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
	AL11965661	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS LAKE MARY	3655 W. LAKE MARY BLVD. LAKE MARY, FL 32746

(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 Re-licensure Survey was conducted on at Spring Hills Lake Mary with a Limited Nursing Services (LNS) component. At the time of the survey, deficiencies were identified.	A 000		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license	A 008		

Agency for Health Care Administration

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A 008	Continued From page 1	A 008		

number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, [redacted] 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the

Agency for Health Care Administration

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A 008	Continued From page 2 elements in Section 3. This requirement does not apply for residents receiving: a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823. (d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a order for residents who do not wish to be administered in the case of or (g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or	A 008		

Agency for Health Care Administration

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A 008	Continued From page 3 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the assisted living facility failed to have a completed health assessment {AHCA Form 1823} after a significant change for 1 out of 20 (resident #8) sampled residents Findings: Observations on , during the initial tour, at approximately 9:30 AM found resident #8 in bed, with his concentrator running. The tubing was not in place near his nostrils but was on the floor near his bed. The director of resident care (DRC) was called into the confirmed this observation. He attempted to get resident #8 to respond to his verbal requests to help him place the tubing appropriately near his nostrils. Resident #8 did not respond to his requests. At this date and time, the DRC stated that resident #8 was "totally dependent for all things". Record review of resident #8's AHCA Form 1823, dated revealed that resident #8 was " Independent " with activities of daily living (ADLs) except for ambulation, which read, "needs supervision." In an interview with the DRC on at	A 008		

Agency for Health Care Administration

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A 008	Continued From page 4 approximately 2:15 PM it was verified that the AHCA Form 1823, dated , did not match the resident's capabilities. Record review revealed resident #8 was on hospice. Record review of hospice notes, dated , indicated that the resident was non-ambulatory and needed assistance with feeding. Hospice observation documentation noted that the patient was not eating. The personal care section of the hospice notes indicated that the resident required sponge baths and care to be given by hospice staff. The safety measure section of the hospice notes read, on, half rails up and low bed in place." In an interview with the administrator on , at approximately 5:48 PM confirmed the above findings. Class III	A 008		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a	A 030		

Agency for Health Care Administration

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A 030	Continued From page 5	A 030		

complaint.
(c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with , 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida Hotline " 1(800)9€ or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d),

Agency for Health Care Administration

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A 030	Continued From page 6 F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical . . . . . shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at	A 030		

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A 030	Continued From page 7 any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a . . . . his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . . . the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency	A 030		

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A 030	Continued From page 8 termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to treat 2 of 20 (resident # 4 and resident # 5) sampled residents with the need for privacy. Findings: Observation on at approximately 9:30 AM in the library a caregiver for resident # 4 was taking his weight on a chair scale in full view of visitors, staff and other residents off the main foyer. After the weight was taken the caregiver announced that he weighed 143 pounds in the presence of several residents. Staff #4 and staff #5 were all in the library. Observation on at approximately 9:35 AM in the library staff #4 on the second floor speaking in a loud voice to resident #5 and stated "You have an you have and your doctor also ordered an eye drop and we sent a culture of your eye yesterday." Staff #4 was speaking in a loud tone	A 030		

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A 030	Continued From page 9 of voice in the presence of staff #5 and three other residents in the library. Observations found several other residents and visitors in the main foyer that were seated and appeared to be within hearing distance of the library. In an interview with the administrator on [redacted] at approximately 5:48 PM, he acknowledged the findings. Class III	A 030		
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 [redacted] including [redacted]. Freedom from [redacted] must be documented on an annual basis. A person with a positive [redacted] test must submit a health care provider ' s statement that the person does not constitute a risk of communicating [redacted]. 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 [redacted], 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 shall exercise their responsibilities, consistent with their qualifications, to observe residents, to	A 078		

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A 078	Continued From page 10	A 078		

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 assisted living facility failed to ensure personnel records contained verification of freedom from communicable ..... for 4 out of 4 (administrator, staff #1, staff #2, and staff #3) applicable staff members reviewed.

Findings Include:

1) Record review of the administrator's file revealed his application was dated
Record review revealed the administrator had freedom from ..... documented on ..... but failed to provide documentation that he did not have any signs or symptoms of a communicable .....

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A 078	Continued From page 11 2) Record review of staff #1's file revealed her application was dated . . . . Record review revealed staff #1 had freedom from . . . . documented on . . . . . but failed to provide documentation that she did not have any signs or symptoms of a communicable . . . . 3) Record review of staff #2's file revealed her application was dated . . . . Record review revealed staff #2 had freedom from . . . . documented on . . . . but failed to provide documentation that she did not have any signs or symptoms of a communicable . . . . 4) Record review of staff #3's file revealed her application was dated . . . . . Record review revealed staff #3 had freedom from . . . . . documented on . . . . but failed to provide documentation that she did not have any signs or symptoms of a communicable . . . . In an interview with the administrator on . . . at approximately 4:26 PM, he stated the facility policy does not cover the examination of the staff by a health care provider for communicable . . . . . He stated that the LPN {Licensed Practical Nurse} does a . . . . . test and then the physician comes in and signs but the staff are not examined by the physician. In a phone interview with the Business Office Manager on . . . . at approximately 12:04 PM, she stated the administrator started on . . . staff #1 started on . . . . staff #2 started on . . . . , and staff #3 started on . . . . . Class III	A 078		

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A 081	Continued From page 12	A 081		
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. 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	A 081		

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A 081	Continued From page 13 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 personnel record review and interview the assisted living facility failed to ensure that 2 out of 4 (staff #2, staff #3) applicable sampled staff members reviewed have the required in-service training within 30 days of employment. Findings Include: 1) Record review of staff #2's file revealed her application was dated . . . . . Record review revealed staff #2 lacked a certificate verifying the completion of emergency preparedness and incident reporting. 2) Record review of staff #3's file revealed her	A 081		

Agency for Health Care Administration

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	AL11965661	A. BUILDING: _____ B. WING _____	

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A 081	Continued From page 14 application was dated . . . Record review revealed staff #3 lacked a certificate verifying the completion of emergency preparedness and incident reporting. In an interview with the administrator on . . . at approximately 5:48 PM, he acknowledged that there were no certificates in staff #2 and staff #3's file relating to emergency preparedness and incident reporting. He stated that those topics are covered in employee orientation and will provide that information. Record review of the paperwork submitted for staff #2 and staff #3 by the administrator revealed employee orientation included emergency preparedness and incident reporting. Record review revealed both staff #2 and staff #3 participated in orientation. Record review lacked a training certificate or reflected the amount of time each training lasted. Class III	A 081		
A 084	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision,	A 084		

Agency for Health Care Administration

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A 084	Continued From page 15	A 084		

assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises.

(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to:

1. Read and understand a prescription label;

2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including:

a. Assist with oral dosage forms, dosage forms, and and nasal dosage forms;

b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;

c. Recognize the need to obtain clarification of an " as needed " prescription order;

d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders;

e. Complete a medication observation record;

f. Retrieve and store medication; and

g. Recognize the general signs of adverse

Agency for Health Care Administration

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A 084	Continued From page 16 reactions to medications and report such reactions. (c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the assisted living facility failed to obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications by a registered nurse or licensed pharmacist for 1 of 4 (staff #8) applicable sampled staff members who assist with self-administration of medication. Findings Include: In a phone interview with staff #8 on at approximately 4:34 PM, she stated she is a med-tech. She stated she assisted with medications. She stated she is up for the annual training. She stated she had the training last year, the earlier part of last year. She stated she would give them {the residents} a if they say they have a . She stated it would be PRN. She stated as long as it is on their MOR {Medication Observation Record} sheet then she will give it to them.	A 084		

Agency for Health Care Administration

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A 084	Continued From page 17 Record review of staff #8's file revealed a four hour training titled "Medication Management Training" was completed on _____. Staff #8 did not have documentation of a two hour annual update for providing assistance with self-administration of medication. In an interview with the Director of Resident Care on _____ at approximately 5:33 PM, he stated they were unable to locate staff #8's two hour update. In an interview with the administrator on _____ at approximately 5:48 PM, he acknowledged the findings and stated staff #8 will not assist residents with medications until she completes her two hour medication training update. In a phone interview with the Business Office Manager on _____ at approximately 12:04 PM, she stated staff #6 began working at the facility on _____. Class III	A 084		
A 090	58A-5.0191(11) FAC Training - Do Not _____ Orders (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 _____ within 60 days after the effective date of this rule. (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	A 090		

Agency for Health Care Administration

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A 090	Continued From page 18 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 interview and record review the assisted living facility did not provide ... Training ... for 4 out of 4 (administrator, staff #1, #2, and #3) sampled staff member reviewed. Findings: 1) Record review of the administrator's file revealed his application was dated ... Record review revealed the administrator lacked a certificate for the completion of a ... training. 2) Record review of staff #1's file revealed her application was dated ... Record review revealed staff #1 lacked a certificate for the completion of a ... training. 3) Record review of staff #2's file revealed her application was dated ... Record review revealed staff #2 lacked a certificate for the completion of a ... training. 4) Record review of staff #3's file revealed her application was dated ... Record review revealed staff #3 lacked a certificate for the completion of a ... training. In an interview with the business office manager on ... at approximately 5:05 PM, she	A 090		

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A 090	Continued From page 19 stated she could not locate any Training for those employees and stated she was not aware of that specific training requirement. In an interview with the director of resident care and the administrator on at approximately 6:35 PM, they confirmed that they did not provide any Training for their staff at present. In a phone interview with the Business Office Manager on at approximately 12:04 PM, she stated the administrator started on staff #1 started on , staff #2 started on , and staff #3 started on Class III	A 090		
A 091	58A-5.0191(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility ' s personnel files. The documentation must include the following: 1. The title of the training program; 2. The subject matter of the training program; 3. The training program agenda; 4. The number of hours of the training program; 5. The trainee ' s name, dates of participation, and location of the training program; 6. The training provider ' s name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.	A 091		

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A 091	Continued From page 20 (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed to ensure that the documentation of staff trainings met the minimum requirements for 4 out of 4 (administrator, staff #1, #2, and #3) sampled staff members reviewed. The facility failed to provide training certificates which included the number of training hours. Findings: 1) Record review of the administrator's file revealed his application was dated Record review revealed the administrator's certificates did not indicate the number of training hours. Resident rights training, dated scanned for documentation. 2) Record review of staff #1's file revealed her application was dated Record review revealed staff #1's certificates did not indicate the number of training hours. Resident rights training, dated scanned for documentation. 3) Record review of staff #2's file revealed her application was dated Record review revealed staff #2's certificates did not indicate the number of training hours. Resident rights training, dated scanned for documentation. 4) Record review of staff #3's file revealed her	A 091		

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A 091	Continued From page 21 application was dated . Record review revealed staff #3's certificates did not indicate the number of training hours. Resident rights training, dated scanned for documentation. In an interview with the business office manager, the director of resident care, and the administrator on at approximately 6:00 PM, they could not provide any certificates from Upstairs Solution Online Training for senior care staff, which needed to include the number of training hours completed. In a phone interview with the Business Office Manager on at approximately 12:04 PM, she stated the administrator started on , staff #1 started on , staff #2 started on , and staff #3 started on . Class III	A 091		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Spring Hills Lake Mary
3655 W. Lake Mary Blvd.
Lake Mary, FL 32746

Dear Administrator:

Re: Biennial w/LNS

This letter reports the findings of a state licensure survey that was conducted on 18, 2013 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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2727 Mahan Drive
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