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
	AL11969285	A. BUILDING: _____ B. WING _____	10/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITALITY STAR RESORT ALF LLC	591 SW BRADSHAW CIR PORT SAINT LUCIE, FL 34953

(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 Relicensure with Limited Mental Health (LMH) survey was conducted on . . . . . at Vitality Star Resort ALF LLC. The facility had deficiencies at the time of the survey. Note: A Limited Nursing Servies (LNS) Monitoring survey was conducted on a separate date. Please refer to the report for the findings.	A 000		
A 010 SS=D	429.26(1&9) FS; 58A-5.0181(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually	A 010		

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A 010	Continued From page 1 agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 58A-5.0181 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from	A 010		

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A 010	Continued From page 2 the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the	A 010		

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A 010	Continued From page 3 facility failed to ensure 1 out of 2 sampled residents (Resident #1) was monitored for continued residency in an Assisted Living Facility (ALF) in relation to . The findings included: On , Resident #1's record was reviewed and showed the following documentation of heel : a. Health Assessment (AHCA Form 1823) dated : " care , home health care and care clinic to manage" b. Active Orders from Skilled Nursing Facility dated : "apply skin prep to blancheable redness to left heel" and "clean right heel with cleaner/, dry/apply sheet/silver alg/border gauze every day shift for ." (start date) On at 11:00 AM, the home health agency (HHA) providing care to Resident #1 was contacted. During a telephonic interview, the Clinical Supervisor/Registered Nurse (RN) stated that the resident has a , on the right , and another with no stage noted on the left . The agency's records were requested and received. The resident's care center notes dated were reviewed and documented the following diagnoses: a. Open of left , subsequent encounter b. Pressure injury of right , c. During interview with the facility's Manager on at 11:10 AM, he stated that Resident #1's were due to his . He	A 010		

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A 010	Continued From page 4 confirmed that the resident had a [illegible] on his prior to admission to the ALF. The resident's admission health assessment (Form 1823) signed by a physician and dated [illegible] noted the resident had "no [illegible], 3 or 4, [illegible]" but had "home care" listed as a nursing service. A subsequent assessment signed by a different physician and dated [illegible] noted the resident had "no [illegible], 3 or 4, [illegible]" but had documentation that the resident had " [illegible] care [illegible], home health care and [illegible] care clinic to manage". The status of the documented [illegible], from date of onset, or from the date of admission to the ALF, was unknown and not documented in the resident's record. The criteria for continued residency in an ALF allows for a [illegible], with coordinated care and monitoring for 30 days to improve. Based on the above findings, Resident #1 has a [illegible], and is inappropriate for continued residency in an ALF. These findings were discussed with the Manager on [illegible] at 10:00 AM. The facility provided no additional documentation for review at the time of the survey. Class III	A 010		
A 078 SS=D	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	A 078		

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A 078	Continued From page 5 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 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	A 078		

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A 078	Continued From page 6	A 078		

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 record review and a staff interview, the facility failed to ensure 2 out of 2 sampled employees (Staff A and B) had submitted an annual negative ... ( ) statement by a health care provider.

The findings included:

a) During record review on for Staff A, date of hire ..., a signed statement by a health care provider dated within the previous year, verifying this employee was free from ..., could not be found.

b) During record review on for Staff B (Administrator), date of hire ..., a signed statement by a health care provider dated within the previous year, verifying this employee was free from ..., could not be found.

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A 078	Continued From page 7 The Manager was notified of these findings on [redacted] at 10:00 AM. The facility provided no additional documentation of the required statements for review at this time. Class III	A 078		
AL243 SS=D	429.075(1) FS; 58A-5.0191(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected deficiencies or violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. Such designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training will be provided by or approved by the Department of Children and Families. 58A-5.0191 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in	AL243		

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AL243	Continued From page 8 working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to	AL243		

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AL243	Continued From page 9 meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure that 3 out of 3 sampled staff members (Staff A, B and C) had completed 3 hours of continuing education biennially in Mental Health. The findings included: This Assisted Living Facility (ALF) currently has a specialty license in Limited Mental Health (LMH), requiring additional training for staff who provide direct care for residents. The personnel files for Staff A, B and C were reviewed on . . . . . for documentation of 3 hours of continuing education completed biennially in Mental Health. The last documented training in Mental Health for these staff are noted below. a. Staff A (date of hire . . . . .): last documented Mental Health training, 8 hours on b. Staff B (date of hire . . . . .): last documented Mental Health training, 8 hours on . . . . . . c. Staff C (date of hire): last documented Mental Health training, 8 hours on	AL243		

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AL243	Continued From page 10 There was no documentation to show 3 hours of continuing education completed bienially for these staff. During interview with the Manager on at 10:00 AM, he acknowledged these findings. The facility provided no additional documentation for review at the time of the survey. Class III	AL243		