

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/06/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOMESTEAD RETIREMENT

**1117 MASSACHUSETTS AVENUE
SAINT CLOUD, FL 34769**

(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 Control visit and Generator Variance assessment was conducted on . Homestead Retirement had a deficiency at the time of the visit.	A 000		
A 030 SS=G	59A-36.007(6) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. _____ and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident _____, neglect, and _____; 6. Administrative and housekeeping schedules and requirements; 7. _____ control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical _____	A 030			

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A 030	Continued From page 2 by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the	A 030			

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A 030	Continued From page 3 resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making _____ for health care services, the provision of or arrangement of transportation to health care _____, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally _____, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for	A 030			

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A 030	Continued From page 4 a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (I) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman	A 030		

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A 030	Continued From page 5 Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and _____, Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated _____ or _____ under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to safe-guard residents' well-being by failing to follow current _____ control standards related to COVID-19 and Florida Governor's emergency orders DEM Order 20-006, dated _____, delineating minimum screening standards for persons entering identified residential facilities, and failed to establish a safe environment by requiring residents to wear coverings and practicing social distancing while outside of their apartments. The facility population was 39 residents.	A 030		

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A 030	Continued From page 6 Findings: The COVID-19 is a transmissible that presents severe risk to persons who are aged, infirm, or suffer from co- including, but not limited to, system deficiency, and . See generally, Publications of the Centers for Control. On , the Governor of the State of Florida issued Executive Order 20-51 designating a Public Health Emergency as a result of COVID-19 and its impact. Pursuant to that authority, emergency orders have been issued by the Florida Division of Emergency Management to implement the protections necessary to assure the health, safety, and well-being of Florida's citizenry, including those most to the effects of . Among those emergency orders was DEM Order 20-006, dated , delineating minimum screening standards for persons entering identified residential facilities. The Agency for Health Care Administration (AHCA) has issued guidance and clarification on DEM Order 20-006 to providers, and on issued an alert notifying assisted living facilities that all staff or other individuals admitted to a residential facility must don masks and that caregivers must wear gloves when providing resident care. While the treatment and management of residents with and the implementation of isolation precautions for such events are a long-standing health care issues faced by residential facilities, the ease of contagion and the effects of presented by COVID-19 mandate that providers exert meticulous practice and procedure to identify	A 030		

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A 030	Continued From page 7 resident symptoms and take immediate procedures to both assure appropriate treatment of a potentially resident and protect the remainder of a facility's population from the risk of spread of the On , in a record review of the Center for Control and Prevention (CDC), Considerations when preparing for COVID-19 in Assisted Living Facility, it is recommended assisted living facilities take the following actions to protect residents and staff: encourage the residents to wear coverings and practice social distancing when outside of their apartments, discontinue communal dining, staff to wear mask, provide access to -based sanitizer, test residents and staff for temperatures and designate one central point of entrance. On at 12:15 PM, the AHCA surveyor observed front entrance of the facility and found three residents standing in an unsecured area smoking without a mask. The AHCA surveyor asked why they were not wearing a mask and they stated, "we don't have one". The AHCA surveyor observed the residents to be within 3 of each other. The facility has not reported any staff or residents' cases of COVID-19. On at 12:20 PM, the AHCA surveyor observed the front door to be unsecured. The AHCA surveyor entered the facility and knocked on the office door with no response. The AHCA surveyor was informed by a resident that the staff was in the nurse's station. The AHCA surveyor observed the staff member in the nurse's station providing medication assistance to residents but was not wearing a mask or covering.	A 030		

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A 030	Continued From page 8 On at 12:25 PM, in a tour of the facility, the AHCA surveyor observed the following: no sanitizer found in common areas for resident usage, residents not wearing masks or coverings. The residents observed by the AHCA surveyor were within 3 of each other. The dining room was set up for a meal which had been completed prior to the AHCA surveyor's observation. The dining room set up was four top tables set within 3 of one another. The facility was not observed to have no sign in process or designated entry point (both front and rear entrance used by residents), housekeeping and kitchen staff not wearing a mask or covering. The housekeeper was asked why she was not wearing a mask; she quickly pulled it from her pocket and put it on, saying something in Spanish to the kitchen staff who pulled their mask out of their pocket and put it on. A dozen residents were observed, some watching television, others waiting to get coffee and some just talking. The dining room has just had lunch since the tables were being cleaned and the floor mopped by the housekeeper, so lunch was not observed. Social distancing was not observed. On at 12:30 PM, staff A stated that they were in charge. Staff A stated the administrator was out of the facility. Staff A texted the administrator who responded that he was unavailable to talk with the surveyor. Staff A was asked why he did not wear a mask or covering and he stated it was in his car. Staff A stated the facility did not provide mask or coverings to the residents or staff because they do not have any. Staff A stated they have been trying to secure some from the Department of Health and the local emergency management office. Staff A stated they have sanitizer and it is kept in the secured kitchen and nurse's	A 030			

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A 030	Continued From page 9 station. Staff A stated they have continued serving meals in the dining area. On at 12:44 PM, resident #1 stated the facility did not give her a mask to wear. Resident #1 stated the mask that she has was given to her by her roommate's sister. Resident #1 stated the facility does not provide sanitizer. Resident #1 stated they eat all their meals in the dining room with all the residents. The lunch meal was served at 11:30 AM. The meal was over by the time the survey was started at 12:15 PM. On at 12:49 PM, resident #2 stated she was not given a mask to wear. Resident #2 stated she has a mask and it was made for her by a friend. She stated residents and staff do not wear masks. Resident #2 stated she can get sanitizer, but you must ask staff because it is locked up in the nurse's station. Resident #2 stated everyone eats in the dining room. On at 12:54 PM, resident #3 stated she does not have a mask; the facility did not give her one and the residents do not wear them. Resident #3 stated she does not have any sanitizer, but she does wash her Resident #3 stated she eats in the dining room with the other residents. On at 1:05 PM, staff B stated she is the designated administrator. Staff B stated the facility does not have masks and did not provide masks to the residents. Staff B stated the facility has sanitizer and it is located in the nurse's station, dining room and kitchen. Staff B stated the facility does not have a sign-in procedure since the facility does not allow any visitors into the facility and residents are not allowed to leave the facility. The facility does not	A 030		

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A 030	Continued From page 10 have a sign-in procedure for staff. Staff B stated she meets all visitors outside of the facility and accepts deliveries outside of the building. Staff B stated residents continue to have community meals in the dining room. They did not screen staff, the facility did not have a sign-in procedure because, based on their statements, they do not allow anyone into the building, and deliveries are made outside the building. On at 1:30 PM, observation found that the facility did not have signs at either point of entrance, front or rear, providing information restricting visitors due to COVID-19. The facility allowed the AHCA surveyor to enter the building without questioning prior exposure or taking the temperature of the surveyor. The AHCA surveyor did not observe any sanitizer for residents to clean their The AHCA surveyor observed only those residents he interviewed wearing coverings after they had been encouraged to put them on by the AHCA surveyor. Class II	A 030		