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
	AL11966504	A. BUILDING: _____ B. WING _____	09/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
141 BEACON OPERATOR LLC	141 KAELYN LANE PORT SAINT JOE, FL 32456

(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 Change of Ownership (CHOW) licensure survey was conducted on ..... through at Beacon Operator Assisted Living Facility. Deficient practice was identified at the time of the survey.	A 000		
A 075 SS=D	429.255( ) FS Use of Personnel; Emergency Care (....) (3)(a) An assisted living facility licensed under this part with 17 or more beds shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2)(b). (b) The facility is encouraged to register the location of each automated external defibrillator with a local emergency medical services medical director. (c) The provisions of ss. 768.13 and 768.1325 apply to automated external defibrillators within the facility. (4) Facility staff may withhold or withdraw ..... or the use of an automated external defibrillator if presented with an order not to executed pursuant to s. 401.45. The department shall adopt rules providing for the implementation of such orders. Facility staff and facilities shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing ..... or use of an automated external defibrillator pursuant to such an order and rules adopted by the department. The absence of an order to ..... executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing ..... or use of an automated external defibrillator as	A 075		

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A 075	Continued From page 1 otherwise permitted by law. (5) The Department of Elderly Affairs may adopt rules to implement the provisions of this section relating to use of an automated external defibrillator. This Statute or Rule is not met as evidenced by: Based on observation of the facility's Automated External Defibrillator ( ), record review of the 's operating manual, interview with the facility's Administrator and interview with the manufacturer, the facility failed to have an operational on premise for an assisted living facility with 17 or more beds. The findings include: On , at approximately 11:15 AM, an observation of the facility's with the Administrator revealed that the defibrillator pads had an expiration date of 2018- . Three (3) additional sets of defibrillator pads were noted in the kit. Two (2) sets of defibrillator pads had expiration dates of -2016 and 1 set of defibrillator pads had an expiration date of . Review of the Science Operator and Service Manual (Powerheart G3 Plus 9380A & 9390E defibrillator pads) revealed the following manufacturer standards: On page 1-6, "Using pads that are damaged or expired may result in improper performance." On page 1-9 Annual maintenance, "The date next to the hourglass icon indicates the expiration date of the defibrillator pads. Use pads by this date." On Page 5-5, "10. Check the expiration date of the	A 075		

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A 075	Continued From page 2 pads; if expired, replace them." The [redacted] Science online defibrillator [redacted] supply site stated, "The pads have a limited shelf life and should not be used beyond the expiration date." Website accessed https://www.aedprofessionals.com/[redacted]-scienc e-powerheart-adult-[redacted]-electrode-pads-9 131-001.html On [redacted], at approximately 1:02 PM, a telephone interview was conducted with [redacted] Science to verify expiration date of defibrillator pads. The [redacted] Science customer service representative stated that the date on the defibrillator [redacted] next to the hourglass icon indicates the date the defibrillator [redacted] expired. The customer service representative recommended that the defibrillator pads be replaced as soon as possible. The reason cited for defibrillator [redacted] replacement was that the defibrillator [redacted] adhesive degrades and may result in improper [redacted] performance. The customer service representative recommended that the facility discard the expired 2013 and 2016 defibrillator pads. On [redacted], at approximately 3:15 PM, during an interview, the administrator acknowledged the expired [redacted] pads and stated that she will obtain new defibrillator pads as soon as possible. The administrator stated that she would discard the expired 2013 and 2016 defibrillator pads. Class III	A 075		