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
	AL11964707	A. BUILDING: _____ B. WING _____	R 04/28/2025

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 revisit to the relicensure and complaint survey (complaints 2023014330, 2024003044, and 2024012570) was conducted Indigo Palms from to . Deficiencies were found to be uncorrected at the time of the 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}		

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{A 161}	Continued From page 1	{A 161}		

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 a review of personnel files and interview with staff, the facility failed to maintain evidence of compliance with all training requirements for 4 of 5 staff whose records were reviewed (Employees F, G, H and I).

The findings include:

Personnel file review for Employee F found she was hired on as a Medication Technician. The file contained no evidence she received the required 1 hour training in control or training in / (/ ,).

Review of Employee G's file revealed she was

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{A 161}	Continued From page 2 hired in . The file contained a "CNA Crash Course" certificate from a third party educator dated ; however, there was no curriculum outlined and no credit hours listed on the document. The file did not contain 3 hours of training in activities of daily living (ADLs) and behavioral needs, elopement response or / . There was no documentation Employee G received the required 1 hour training in reporting major incidents, adverse incidents, and emergency procedures, nutrition and safe food handling, or ( ) policies and procedures. Photographic evidence obtained. The file for employee H revealed she was hired in as a Medication Technician. The file lacked proof of the required training in / and policies. Review of Employee I's file found she was hired as a Patient Care Coordinator. The file contained no training records for / , elopement response, reporting major incidents and emergency procedures, or policies. An interview was conducted with the Clinical Director on at 4:30 pm. She was advised of the missing training records for Employees F, G, H and I. She expressed understanding and explained she had been trying to get hold of the Administrator, but had been unsuccessful. Class III	{A 161}		