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
	AL11969420	A. BUILDING: _____ B. WING _____	R 07/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEABREEZE ASSISTED LIVING LLC	365 E RIVIERA BLVD INDIALANTIC, FL 32903

(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
CZ813 SS=C	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090(3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on observation, personnel record review, Agency Background Screen website review and interview for 1 of 1 sampled staff (D), the facility failed to ensure the eligibility results of employee screening, as referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. Findings: On arrival to the facility on at 1:00PM, staff D was found to be the sole caregiver for the 3 residents. She stated she had been working there about 1 week. Staff D called the administrator, who arrived about 20 minutes later. Upon request to review of the personnel record for staff D, the administrator stated she didn't have a record for her yet, as they had not officially hired her yet. The administrator was able to provide a few documents for staff D, which included an application dated , signed Background Screening Compliance Attestation, and current certification in valid through . There was no background screen eligibility result in the record.	CZ813		

AHCA Form 3020-0001

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

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CZ813	Continued From page 1 Review of the Agency's Background Screening website revealed Staff D had an eligibility date of and showed no break in service prior to starting to work in this facility. On at 1:45PM, the administrator stated she had reviewed the background screening result for Staff D online but had to look for the result. She later provided a copy of the background screen result with an eligibility date of , which was shown to be printed on . The administrator confirmed staff D was working alone with the residents and confirmed she did not have a copy of the screening results in the record prior to the AHCA visit. Unclassified	CZ813		
{A 000}	Initial Comments A revisit to complaint investigation #2019002979 was conducted at Seabreeze Assisted Living, LLC on . Deficiencies were identified at the time of the survey.	{A 000}		
A 079 SS=D	58A-5.019(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16- 25 253 26-35 294 36-45 335	A 079		

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A 079	Continued From page 2	A 079		

46-55 375
56- 65 416
66-75 457
76-85 498
86-95 539
For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 58A-5.024(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in 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.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 58A-5.0191(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course

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A 079	Continued From page 3 requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager 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. 9. Only on-the-job staff may be counted in 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, must 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 that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility	A 079		

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A 079	Continued From page 4 must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must 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 will consult with the facility administrator and residents regarding any determination that additional staff is required. 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 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. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to 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, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency.	A 079		

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A 079	Continued From page 5 (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 rules 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 observation, personnel record review and interview, the facility failed to ensure at least one staff member that completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses was in the facility at all times for 1 of 1 sampled staff (D). Findings: On arrival to the facility on at 1:00 PM, staff D was found to be the sole caregiver present for the 3 residents. She stated she had been working there about 1 week. Staff D called the administrator, who arrived about 20 minutes later. Upon request to review the personnel record for staff D, the administrator stated she didn't have a record for her, as they had not officially hired her. The administrator was able to provide a few documents for staff D, which included an application dated , signed Background Screening Compliance Attestation, and current certification in valid through . There was no certification for training in First Aid. On at 1:45PM, the administrator confirmed	A 079		

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A 079	Continued From page 6 staff D was working alone with the residents and did not complete First Aid training. Class III	A 079		
A 083 SS=D	58A-5.0191(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide . training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, personnel record review and interview, the facility failed to ensure at least one staff member that completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses was in the facility at all times for 1 of 1 sampled staff (D).	A 083		

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A 083	Continued From page 7 Findings: On arrival to the facility on at 1:00PM, staff D was found to be the sole caregiver present for the 3 residents. She stated she had been working there about 1 week. Staff D called the administrator, who arrived about 20 minutes later. Review of the available personnel documents for staff D revealed a hire date of and current certification in valid through . There was no certification for training in First Aid. On at 1:45PM, the administrator confirmed staff D was working alone with the residents and did not yet complete First Aid training. Class III	A 083		
A 091 SS=B	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,	A 091		

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A 091	Continued From page 8 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: Based on personnel record review and interview, the facility failed to ensure that all training certificates met the requirements as specified in 58A-5.0191(12) FAC for 1 of 1 sampled staff (A). Findings: Review of the personnel record for staff A, caregiver hired ..., did not reveal a certificate for completion of the required ( ) training within 30 days of hire. Upon request the administrator provided a copy of the facility's ... policy that was signed by the staff member. There was no date and no duration for the training on the document. On at 1:55PM, the administrator confirmed the finding. Class	A 091		