

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER SARA'S HOUSE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1567 NE 46TH STREET OAKLAND PARK, FL 33334		
(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 Relicensure, Complaint (#2020020046 & 2021002508) and Generator Monitoring survey was conducted on at Sara's House, Inc. The facility had deficiencies identified related to the Relicensure and Complaint (#2020020046 & #2021002508) at the time of the survey.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of _____ or _____ or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such _____ or _____. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making _____ for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal	A 025		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 025	Continued From page 1 supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure staff provided appropriate supervision for 1 out of 6 residents sampled residents (Resident #7). As evidenced of Resident #7 gaining access to staff living quarters in which the resident and sustained injuries. In addition, the facility failed to notify a Resident's legal representative or guardian regarding significant health changes (including injuries and transfers to the hospital), for 1 out of 6 sampled residents	A 025		

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A 025	Continued From page 2 (Resident #7). The findings included: During observations made during the tour of the facility on _____ at 9:40 AM, it was noted that the facility had 5 bedrooms. There is a Staff bedroom(Staff quarters) with a bathroom that has a door that leads into the living room. Observation of the Staff bedroom/bathroom (picture evidence) on _____, there were towels and items that obstructed the walkway, potentially a risk hazard. That door has a sign on it to keep closed, so residents don't enter. The facility did not have any evidence of a Policy and Procedure regarding having this door remaining closed. In interviews with the Administrator, Staff A and Staff B on _____ between 10:00 am - 11:00 am, all stated that it is not in writing however, they are all aware of having the door closed so the residents don't enter. During a record review of the facility's admission and discharge log, revealed Resident #7 was discharged on _____ from the facility. Further review of this entry revealed it states the following reason: (grievance): Guardian was not satisfied with the care she received. A review of Resident #7's file revealed an incident of a _____ that occurred on _____ around 10:30 AM. It states that Resident #7 was heard calling for help. Staff A (Home Health Aid) found her on the floor at edge of the shower in the Staff's bedroom/bathroom and that she was able to get up on her own. Staff A questioned about her _____ and had _____ on her _____. A record review of Resident #7's Health Assessment (AHCA form 1823) dated and signed	A 025		

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A 025	Continued From page 3 by Physician on _____, documented the following diagnoses; _____, sleep disturbance; Unsteady Gait and _____ precautions. The resident also requires supervision and assistance with her ADLs (Activity of Daily Living). During an interview with Staff A on _____ at 11:00 AM, she explained the following incident that occurred on _____. A record review of the facility's staff schedule reflects 2 staff for 6 residents, in addition to the Administrator/Owner as a third employee. However, on the morning of _____ there was only Staff A and B on duty. Around 10:00 AM, Staff B was cleaning the kitchen after breakfast, the residents were sitting on the couch, and Staff A was making the beds in the residents' rooms when she heard Resident #7 call for help. Staff A found her on the floor at edge of the shower in the Staff bathroom and that she was able to get up on her own. Staff A questioned about her _____ and had _____ on her _____. On the morning of _____, the door of the staff quarters (bedroom) was open, and Resident #7 entered it and was attempting to go into the shower when she _____. Review of Staff A's written statement revealed the following. Staff A documented the she observed Resident #7 on the floor and the shower chair was tipped over. Staff A called the Administrator/Owner who was traveling at the time and spoke with the Administrator (Owner)'s husband on _____ between 10:30 AM and 10:45 AM, regarding the _____. He gave permission for 911 to be contacted and advised to contact the doctor and let him know that Resident #7 had _____. Staff B activated 911 and Resident #7 was transferred to the local hospital on _____ and returned to the facility.	A 025		

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A 025	Continued From page 4 A record review of the hospital discharge papers state that Resident #7 had suffered a Right _____ injury/Right _____, and _____ injury. In addition to Doctor's orders for medication for _____; a sling; and a follow up with the primary doctor for _____. During further interview with Staff A, she was asked did the facility notify Resident #7's court appointed guardian? Staff A responded that she forgot. During an interview with Staff B on _____ at 11:20 AM, she stated that she didn't have a number to call Resident# 7's representative (court appointed guardian). During an interview with the Administrator /owner at 11:30 AM, she stated that she was away on _____ and her husband took the call. Asked during further interview with the Administrator /owner, did the facility notify Resident #7's court appointed guardian? The Administrator, responded that she did not because she didn't have her number with her, and she was away. Further question if she contacted the facility to obtain the number or instruct Staff A and B to help locate it? The Administrator responded that she didn't and that she was not sure where the number is. Review of a statement Provided by the Guardian, confirmed that the facility had not notified her of Resident #7's _____ or hospital transfer. She was notified of the injuries and incident based on a pop-up visit. It was further noted that she had contacted the facility on _____ and _____ regarding Resident #7, however, the incident was not revealed.	A 025		

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A 025	Continued From page 5 Class III	A 025		
A 081	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (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.	A 081		

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A 081	Continued From page 6 (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 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 control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, 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	A 081		

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A 081	Continued From page 7 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 neglect, and The facility must use its 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. (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 review and interview, the facility failed to ensure 2 of 3 sampled direct care staff	A 081			

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A 081	Continued From page 8 (Staff A and B) received the required in-service training within 30 days of hire. The findings include: On _____, an Employee Record Review was conducted with the Administrator, for Staff A and B. The records revealed there was no documentation contained within the employee files, showing completion of the following regulatory required in-service training: Reporting Major Incidents; Reporting Adverse Incidents; Facility Emergency Procedures; and Incident Reporting for Staff A or Staff B. The following hire dates are noted for Staff A and B: 1) Staff A Home Health Aide with a hire date of _____ 2) Staff B Home Health Aide with a hire date of _____ During an interview with each staff on _____ at 11:30 am, Staff A and B were unable to identify what constitutes an adverse incident, who to notify, and reporting. Staff A and B further stated that they call the Administrator/owner and get directions to call 911. Class III	A 081		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.-	CZ814		

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CZ814	Continued From page 9 (2)(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 interview, the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening Facility Employee Roster for employment status for 1 out of 4 staff members . The facility must register the new staff member upon initial employment status and any changes in status must be reported within 10 business days (Staff C).	CZ814		

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CZ814	Continued From page 10 The findings included: A Record Review with the Administrator of the current facility's staff schedule compared to the Clearinghouse Background Screening Facility Employee Roster revealed that a former staff member (Staff C) did not have an end. The Administrator retrieved Staff C's employee file, that reflects an end date of A Record Review was conducted on of the Clearinghouse Background Screening Facility Employee Roster with the Administrator and revealed Staff C is a former employee as a Home Health Aide with a hire date of, did not report an end date of The Administrator confirmed the last date of employment was Unclassified	CZ814		