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
	AL11964626	A. BUILDING: _____ B. WING _____	R 01/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF NAPLES	7801 AIRPORT PULLING ROAD N.E. NAPLES, FL 34109

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{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the ... are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic ... submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ... ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 1 (Staff I) of 3 staff records reviewed, had their employment status updated on the facility roster within 10 days of hire. This has the potential for staff with disqualifying offenses to have access to adults.	{CZ814}		

AHCA Form 3020-0001

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

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{CZ814}	Continued From page 1 The findings included: Review of the employee file for Caregiver/Medication Technician Staff I revealed a date of hire of . Review of the facility roster on revealed the roster was not updated to reflect Staff I's employment at the facility. On at 4:30 p.m., in an interview with the human resources supervisor, confirmed independent contractor Staff I started employment at the facility on and was not added to the facility roster. Unclassified	{CZ814}		

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{A 000}	Initial Comments An unannounced revisit survey was conducted on . . . . . at Harborchase of Naples, an assisted living facility in Naples, Florida. This was a follow-up to the relicensure, limited nursing services and emergency power plan monitoring survey completed on . The following is a description of the deficiencies found at the time of the visit.	{A 000}		
{A 081}	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: 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	{A 081}		

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{A 081}	Continued From page 1 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 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.	{A 081}		

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{A 081}	Continued From page 2 (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 a review of the personnel files and staff interview, the facility failed to have documentation of the required training within 30 days of employment for 5 (Staff A, F, H, I, and J) of 6 personal files reviewed. The facility failed to have documentation for 3 (Staff H, I, and J) of 3 newly employed staff had the required pre-service orientation, including topics related to the facility's license type and services offered by the facility. The findings included: 1. Review of the personnel file on for Medication Technician Staff A revealed a date of hire of . The personnel file lacked documentation Staff A completed the required 3 hours of training in resident behavior and needs and providing assistance with the activities of daily living. On at 4:40 p.m., the lack of training was verified by the human resources director. She said she was concentrating on new	{A 081}		

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{A 081}	Continued From page 3 employees and did not ensure Staff A received the proper training. 2. Review of the personnel file for Caregiver Staff F revealed a date of hire of . . . . . The personnel file lacked documentation of the minimum of 1 hour training on residents rights and recognizing . . . and neglect, or the 3 hour training on activities of daily living (ADLs) and behavioral needs. There was no documentation at the time of the survey Staff F completed a pre-service orientation. The lack of documentation was verified on . . . . . at 4:40 p.m., by the human resources director. 3. Review of the personnel file on for Medication Assistant Staff H revealed a date of hire of . The file lacked documentation of a pre-service orientation. Staff H completed 1.0 hour training on "empowering residents through ADLs" on . . . . . and a 1.25 hour training on "behavioral health and older adults" on . There was no documentation Staff H received a total of 3 hours in-service training within 30 days of employment covering resident behavior and needs and providing assistance with the activities of daily living. 4. Review of the personnel file on . . . . . for Medication Assistant Staff I revealed a date of hire of . . . . The file lacked documentation of pre-service orientation. Staff I completed a 1.0 hour of online training on "empowering residents through ADLs" on and 1.25 hour of training on . . . . . on "behavioral health and older adults". The personnel file for Staff I lacked documentation of completion of a total of 3 hours in-service training within 30 days of employment covering resident behavior and needs and providing assistance with activities of daily living.	{A 081}		

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{A 081}	Continued From page 4 5. Review of the personnel file on for Medication Assistant Staff J revealed a date of hire of . The file lacked documentation of pre-service orientation. Staff J completed a 1.0 hour of online training on "empowering residents through ADLs" on and 1.25 hour of training on on "behavioral health and older adults". The personnel file for Staff J lacked documentation of completion of a total of 3 hours in-service training within 30 days of employment covering resident behavior and needs and providing assistance with activities of daily living. 4. On at 4:40 p.m., the human resources director verified the lack of training for Staff A, F, H, I, and J Class III	{A 081}		
{A 090}	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 5	{A 090}		

This Statute or Rule is not met as evidenced by:
Based on record review and staff interview, the facility failed to maintain documentation of completion of a 1 hour ( ) training within 30 days of employment for 4 (Staff F, H, I, and J) of 6 staff employed greater than 30 days.

The findings included:

1. Review of the personnel file for Medication Assistant Staff F revealed a date of hire of . . . . . The personnel file contained 0.5 hour of advanced directives and training completed on . . . . . The file also contained a certificate dated indicating Staff F had successfully completed a 2 hour " [ ]" training on . . . . . The certificate did not contain the name or signature of the trainer.

2. Review of the personnel file for Medication Assistant Staff H revealed a date of hire of . . . . . The file lacked documentation of the required hour of training on . . . .

3. Review of the personnel file for Medication Assistant Staff I revealed a date of hire of . There was no documentation Staff I completed the required training on within 30 days of hire.

4. Review of the personnel file for Medication Assistant Staff J revealed a date of hire of . . . . . The filed lacked documentation of training on within 30 days of hire.

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{A 090}	Continued From page 6 5. During an interview on at 4:54 p.m., with the director of human resources, she verified the lack of documentation of training on for Staff F, H, I and J. Class III	{A 090}		
{A 152}	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate	{A 152}		

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{A 152}	Continued From page 7 keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to maintain a safe living environment for 1 (Resident #17) out of 3 residents sampled. The findings included: Observation of Resident #17's room on at 10:45 a.m., revealed numerous gouges in the door frames and doors. The dark brown carpet in the bedroom had multiple dark stains. Multiple pink pills and debris were scattered all over the carpet in the room. The bathroom door had a large hole. During an interview with Resident #17's spouse on at 11:00 a.m., she stated the hole in the bathroom door had been there for at least 2 months. On at 11:15 a.m., during an interview with the maintenance director, he said he was not aware of the hole in the bathroom door. He said the carpet is vacuumed once a week and the housekeeper is supposed to make frequent rounds to ensure the room remained clean but	{A 152}		

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{A 152}	Continued From page 8 the facility did not maintain documentation of the daily inspections of the resident's room. He acknowledged the carpet was dirty and needed more frequent cleaning. On at 11:30 a.m., housekeeper Staff K said she vacuums and cleans the room once a week on Tuesdays. She said she has never been told to check Resident #17's room on a daily basis to ensure it remains clean. ** Photos on file** Class III	{A 152}		