

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11964292</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/03/2019</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**THE GARDENS OF LAKE ALFRED**

**255 E MAIN STREET  
LAKE ALFRED, FL 33850**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A change of ownership state licensure survey and a complaint investigation (complaint number 2019013318) were conducted at The Gardens at Lake Alfred on ..... Deficiencies were identified during the change of ownership survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A 000               |                                                                                                                          |                          |
| A 081<br>SS=D            | 58A-5.0191( ) FAC Training - Staff In-Service<br><br>(2) STAFF PRESERVICE ORIENTATION.<br>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).<br>(b) New staff must complete the preservice orientation prior to interacting with residents.<br>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.<br>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br>1. Resident's rights; and,<br>2. The facility's license type and services offered by the facility.<br><br>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br>(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 | A 081               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| A 081                    | <p>Continued From page 1</p> <p>care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to _____ borne _____, may be used to meet this requirement.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Reporting adverse incidents.</li> <li>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.</li> </ol> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Resident rights in an assisted living facility.</li> <li>2. Recognizing and reporting resident neglect, and _____. The facility must use its prevention policies and procedures when offering this training. <p>(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 following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(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.</p> </li></ol> | A 081               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE GARDENS OF LAKE ALFRED</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>255 E MAIN STREET<br/>LAKE ALFRED, FL 33850</b>                              |                          |                                                        |
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| A 081                                                                 | <p>Continued From page 2</p> <p>(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.</p> <p>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</p> <p>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that 3 (Staff A, B, C ) of 3 employees who provide direct care to residents had completed the required 2 hours Preservice Orientation training prior to interacting with residents. In addition the facility failed to ensure that 3 (Staff A, B and C ) of 3 Employees who provide direct care to the residents had received the required in-service training within 30 days of hire.</p> <p>Findings included:</p> <p>A record review conducted on _____ for Staff A with a date of hire of _____ as a Medication Technician, revealed no documentation of having received 2 hours Preservice Orientation training prior to interacting with residents or Incident Reporting, Recognizing/Reporting _____, Neglect and _____, Activities of Daily Living and Behavioral Needs, Elopement Response, Emergency Preparedness and Evacuation, Resident Rights and Nutrition and Safe Food handling within 30 days of hire.</p> | A 081                                                                          |                                                                                                                          |                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE GARDENS OF LAKE ALFRED</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>255 E MAIN STREET<br/>LAKE ALFRED, FL 33850</b> |                                                                                                                          |                                                        |
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| A 081                                                                 | Continued From page 3<br><br>A record review conducted on _____ for Staff B with a date of hire of _____ as a Medication Technician, revealed no documentation of having received 2 hours Preservice Orientation training prior to interacting with residents or Incident Reporting, Recognizing/Reporting _____, Neglect and _____, Activities of Daily Living and Behavioral Needs, Elopement Response, Emergency Preparedness and Evacuation, Resident Rights and Nutrition and Safe Food handling within 30 days of hire.<br><br>A record review conducted on _____ for Staff C with a date of hire of _____ as a Medication Technician, revealed no documentation of having received 2 hours Preservice Orientation training prior to interacting with residents or Incident Reporting, Recognizing/Reporting _____, Neglect and _____, Activities of Daily Living and Behavioral Needs, Elopement Response, Emergency Preparedness and Evacuation, Resident Rights and Nutrition and Safe Food handling within 30 days of hire.<br><br>During an interview conducted on _____ at 1:16pm, Business Office Manager confirmed the lack of documentation of Staff A, B and C who provide direct care to residents had completed the required 2 hours Preservice Orientation training prior to interacting with residents and Staff A, B, and C who provide direct care to the residents had received the required in-service training within 30 days of hire.<br><br>Class III<br><br>A 082<br>SS=D | A 081                                                                                       |                                                                                                                          |                                                        |
| (4)                                                                   | 58A-5.0191(4) FAC Training - /<br><br>(4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A 082                                                                                       |                                                                                                                          |                                                        |

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|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 082                    | <p>Continued From page 4</p> <p>( / / ). 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 obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to ensure 3 (Staff A,B and C ) of 3 employees who provide direct care to the residents had completed<br/>( ) training within 30 days of hire.</p> <p>Findings included:</p> <p>A record review conducted on for Staff A with a date of hire of as a Medication Technician, revealed no documentation of having received ( ) training within 30 days of hire.</p> <p>A record review conducted on for Staff B with a date of hire of as a Medication Technician, revealed no documentation of having received ( ) training within 30 days of hire.</p> <p>A record review conducted on for Staff C with a date of hire of as a Medication Technician, revealed no documentation of having received ( ) training within 30 days of hire.</p> | A 082               |                                                                                                                          |                          |

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| A 082                    | Continued From page 5<br><br>During an interview conducted on _____ at 1:18pm, the Business Office Manager confirmed the lack of documentation for Staff A,B, and C (who provided direct care to residents) that they had not completed _____ ( ) training within 30 days of hire.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A 082               |                                                                                                                          |                          |
| A 090<br>SS=D            | 58A-5.0191(11) FAC Training - _____<br><br>(11) _____ TRAINING.<br>(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<br>(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 regarding _____ within 30 days after employment.<br>(c) Training shall consist of the information included in rule 58A-5.0186, F.A.C.<br><br>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that 3 (Staff A, B and C ) of 3 employees who provide direct care to the residents had completed _____ | A 090               |                                                                                                                          |                          |

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| A 090                    | <p>Continued From page 6</p> <p>Order ( ) Policy and Procedure training within 30 days of hire.</p> <p>Findings included:</p> <p>A record review conducted on for Staff A with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of having received ( ) Policy and Procedure training within 30 days of hire.</p> <p>A record review conducted on for Staff B with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of having received ( ) Policy and Procedure training within 30 days of hire.</p> <p>A record review conducted on for Staff C with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of having received ( ) Policy and Procedure training within 30 days of hire.</p> <p>During an interview conducted by phone on at 1:16pm, the Business Office Manager confirmed the lack of documentation for Staff A, B, and C who provided direct care to residents, verifying the completion of ( ) Policy and Procedure training.</p> <p>Class III</p> | A 090               |                                                                                                                          |                          |