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
	AL11968535	A. BUILDING: _____ B. WING _____	10/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE ORTEGA	5760 TIMUQUANA RD JACKSONVILLE, FL 32210

(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 On . a biennial relicensure survey was conducted at Arbor Terrace Ortega Assisted Living Facility. Deficient practice was identified during the survey.	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 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	A 078		

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A 078	Continued From page 1 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, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview the facility failed to ensure three out of three sampled employees of the facility (Employees A, B and C) had obtained a statement from their physician stating that they were free of communicable within 30 days of hire.	A 078		

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A 078	Continued From page 2 The findings include: Review of the employee file for the Administrator (date of hire .....) revealed no documentation of a statement by a health care provider that the employee was free of communicable . A physical had been completed on ....., however, the statement was not on the form. Review of the employee file for Employee B (date of hire .....) revealed no documentation of a statement by a health care provider that the employee was free of communicable ..... Review of the employee file for Employee C (date of hire .....) revealed no documentation of a statement by a health care provider that the employee was free of communicable ..... During an interview with the Administrator on ..... at 4:33 PM, after reviewing the employee files, she stated that she thought that Employees B and C had a statement by a physician indicating they were free of communicable ..... Class III	A 078		
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	A 091		

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A 091	Continued From page 3 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: Based on employee record review and staff interview the facility failed to maintain records of in-service training on 's and Related . . . . . (ADRD) Level II for 1 out of 3 sampled employees (Employee B). The findings include: A record review of employee personnel files was performed on . . . . . during the bi-annual recertification survey of the facility. The review revealed that there was no documented evidence of employee in-service training for 1 of the 3	A 091		

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A 091	Continued From page 4 sampled employees in the area of 's and Related (ADRD) Level II. During an interview with the Administrator on at 5:00 PM, she confirmed there was not any documentation of the training in Employee B's training file. In a follow-up email from the Administrator on , she confirmed the employee took the training but the originial training certificate could not be located. Class	A 091		