

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964707	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/03/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

INDIGO PALMS

**570 NATIONAL HEALTH CARE DRIVE
DAYTONA BEACH, FL 32114**

(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 relicensure survey with complaint investigation (complaint numbers 2023014330, 2024003044, and 2024012570) was conducted at Indigo Palms from . . . to . . . Deficiencies were identified at the time of survey.	A 000		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (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. 59A-36.015 (2) STAFF RECORDS. (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: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section	A 161		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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NAME OF PROVIDER OR SUPPLIER INDIGO PALMS			STREET ADDRESS, CITY, STATE, ZIP CODE 570 NATIONAL HEALTH CARE DRIVE DAYTONA BEACH, FL 32114		
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A 161	Continued From page 1 429.174, F.S., and Rule 59A-36.010, F.A.C., 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., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (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. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all staff who provide direct care to residents had evidence of receiving the required training for 2 of 2 staff members (Staff E and Staff F), whose records were reviewed. Findings Included: A review of Staff E's record revealed that she was hired on _____ and was employed as a resident caregiver. There was no evidence in the record that Staff E had completed the required Control, or _____ () training. There was no evidence of annual updates to training in _____ and Related (ADRD).	A 161			

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A 161	Continued From page 2 A review of Staff F's record revealed that she was hired on _____ and was employed as a resident caregiver. There was no evidence in the record that Staff F had completed the required Control training, Activities of Daily Living (ADL) and Behavioral Needs training, Elopement Response training, training in _____ () and Acquired _____ (), ADRD, or Nutrition and Safe Food Handling training. In an interview with the Assistant Administrator on _____ at 1:00pm, she stated that the missing training certificates in the employee records were most likely because they were done online and had not been printed out to put in the records. She tried, but was unable to locate the certificates online. Class III	A 161			