, and one-hour of elopement response training within thirty days of employment for three employee (Staff A, B, and C) of three sampled employees.

Findings Included:

A record review for Staff A, conducted on , revealed that Staff A's employee record did not contain evidence that the employee obtained trainings regarding the facility's policy and procedures for control, emergency procedures and evacuation, incident and adverse incident reporting, prevention, and elopement response. Staff A's employee record did not contain evidence that the employee obtained two-hours pre-service orientation regarding the facility's license type, the services it provided, and an overview of resident rights signed by the trainer and Staff A prior to interacting with residents. Staff A's employee record did not contain evidence that the employee had training regarding three-hours of activities of daily living and behavioral needs within thirty days of employment. Staff A was hired on .

A record review for Staff B, conducted on , revealed that Staff B's employee record did not contain evidence that the employee obtained trainings regarding the facility's policy and procedures for control, emergency

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A 081	Continued From page 7 procedures and evacuation, incident and adverse incident reporting, prevention, and elopement response. Staff B's employee record did not contain evidence that the employee obtained two-hours pre-service orientation regarding the facility's license type, the services it provided, and an overview of resident rights signed by the trainer and Staff B prior to interacting with residents. Staff B's employee record did not contain evidence that the employee had training regarding one-hour of nutrition and safe food handling within thirty days of employment. Staff B was hired on . A record review for Staff C, conducted on , revealed that Staff C's employee record did not contain evidence that the employee obtained trainings regarding the facility's policy and procedures for control, emergency procedures and evacuation, incident and adverse incident reporting, prevention, and elopement response. Staff C's employee record did not contain evidence that the employee obtained two-hours pre-service orientation regarding the facility's license type, the services it provided, and an overview of resident rights signed by the trainer and Staff C prior to interacting with residents. Staff C's employee record did not contain evidence that the employee had trainings regarding one-hour of elopement response and three hours of activities of daily living and behavioral needs within thirty days of employment. Staff C was hired on . During an interview with the Human Resources Director, conducted on from 01:00pm through 01:15pm, the Human Resources Director agreed that Staff A, B, and C's employee records did not contain evidence that the employees obtained trainings regarding the facility's policy	A 081		

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A 081	Continued From page 8 and procedures for control, emergency procedures and evacuation, incident and adverse incident reporting, prevention, and elopement response. The Human Resources Director agreed that Staff A, Staff B, and Staff C's employee records did not have evidence of obtaining a two-hours pre-service orientation prior to interacting with residents. The Human Resources Director agreed that Staff A, B, and C's employee records did not contain evidence of obtaining all required in-service trainings within thirty day of their employment. 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 failed to provide direct care staff with a one-hour training regarding the facility's policy and procedures regarding	A 090		

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A 090	Continued From page 9 ( ) within thirty days of employment for three employees (Staff A, B, and C) of three sampled employees. Findings Included: A record review for Staff A, B, and C, conducted on , revealed that Staff A, B, and C's employee records did not contain evidence that the employees obtained a one-hour training regarding the facility's policy and procedures regarding within thirty days of employment. Staff A was hired on . Staff B was hired on . Staff C was hired on . During an interview with the Human Resources Director, conducted on from 01:00pm through 01:15pm, the Human Resources Director agreed that Staff A, B, and C's employee records did not have evidence that the employees obtained a one-hour training regarding the facility's policy and procedures for within thirty days of employment. Class III	A 090		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program,	A 091		

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A 091	Continued From page 10 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that employee records included training certificates that documented the title of the training program, the subject, matter of the training program, the training program agenda, the number of hours of the training program, the trainee's name, dates of participation, and location of the training program, and the training provider's name, dated signature and credentials and/or professional license number for three employees (Staff A, B, and C) of three sampled employees. Findings Included: An employee record review for Staff A, B, and C, conducted on , revealed that Staff A, B, and C's employee records did not contain any training certificates. Staff A was hired on	A 091		

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A 091	Continued From page 11 . Staff B was hired on . Staff C was hired on . During an interview with the Human Resources Director, conducted on from 01:00pm through 01:15pm, the Human Resources Director agreed that Staff A, B, and C's employee records did not contain any training certificates. Class III	A 091		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,	A 152		

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A 152	Continued From page 12 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe, clean, and decent living environment for twenty-five residents that resided in the memory care unit (photographic evidence obtained). Findings Included: Observations of the memory care unit, conducted on at 09:40am, revealed that the carpeting had faded areas throughout. The carpeting had brown, pink, and red spots/stains of unknown substances throughout. There was a strong odor of down the hall to the left. There were brown and pink dried drips/spills down the wall and to the baseboard. There were small bits of trash on the carpet throughout. The air vents near were caked with an accumulation of dust. There was white dry wall mud that was caked onto the wall with dried drips down the wall and onto the carpet near . During an interview with the Nursing Home Administrator, conducted on at 02:38am, the Nursing Home Administrator agreed	A 152		

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A 152	Continued From page 13 that the carpeting in the memory care unit needed to be cleaned or replaced and that the air vents needed to be cleaned after he reviewed all of the photographic evidence of the memory care unit. Class III	A 152		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953306	A. BUILDING: _____ B. WING _____	C 11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN AT FREEDOM VILLAGE (THE)	6410 21ST AVENUE, W. BRADENTON, FL 34209

(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 160	Continued From page 14 intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953306	A. BUILDING: _____ B. WING _____	C 11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN AT FREEDOM VILLAGE (THE)	6410 21ST AVENUE, W. BRADENTON, FL 34209

(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 160	Continued From page 15 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log with the required admission and discharge data. Findings Included: A review of the admission and discharge log between the time of , and	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 160	Continued From page 16 , conducted on , revealed that the admission and discharge log did not include the required admission and discharge data for current and former residents. During an interview with the Health-and Wellness Director, conducted on at 02:05pm, she agreed that the admission and discharge log was not up-to-date and did not include all required admission and discharge data. Class III	A 160		