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
	AL11965356	A. BUILDING: _____ B. WING _____	09/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF TALLAHASSEE	100 JOHN KNOX ROAD TALLAHASSEE, FL 32303

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A 000	Initial Comments On , -25, 2019, an unannounced Biennial licensure survey with Extended Congregate Care, Comprehensive Emergency Management Plan and Generator Assessment was conducted in conjunction with a Complaint (2019014436) investigation at Harborchase of Tallahassee Assisted Living Facility. At the time of the survey, deficiencies were identified.	A 000		
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 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	A 078		

AHCA Form 3020-0001

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

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A 078	Continued From page 1 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, 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 interviews, the facility failed to ensure it maintained a communicable statement for 1 of 3	A 078		

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A 078	Continued From page 2 employees (Staff C) reviewed. The findings include: A review of the personnel record for Staff C revealed a date of hire of . Further review of the file revealed no freedom from communicable statement or documentation for Staff C. On at 11:00AM, an interview was conducted with the Administrator. When asked why the facility did not have the required communicable statement for staff C, the Administrator stated she was not sure as she was just recently hired as the Administrator in . At this time, the Administrator confirmed the documentation was not in the records. Class III	A 078		
A 081 SS=D	58A-5.0191( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (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). (b) New staff must complete the preservice orientation prior to interacting with residents. (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. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:	A 081		

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A 081	Continued From page 3 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (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: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (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: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident [illegible], neglect, and [illegible]. The facility must use its [illegible] prevention policies and procedures when	A 081		

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A 081	Continued From page 4 offering this training. (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: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (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. (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. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all receive one hour of training on the topics of control and incident reporting for 1 of 3 staff (Staff C) reviewed for training. The findings include: Review of personnel records for Staff C revealed a date of hire of . Further review of the file revealed there was documentation that Staff C	A 081		

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A 081	Continued From page 5 attended a 30 minute training on . . . . . Control on , rather than the 1 hour training required. There was no evidence of Staff C attending 1 hour of training for incident reporting in the records. On . . . . . at 11:00AM, an interview was conducted with the Administrator. When asked why the facility did not have the required training documentation in the personnel files, the Administrator stated she was not sure as she was just recently hired as the Administrator in . . . . . At this time, the Administrator confirmed the documentation was not in the records. Class III	A 081		
A 090 SS=D	58A-5.0191(11) FAC Training - . . . . . . (11) . . . . . . TRAINING. (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 . . . . . . (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. (c) Training shall consist of the information included in rule 58A-5.0186, F.A.C.	A 090		

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A 090	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff receive one hour training for ( ) for 1 of 3 staff (Staff C) reviewed for training. The findings include: Review of personnel records for Staff C revealed a date of hire of . Further review of the file revealed there was no evidence of Staff C attending one hour of training for in the records. On at 11:00AM an interview was conducted with the Administrator. When asked why the facility did not have the required training documentation in the personnel files, the Administrator stated she was not sure as she was just recently hired as the Administrator in . At this time, the Administrator confirmed the documentation was not in the records. Class III	A 090		
A 161 SS=D	429.275(2) FS; 58A-5.024(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule.	A 161		

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A 161	Continued From page 7 58A-5.024 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification; 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 58A-5.019, F.A.C.; 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C.; 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ⌄ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 58A-5.019,	A 161		

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A 161	Continued From page 8 F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a copy of the staff employement applications and references were maintained on file for 2 of 3 staff reviewed for background screening (Staff B & C). The findings include: A review of the personnel file for Staff B revealed a hire date of . Review of the Level 2 background screening date for Staff be revealed a screening date of . There was no information in the personnel record to indicate the work history for Staff B. A review of the personnel file for Staff C revealed a hire date of . Review of the Level 2 background screening date for Staff C showed a screening date of . There was no information in the personnel record to indicate the work history for Staff C. On at 11:00AM an interview was conducted with the Administrator. When asked why the facility did not have the required application and references in the files, the Administrator stated she was not sure as she was just recently hired as the Administrator in . At this time, the Administrator confirmed the documentation was not in the records. Class III	A 161		

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AE203	Continued From page 9	AE203		
AE203 SS=D	58A-5.030(3) FAC ECC - Staffing Requirements 3) STAFFING REQUIREMENTS. The following staffing requirements apply for extended congregate care services: (a) Supervision by an administrator who has a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or . . . . . persons. If an administrator appoints a manager as the supervisor of an extended congregate care facility, both the administrator and manager must satisfy the requirements of subsection 58A-5.019(1), F.A.C. 1. A baccalaureate degree may be substituted for one year of the required experience. 2. A nursing home administrator licensed under chapter 468, F.S., is qualified under this paragraph. (b) Provide staff or contract the services of a nurse who must be available to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care residents. (c) Provide enough qualified staff to meet the needs of extended congregate care residents in accordance with rule 58A-5.019, F.A.C., and to provide the services established in each resident's service plan. (d) Ensure that adequate staff is awake during all hours to meet the scheduled and unscheduled needs of residents. (e) Immediately provide additional or appropriately qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because insufficient staffing, in accordance	AE203		

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AE203	Continued From page 10 with the staffing standards established in rule 58A-5.019, F.A.C. (f) Ensure and document that staff receive extended congregate care training as required in rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interviews, the facility failed to contract the services of a registered nurse (RN) who was readily available to provide nursing services for 4 of 4 extended congregate care (ECC) residents (Resident # 7, 8, 9 and 13). Attempts to reach the . . . . . were unsuccessful during the survey dates of . . . . through . . . . . The facility also failed to ensure and document that staff receive extended congregate care training as required in rule 58A-5.0191, F.A.C. The findings include: A personnel record review was conducted for the registered nurse (RN) . . . . . "to act as a consultant registered nurse". There was no evidence of the required extended congregate care training. The facility administrator was unable to provide evidence of this required training during the survey. Attempts to contact the registered nurse was unsuccessful. A call to the telephone number identified as the contact number for the RN on . . . . . at 2:15 PM was unanswered and indicated that the voicemail system was not set up. Interviews with the Facility Administrator and Director of Resident Care on . . . . . at 11:00 AM, indicated they had been unable to contact the ECC RN. The Director of Resident Care stated that the phone number they have for the ECC RN is her home number in St. Petersburg	AE203		

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AE203	Continued From page 11 and that she does not have a cell phone, so they are unable to reach her unless she is home to answer her phone. Class III	AE203		
AE207 SS=D	58A-5.030(7) FAC ECC - Services (7) EXTENDED CONGREGATE CARE SERVICES. All services must be provided in the least restrictive environment, and in a manner that respects the resident's independence, privacy, and dignity. (a) A facility providing extended congregate care services may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends must be encouraged to provide supportive services for residents. The facility must provide training for family or friends to enable them to provide supportive services in accordance with the resident's service plan. (b) A facility providing extended congregate care services must make available the following additional services if required by the resident's service plan: 1. Total help with bathing, [illegible], grooming and toileting, 2. Nursing assessments conducted more frequently than monthly, 3. Measurement and recording of basic vital functions and [illegible], 4. Dietary management including provision of special diets, monitoring nutrition, and observing	AE207		

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AE207	Continued From page 12	AE207		

the resident's food and fluid intake and output,
5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider's order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed persons will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's informed written consent to provide such assistance as required in section 429.256, F.S.,
6. Supervision of residents with and

7. Health education and counseling and the implementation of health-promoting programs and preventive regimes,
8. Provision or arrangement for rehabilitative services; and,
9. Provision of escort services to health-related

(c) Nursing staff providing extended congregate care services may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures, provided the nursing services are:
1. Authorized by a health care provider's order and pursuant to a plan of care,
2. Medically necessary and appropriate for treatment of the resident's condition,
3. In accordance with the prevailing standard of practice in the nursing community,
4. A service that can be safely, effectively, and efficiently provided in the facility,
5. Recorded in nursing progress notes; and,
6. In accordance with the resident's service plan.
(d) At least monthly, or more frequently if required

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AE207	Continued From page 13 by the resident's service plan, a nursing assessment of the resident must be conducted. This Statute or Rule is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure that monthly nursing assessments were completed by a registered nurse (RN) for four of four residents (Resident # 7, 8, 9 and 13) reviewed for Extended Congregate Care (ECC) services. The findings include: Resident #9 was receiving ECC services in the facility for three months at the time of the survey which covered [illegible] and [illegible]. Monthly assessments were all identical (except for vital signs) and signed by the Resident Care Director, who is a licensed practical nurse (LPN), not a registered nurse (RN). No RN signature was present on the monthly assessments. Resident #8 was receiving ECC services in the facility. Of the nine 2019 Monthly Assessments completed for Resident # 8 ([illegible] through [illegible]), six ([illegible] and [illegible]) were completed by an LPN and three monthly assessments ([illegible]) were not signed at all. Resident #7 was receiving ECC services in the facility. Of the nine 2019 Monthly Assessments completed for Resident # 7, some signatures were unable to be read but at least one ([illegible]) was completed by an LPN and one ([illegible] of 2019) did not have a signature. Resident #12 was receiving ECC services in the	AE207		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965356	A. BUILDING: _____ B. WING _____	09/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF TALLAHASSEE	100 JOHN KNOX ROAD TALLAHASSEE, FL 32303

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AE207	Continued From page 14 facility. Of the nine 2019 Monthly Assessments completed for Resident # 12, some signatures were unable to be read but at least five were completed by an LPN (, , , , and , ,). During an interview with the facility Administrator and Director of Resident Care on at 11:00am, they both confirmed that facility LPNs are providing and documenting ECC care for the residents in the building. The RN for the ECC lives out of the area (St. Petersburg) and comes to the building intermittently. At this time, they also confirmed they have been unable to reach the RN throughout the survey. According to the Florida Nurse Practice Act, Chapter 464.003, F.S.,"Practice of practical nursing" means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm; the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse...". "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of , , , biological, physical, and social sciences which shall include, but not be limited to: (a)The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others..." Review of the Department of Health License for the contract RN revealed the license expiration	AE207		

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
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AE207	Continued From page 15 date of . . . . . with a statement that read, "This practitioner has indicated that they are not currently practicing their profession in the State of Florida at this time. The practitioner may choose to begin practice at anytime provided that the license is still active. If the practitioner has resumed practice, the practitioner must update their practice location address." Class III	AE207		