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
	AL11965739	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON CLUB AT PRESTANCIA (THE)	3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238

(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 An unannounced Compliant Survey, CCR# 2013000504 was conducted at The Heron Club at Prestancia, an Assisted Living Facility (ALF), on Deficiencies were identified in relation to the complaint.	A 000		
A 026	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests. (b) The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate residents ' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities shall be available at least six (6) days a week for a total of not less than twelve (12) hours per week. Watching television shall not be considered an activity for the purpose of meeting the twelve (12) hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count	A 026		

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A 026	Continued From page 1	A 026		

those attendance hours towards the required twelve (12) hours per week of scheduled activities. An activities calendar shall be posted in common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to three (3) hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to consistently provide scheduled activities consistent with the requirements for 13 of 13 residents on the memory care unit.

The findings include:

1. On _ _ _ _ at 8:48 a.m. an interview was conducted with Resident #4. Resident #4 complained activities were not being consistently offered for resident in the memory care unit.

2. On _ _ _ at 9:09 a.m., Staff D was interviewed. Staff D stated, "She (the Director of Activities) has a calendar (an activity calendar) and if there is a calendar we go by the calendar." She stated they usually try to provide the residents with 30 minutes of an activity twice a day (a total of 1 hour). Staff A stated she has not seen the Activities Director, "Come up [to the memory care unit] and do activities in a week or two." Staff D complained the she cannot provide activates for resident on days when she is the only staff member on the memory care unit.

On _ _ the Director of Resident Programs was interviewed. She stated she admitted she did not post an activity calendar for the memory care resident this month. The Director of Resident

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A 026	Continued From page 2 programs stated, "I try my very best to go up there (to the memory care unit) I sometimes rely on the CNAs." On _ at 11:53 a.m., Staff D was interviewed again. She confirmed the residents did not receive their activity for the appropriate amount of time today. She stated she usually turns the Price is Right (a TV game show) on for the residents at 11:00 a.m. Class III	A 026		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable . including . . . . . Freedom from . . . . . must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . . . . . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff	A 078		

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A 078	Continued From page 3	A 078		

shall 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 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
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.

This Statute or Rule is not met as evidenced by:
Based on Record Review and interview, the facility failed to ensure 2 (Staff A and C) of 3 employees reviewed had a statement from a health care provider showing they are free of signs and symptoms of communicable diseases. The facility also failed to ensure 3 (Staff A, B, and C) of 3 staff member reviewed had yearly Tuberculosis .

The findings include:

1. On 2/1[illegible] A's employee record was reviewed. The record revealed Staff A's Date of Hire (DOH) was 12/3[illegible] review of Staff A's record did not reveal documentation from

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A 078	Continued From page 4 health care provider stating this staff A is free from communicable [illegible] nor did the record reveal documentation of a [illegible] screening for Staff A. 2. On [illegible] Staff B's employee record was reviewed. The record revealed Staff B's DOH was [illegible]. Further review of Staff B's record revealed Staff B's last [illegible] screening was completed on [illegible] (over one year ago). 3. On [illegible] Staff C's employee record was reviewed. The record revealed Staff C's DOH was [illegible]. Further review of Staff C's record did not reveal documentation from health care provider stating this Staff C is free from communicable [illegible] nor did the record reveal documentation of a [illegible] screening for Staff C. 4. On [illegible] at approximately 12:25 a.m., the Business Office Director confirmed she could not locate records for communicable [illegible] statements for Staff A and C. She also confirmed she could not locate [illegible] screening records for Staff A, B and C. Class III	A 078		
A 079	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294 36-45 — 335	A 079		

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A 079	Continued From page 5	A 079		

46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 residents over 95 add 42 staff hours per week.

2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.

4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.

5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least 18 years of age, must be designated in writing to be in charge of the facility.

6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.

7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.

8. Only on-the-job staff may be counted in

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A 079	Continued From page 6	A 079		

meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and

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A 079	Continued From page 7	A 079		

meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to consistently ensure enough staff members on the memory care unit to meet the needs of 5 (Residents #1, #6, #7, #9, and #10) of 14 residents on this unit.

The findings include:

1. On _ 48 a.m., an interview was conducted with Resident #4. Resident #4 stated,

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A 079	Continued From page 8	A 079		

"I don't think that having one person on this floor (the Memory Care Unit) is adequate. There are some people here who can't stand. I do feel the staffing on the weekends is not good. They (the facility) cut way back. Sometimes there are only three aides working the whole unit (she confirms by unit she means the building). I do have concerns that management is not concerned about this [staffing levels.]"

On , Staff D was interviewed. At 9:09 a.m., Staff D stated, "The last month are so has been rough because staff have been calling off." She stated it's hard when she is working on the memory care unit alone. Staff D continued by saying, "The only thing that concerns me is when I am here alone and I am showering someone there is no one to watch the hall."

On approximately 11:50 a.m., the Assisted Living Director was interviewed. She stated, "We typically try to have two per shift first and second shift and one night (Per floor). Not everybody is on care and basically at that hours it's as needed and staff does shiftily rounds with them (the residents). We always keep a person on the second floor which is our secure area (memory care unit)."

2. On at 12:00 p.m., Staff F was interviewed. Staff F stated staffing at the facility has been, "Rocky." Staff F explained it is hard to care for the residents when there is only one staff member working on the second floor (the memory care unit). Staff F stated there are times when residents on the memory care unit have gone without shower when there is only one staff member working that shift. She stated the previous week through there was one staff on the memory care unit and some

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A 079	Continued From page 9 resident did not get their scheduled showers. She identifies Resident #1 as a resident who requires additional care when being bathed. She stated, "Mainly and Resident #1 didn't get her shower, because she requires more assistance." On , the shower schedule for the week of through was reviewed. The schedule has a note which states, "Only 1 aide could not shower." The note reflects Resident #6 did not receive a shower on . Residents #7, #9, and #10 did not receive a shower on ; and Resident #1 did not receive a shower on . Class III	A 079		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) 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. 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 major incidents.	A 081		

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A 081	Continued From page 10	A 081		

2. Reporting adverse incidents.
3. 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 following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident neglect, and
(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.

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A 081	Continued From page 11 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 (Staff C) of 3 staff members reviewed received the required in-service training within 30 days of hire and before providing services to residents in the facility. The findings include: 1. On ... Staff C's employee record was reviewed. The record revealed Staff C's DOH was ... The record did not contain documentation for the following in-service trainings: Reporting major incidents; Reporting adverse incidents; Facility emergency procedures; Resident rights in an assisted living facility; Recognizing and reporting resident neglect, and ; The facility ' s resident elopement response policies and procedures. On ... at 12:28 p.m., the Business Office Director was interviewed. She confirmed the facility does not have record of Staff C receiving the above listed trainings. Class III	A 081		
A 082	58A-5.0191(3) FAC Training - ... (3) ... Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on and including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment.	A 082		

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A 082	Continued From page 12 Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of 1 (Staff C) of 3 employees reviewed received training on [redacted] within 30 days of employment. The findings include: 1. On [redacted] Staff C's employee record was reviewed. The record revealed Staff C's DOH was [redacted] Further review of Staff C's employee record did not reveal documentation of a 1 hour [redacted] training course was ever completed by Staff C. 2. On [redacted] at 12:28 p.m., the Business Office Director was interviewed. She confirmed the facility does not have record of Staff C receiving [redacted] training. Class III	A 082		
A 090	58A-5.0191(11) FAC Training - Do Not [redacted] Orders (11) [redacted] 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 [redacted] within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers,	A 090		

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HERON CLUB AT PRESTANCIA (THE)	3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238

(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 090	Continued From page 13 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 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 (Staff C) of 3 employees reviewed received the required training on ( ) within 30 days of employment. The findings include: 1. On Staff C's employee record was reviewed. The record revealed Staff C's DOH was Further review of Staff C's employee record did not reveal documentation of training. 2. On at 12:28 p.m., the Business Office Director was interviewed. She confirmed the facility does not have record of Staff C receiving training. Class III	A 090		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Heron Club At Prestancia (the)
3749 Sarasota Square Blvd.
Sarasota, FL 34238

Re: CCR #2013000504

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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Fort Myers, FL 33901
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