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
	AL11968729	A. BUILDING: _____ B. WING _____	C 12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MANOR AT LAKE JACKSON	2301 US 27 S SEBRING, FL 33870

(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 survey and a generator monitoring were conducted at The Manor at Lake Jackson Memory Care on . Deficiencies were identified at the time of survey.	A 000		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary.	A 032		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 032	Continued From page 1 The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all direct care staff and administration had participated in elopement drills twice annually for nine of nine employees (Administrator, Business Office Manager, Wellness Director, Staff A, B, C, D, E, and F). Furthermore, the facility failed to ensure that their elopement policy and procedures noted the identification of the staff responsible for	A 032		

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A 032	Continued From page 2 contacting law enforcement, the resident's family, guardian, health care surrogate, and/or case manager, and the how the continued care of all residents within the facility would be met in the event of an elopement. Findings Included: A review of the , , , and elopement drills, conducted on , revealed that the Administrator, Business Office Manager, Wellness Director, Staff A, B, C, D, E, and F had not participated in these elopement drills. There were no other elopement drills provided between through . A review of the elopement policy and procedures, conducted on , revealed that the facility's elopement policy and procedures did not identify the staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager or how the continued care of all residents within the facility would be met in the event of an elopement. During an interview with the Administrator, conducted on at 03:33pm, the Administrator agreed that herself and the Business Office Manager, Wellness Director, Staff A, B, C, D, E, and F had not participated in these elopement drills dated , , , and . The Administrator was unable to provide any other elopement drills performed. The Administrator agreed that the facility's elopement drill policy and procedures did not include the identification of the staff responsible for contacting law enforcement, the resident's family, guardian, health care	A 032		

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A 032	Continued From page 3 surrogate, and/or case manager, and the how the continued care of all residents within the facility would be met in the event of an elopement. Class III	A 032		
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 4 (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 ensure that employees obtained a one-time statement that the employees were free from communicable within thirty days of employment for three employees (Staff A, B, and C). Furthermore, the facility failed to ensure that	A 078		

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A 078	Continued From page 5 employees obtained evidence of a negative examination for one employee (Staff B) of four 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 a one-time statement from a health care provided that the employees were free from communicable within thirty days of employment. Staff B's employee record did not contain evidence of a negative examination. Staff A was hired on . Staff B was hired on . Staff C was hired on . During an interview with the Administrator, conducted on at 03:30pm, the Administrator agreed that Staff A, B, and C's employee records did not contain a one-time statement that the employees were free from communicable . The Administrator agreed that Staff B's employee record did not contain evidence of a negative examination. Class III	A 078		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who 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	A 083		

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A 083	Continued From page 6 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 interview, the facility failed to have staff on every shift that had been certified for , , ( ) and first aid for two employees (Staff C and F) of six sampled employees. Findings Included: An employee record review for Staff C and F, conducted on , revealed that Staff C and F did not have evidence of current and active and first aid training. A review of the staffing schedule, conducted on , revealed that Staff C worked with Staff F on on the 11:00pm through 07:00am shift. There were no other employees on duty during that time. During an interview with the Administrator, conducted on at 03:00pm, the Administrator agreed that Staff C and F did not have evidence of current and active and first	A 083		

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A 083	Continued From page 7 aid training. The Administrator agreed that Staff C and F worked on during the 11:00pm through 07:00am shift together without another employee that had a current and active and first aid certification. Class III	A 083		