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
	AL11969134	A. BUILDING: _____ B. WING _____	R 04/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAIRN PARK 4	1433 SE 30TH TERR CAPE CORAL, FL 33904

(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 revisit survey was conducted on . . . . . at Cairn Park 4, an assisted living facility in Cape Coral, Florida. This was a second follow-up to the relicensure and limited nursing services survey completed on . The outstanding deficiencies (Z806, A0078, A0084, A0091, and A0181) were unable to be reviewed. The following is description of the deficiencies.	{A 000}		
{A 078}	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (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. 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	{A 078}		

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{A 078}	Continued From page 1 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 . (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. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (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. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 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. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents,	{A 078}		

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{A 078}	Continued From page 2 pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation and interview, correction of the citation was unable to be determined. The findings included: On . . . . . at 9:00 a.m., there was no answer at the door. A realtor lock was on the front door. No realtor sign was posted on the lawn. There were no signs indicating the facility closed or listing a number to call. The same conditions were noted on the survey conducted on . On at 9:15 a.m., interviewed neighbor and he said no one has lived in the house since one week before hurricane Irma hit on . He said about 6 months ago someone came and parked the mini van in the driveway, but no one has been seen at the house. Class III	{A 078}		
{A 084}	58A-5.0191(6) FAC 429.52 (6), FS Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to section 429.52(6), 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	{A 084}		

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{A 084}	Continued From page 3 requirements with respect to the supervision, 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, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the 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 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	{A 084}		

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{A 084}	Continued From page 4 employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (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 6 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 may be provided online. (d) Trained unlicensed staff who, prior to the	{A 084}		

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{A 084}	Continued From page 5 effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6), FS (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff. The department shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on observation and interview, correction of the citation was unable to be determined. The findings included: On at 9:00 a.m., there was no answer at the door. A realtor lock was on the front door. No realtor sign was posted on the lawn. There were no signs indicating the facility closed or listing a number to call. The same conditions were noted on the survey conducted on . On at 9:15 a.m., interviewed neighbor and he said no one has lived in the house since one week before hurricane Irma hit on . He said about 6 months ago someone came and	{A 084}		

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{A 084}	Continued From page 6 parked the mini van in the driveway, but no one has been seen at the house. Class III	{A 084}		
{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. (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:	{A 091}		

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{A 091}	Continued From page 7 Based on observation and interview, correction of the citation was unable to be determined. The findings included: On at 9:00 a.m., there was no answer at the door. A realtor lock was on the front door. No realtor sign was posted on the lawn. There were no signs indicating the facility closed or listing a number to call. The same conditions were noted on the survey conducted on . On at 9:15 a.m., interviewed neighbor and he said no one has lived in the house since one week before hurricane Irma hit on . He said about 6 months ago someone came and parked the mini van in the driveway, but no one has been seen at the house. Class III	{A 091}		
{A 181}	58A-5.026(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any	{A 181}		

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{A 181}	Continued From page 8 substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility continued to fail to show proof of an approved emergency power plan approved from the local emergency management agency and failed to develop written policies and procedures to ensure facility staff can effectively and immediately activate, operate and maintain the alternate power source. The findings included: On at 9:00 a.m., there was no answer at the door. A realtor lock was on the front door. No realtor sign was posted on the lawn. There were no signs indicating the facility closed or listing a number to call. The same conditions were noted on the survey conducted on .	{A 181}		

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{A 181}	Continued From page 9 On . . . . . at 9:15 a.m., interviewed the neighbor and he said no one has lived in the house since one week before hurricane Irma hit on . . . . . He said about 6 months ago someone came and parked the mini van in the driveway, but no one has been seen at the house. Class III	{A 181}		

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{CZ806}	59A-35.040( ), FAC Change of Address (2) Any request to amend a license must be received by the Agency in advance of the requested effective date as detailed below. Requests to amend a license are not authorized until the license is issued. (a) Requests to change the address of record must be received by the Agency 60 to 120 days in advance of the requested effective date for the following provider types: 1. Birth Centers, as provided under chapter 383, F.S., 2. Clinics, as provided under chapter 390, F.S., 3. Crisis Stabilization Units, as provided under chapter 394, parts I and , F.S., 4. Short Term Residential Treatment Units, as provided under chapter 394, parts I and , F.S., 5. Residential Treatment Facilities, as provided under chapter 394, part , F.S., 6. Residential Treatment Centers for Children and Adolescents, as provided under chapter 394, part , F.S., 7. Hospitals, as provided under chapter 395, part I, F.S., 8. Ambulatory Surgical Centers, as provided under chapter 395, part I, F.S., 9. Nursing Homes, as provided under chapter 400, part II, F.S., 10. Hospices, as provided under chapter 400, part , F.S., 11. Homes for Special Services as provided under chapter 400, part V, F.S., 12. Transitional Living Facilities, as provided under chapter 400, part XI, F.S., 13. Prescribed Extended Care Centers, as provided under chapter 400, part VI, F.S., 14. Intermediate Care Facilities for the , as provided under chapter 400, part VIII, F.S.,	{CZ806}		

AHCA Form 3020-0001

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

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{CZ806}	Continued From page 1	{CZ806}		

15. Assisted Living Facilities, as provided under chapter 429, part I, F.S.,
16. Adult Family-Care Homes, as provided under chapter 429, part II, F.S.; and,
17. Adult Day Care Centers, as provided under chapter 429, part III, F.S.
(b) Requests to change the address of record must be received by the Agency 21 to 120 days in advance of the requested effective date for the following provider types:
1. Drug Free Workplace Laboratories as provided under sections 112.0455 and 440.102, F.S.,
2. Mobile Surgical Facilities, as provided under chapter 395, part I, F.S.,
3. Health Care Risk Managers, as provided under chapter 395, part I, F.S.,
4. Home Health Agencies, as provided under chapter 400, part III, F.S.,
5. Nurse Registries, as provided under chapter 400, part III, F.S.,
6. Companion Services or Homemaker Services Providers, as provided under chapter 400, part III, F.S.,
7. Home Medical Equipment Providers, as provided under chapter 400, part VII, F.S.,
8. Health Care Services Pools, as provided under chapter 400, part IX, F.S.,
9. Health Care Clinics, as provided under chapter 400, part X, F.S., including certificate of exemption,
10. Clinical Laboratories, as provided under chapter 483, part I, F.S.,
11. [illegible] Health Testing Centers, as provided under chapter 483, part II, F.S.; and,
12. Organ and Tissue Procurement Agencies, as provided under chapter 381, F.S.
(c) All other requests to amend a license including but not limited to services, licensed capacity, and other specifications which are

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{CZ806}	Continued From page 2	{CZ806}		

required to be displayed on the license by authorizing statutes or applicable rules must be received by the Agency 60 to 120 days in advance of the requested effective date. This deadline does not apply to a request to amend hospital emergency services defined in section 395.1041(2), F.S.
(3) Failure to submit a timely request shall result in a $500 fine.
(4) A licensee is not authorized to operate in a new location until a license is obtained which specifies the new location. Failure to amend a license prior to a change of the address of record constitutes unlicensed activity.
(5) The licensee shall return the license certificate to the Agency upon the rendition of a final order revoking, cancelling or denying a license, and upon the voluntary discontinuance of operation.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to notify the Agency for Healthcare Administration upon the voluntary discontinuance of operation.

The findings included:

On . . . . at 9:00 a.m., there was no answer at the door. A realtor lock was on front door. No realtor sign was posted on the lawn. There were no signs indicating the facility closed or listing a number to call. The same conditions were noted on the survey conducted on .

On at 9:15 a.m., interviewed neighbor and he said no one has lived in the house since one week before hurricane Irma hit on . He said about 6 months ago someone came and parked the mini van in the driveway, but no one

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{CZ806}	Continued From page 3 has been seen at the house. Unclassified	{CZ806}		