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
	AL11967821	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANA ABUELOS ALF	2923 W IVY STREET TAMPA, FL 33607

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A 000	Initial Comments A re-licensure survey and a generator monitoring visit were conducted at Ana Abuelos 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		

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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 have employees participate in two elopement drills annually for five of five employees (Staff A, B, C, D, and F) of five sampled employees. Findings included: A review of the facility's elopement drills,	A 032		

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A 032	Continued From page 2 conducted on , revealed there was no participation in the elopement drills by Staff B and Staff F and only one participation by Staff A, Staff C, and Staff D. The elopement drills that were provided by the facility to staff were dated , , , and .Staff A was hired on . Staff B was hired on .Staff C was hired on . Staff D was hired on . Staff F was hired on . During an interview on at 12:30 PM, the Administrator agreed that Staff B and Staff F had not participated in any elopement drills and Staff A, Staff C, and Staff D had only participated in one elopement drill. Class III	A 032		
A 040 SS=D	429.55(2) F.S. Resident Education- {V (2) VTE CONSUMER INFORMATION.- (a) The Legislature finds that many (PEs) are preventable and that information about the prevalence of the could save lives. (b) The term ", " means a condition in which part of the clot breaks off and travels to the , possibly causing . (c) The term " " means , which is a clot located in a deep , usually in the or arm. The term can be used to refer to , , , or both. (d) Assisted living facilities must provide a consumer information pamphlet to residents upon admission. The pamphlet must contain information about ,	A 040		

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A 040	Continued From page 3 including risk factors and how residents can recognize the signs and symptoms of . This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility did not have a pamphlet that contained information about , which included risk factors and how resident could recognized the signs and symptoms for two (#5 and #6) of two residents. Findings included: During a review of the , pamphlet, conducted on , revealed the facility had no pamphlet to review. During an interview on at 10:48 AM, the Administrator stated the facility did not have a pamphlet regarding , to review. The Administrator stated Residents #5 and Resident #6 did not have a pamphlet regarding , . Class III	A 040		
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	A 081		

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A 081	Continued From page 4 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 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	A 081		

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A 081	Continued From page 5 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 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	A 081		

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A 081	Continued From page 6 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. (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	A 081		

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A 081	Continued From page 7 failed to provide direct care staff with the required in-service trainings, which included a two-hours pre-service orientation training prior to providing direct care as wells as activities of daily living and behavioral needs, elopement response, incident and adverse incident reporting, and emergency procedures for three (Staff A, B, and C).of three sampled employees. Findings included: An employee record review for Staff A, conducted on , revealed Staff A did not have a training certificate regarding pre-service orientation for two-hours in the employee record. Staff A was hired on . An employee record review for Staff B, conducted on , revealed Staff B had a training certificate dated but was not signed by the Administrator or the employee. Staff B was hired on . An employee record review for Staff C, conducted on , revealed Staff C did not have a training certificates regarding pre-service orientation for two-hours, an activities of daily living and behavioral needs for three-hours, elopement response, incident and adverse incident reporting, and emergency procedures in the employee record. Staff C was hired on . During an interview on at 12:15 PM, the Administrator agreed Staff A did not have a training certificate for a pre-service orientation training and Staff B's was not signed by the employee or the Administrator. The Administrator agreed Staff C did not have a training certificate for the pre-service orientation, the activities of	A 081		

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A 081	Continued From page 8 daily living and behavioral needs, the elopement response, the incident and adverse incident reporting, and the emergency procedures in the employee's record. 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 ensure that employees had training regarding for one (Staff C) of three sampled employees. Findings included: An employee record review for Staff C, conducted on , revealed Staff C did not complete training regarding . Staff C was hired on .	A 090		

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A 090	Continued From page 9 During an interview on at 12:15 PM, the Administrator agreed Staff C did not have the training regarding . Class III	A 090		