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 |
|---|---|---|---|
| | AL11932616 | A. BUILDING: _____ B. WING _____ | 07/24/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ARBOR VILLAGE, INC. | 13107 N. 22ND STREET TAMPA, FL 33612 |

| (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<br><br>A change of ownership (CHOW) survey with limited mental health (LMH) services was conducted at Arbor Village, Inc. on . Deficiencies were identified at the time of the survey. | A 000 | | |
| A 078 SS=D | 58A-5.019(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(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.<br>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 . . . . . .<br>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 | | |

AHCA Form 3020-0001

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

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| A 078 | Continued From page 1<br><br>(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.<br>(c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C.<br>(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.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews and interview, the facility failed to have in the personnel file of 1 (Staff A) of 3 direct care staff a written statement from a health care provider stating staff A did not have any signs or symptoms of communicable . This statement must be completed | A 078 | | |

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| A 078 | Continued From page 2<br>within 30 days of being hired at the facility.<br><br>Findings included:<br><br>Record review on [redacted] of the personnel file for direct care staff A revealed she was hired on [redacted] and there was no signs or symptoms of communicable statement completed by a health care provider in her file within 30 days of being hired at the facility. Further review revealed Staff A had a [redacted] x-ray which was negative on [redacted] but did not have an annual statement for 2018 and 2019 from a health care provider that stated Staff A did not have any signs or symptoms of [redacted].<br><br>During an interveiw conducted on [redacted] at 2:45 p.m., the administrator verified the free from communicable statements and the annual free of any signs or symptoms of statement for direct care staff A were not in her personnel file.<br><br>Class III | A 078 | | |
| A 082 SS=D | 58A-5.0191(4) FAC Training - [redacted]<br><br>(4) [redacted] ([redacted]). 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 | A 082 | | |

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| A 082 | Continued From page 3<br><br>obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to provide a one time education course on the ( ) and the ( ) for 2 (Staff A and Staff B) of 2 sampled direct care staff.<br><br>Findings included:<br><br>Record review on7/24/19 of the personnel files for Staff A and Staff B revealed there was no documentation showing the / training had been done within 30 days of hire. Staff A: Date of Hire was . Staff B: Date of Hire was .<br><br>During an interview with the administrator on at 2:40 pm, they verified the required training for / was not in Staff A and Staff B's personnel files.<br><br>Class III | A 082 | | |