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
	AL11969092	A. BUILDING: _____ B. WING _____	01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MERIDIAN AT WATERWAYS	3001 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306

(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) survey was conducted on . . . . . through at The Meridian At Waterways. The facility had deficiencies identified at the time at of the survey.	A 000		
A 078 SS=D	59A-36.010(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 .	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 (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 59A-36.011, 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 interview and record review the facility failed to ensure that evidence of a negative . . . . . (. .) examination must be documented on an annual basis by a Provider and the documentation was pre-signed for an examination that was not completed for 4 of 4	A 078		

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A 078	Continued From page 2 sampled employee personnel records reviewed (Administrator, Staff A, Staff B, and Staff D). The findings included: a) A review of the employee personnel file was conducted for the Administrator. It was revealed that the Administrator's hire date was on . It was revealed that the physician statement indicating that the Administrator was free from Communicable (CD) and had a negative ( ) statement was expired. The effective date was . Also located in the Administrator's file was an incomplete pre-signed CD consent for administration of ( ) test by the Advanced Registered Nurse Practitioner (ARNP) with the medical license listed. The effective date was . On at 1:00 PM an interview was conducted with the Director of Nursing (DON). She stated that the pre-signed form was incomplete. She stated that the form was completed by the ARNP that was at the facility prior to her hire date. b) A review of the employee personnel file was conducted for Staff A. It was revealed that Staff A was hired on as a Licensed Practical Nurse (LPN). Staff A provides direct resident care. It was revealed that the physician statement indicating that Staff A was free of CD and had a negative statement was expired. The effective date was . On at 4:19 PM an interview was conducted with the Business Office Manager. He stated that he was pretty sure that he could find the current form. The surveyor gave the Business Office Manager (BOM) and opportunity to locate the form. He could not locate the current form and no additional information was provided.	A 078		

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A 078	Continued From page 3 c) A review of the employee personnel file was conducted for Staff B. It was revealed that Staff B was hired on [redacted] as a Certified Nursing Assistant (CNA) Med Tech. Staff B provides direct resident care. It was revealed that the physician statement indicating that Staff B was free of CD and had a negative [redacted] statement was expired. Also located in Staff B's file was an incomplete pre-signed CD consent for administration of [redacted] test by the ARNP with the medical license listed. The effective date was [redacted]. d) A review of the employee personnel file was conducted for Staff D. It was revealed that Staff D was hired on [redacted] as a CNA. Staff D provides direct resident care. It was revealed that the physician statement indicating that Staff D was free of CD and had a negative [redacted] statement was expired. Also located in the Staff D's file was an incomplete pre-signed CD consent for administration of [redacted] test by the ARNP with the medical license listed. The effective date was [redacted]. During an interview with the DON, on [redacted] at 1:00 PM, she confirmed that all these forms are blank and pre-signed and dated [redacted] with ARNP number. An opportunity was offered for the duration of the survey process to provide any additional documentation or information. During an interview with the BOM, on [redacted], he stated that he saw and acknowledged that all the files need to be reviewed for current information. Class III	A 078		
A 085 SS=D	59A-36.011(7) FAC Training - Nutrition & Food Service	A 085		

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A 085	Continued From page 4 (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the Assisted Living Facility (ALF) failed to ensure that the person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff obtained annually a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility for 1 of 4 sampled employee personnel records reviewed (Staff E). The findings included: On . . . at 1:56 PM an interview was conducted with Staff E. The surveyor requested Staff E to provide a copy of the 2 hours continuing education in topics pertinent to nutrition and food service. He provided the surveyor with a copy of the Serv Safe Certification dated . - . . . . . He stated that he has been at the facility for 2 years. He stated that a dietitian used to come in every 3 months to do an inspection. He has not been trained by a dietitian since he has	A 085		

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A 085	Continued From page 5 been at the facility. He has no core training and he is not a certified food manager. He stated that he only has the Serv Safe Certification. He stated that he was willing to get any additional training that he needs. During and interview with the Administrator on at 3:56 PM he acknowledged the findings and no additional information was provided. Class III	A 085		
A 161 SS=D	429.275(2) FS; 59A-36.015(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. 59A-36.015 (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 59A-36.011, F.A.C.,	A 161		

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A 161	Continued From page 6 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 59A-36.010, 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 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(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 [redacted] 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 59A-36.010, 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 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure that each staff member must contain an employment application with references as required, for 1 out of 4 sampled staff records (Administrator). The findings included: A record review was conducted on the Administrator's personnel file on [redacted]. The	A 161		

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A 161	Continued From page 7 Administrator's hire date is . . . . An application dated was in the personnel file with no references listed. On . . . . at 4:09 PM the surveyor spoke with Administrator and the Business Office Manager regarding the references. The Administrator stated that he may have references that he had with the other company. The surveyor gave the Administrator and Business Officer an opportunity to locate the documents. The Administrator stated later the same day that he has spoken with the Corporate office and he can locate the references. No additional information was provided at the time. During an interview with the Administrator, on at 4:00 PM, he acknowledged the findings. Class III	A 161		