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 _____	09/30/2021

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

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A 000	Initial Comments An unannounced change of ownership, emergency power plan monitoring and limited nursing services survey was conducted on [redacted] to [redacted] at Paddock Cove at Naples, an assisted living facility in Naples, Florida. The following deficiencies were identified at the time of the survey. .	A 000		
A 078	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 [redacted]. 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 [redacted] 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 [redacted] testing materials satisfies the annual [redacted] examination requirement. An individual with a positive [redacted] test must submit a health care provider's statement that the individual does not constitute a risk of [redacted]. 2. If any staff member has, or is suspected of having, a communicable [redacted], such individual must be immediately removed from duties until a	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 written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (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 record review, and interview, the facility failed to show all staff are free of communicable	A 078		

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A 078	Continued From page 2 for 5 (Executive Director, Director of Nursing, Staff D, Staff E, and Staff F) of 5 employee records reviewed for communicable statements. The facility accepted the reproduction of the physician's signature rather than a current signature, this practice cannot prevent the falsification of records. The findings included: Record review of the Executive Director's file revealed a hire date of . The Executive Director's personnel file contained a communicable statement with a replicated signature dated . Record review of the Director of Nursing's file revealed a hire date of . The Director of Nursing's personnel file contained a communicable statement with a replicated signature dated . Record review of Staff D's file revealed a hire date of . Staff D's personnel file contained a communicable statement with a replicated signature dated . Record review of Staff E's file revealed a hire date of . Staff E's personnel file contained a communicable statement with a replicated signature dated . Record review of Staff F's file revealed a hire date of . Staff F's personnel file contained a communicable statement with a replicated signature dated . Observation of all 5 of 5 communicable statements revealed when held up to the light, all replicated signatures were identical on all	A 078		

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A 078	Continued From page 3 statements. Interview on . . . . . at 11:35 a.m., the Executive Director stated the Human Resources Manager is responsible for keeping the employee files and making sure all communicable statements are completed. When shown the communicable statements, she confirmed the signatures were identical and replicated on all 5 of the communicable . . . . . statements including the ones for 2020 and 2021. Interview on at 11:40 a.m., the Human Resources Manager reviewed the communicable statements and confirmed all statements revealed the signatures on the statements were all identical and replicated. Interview on at 11:57 a.m., the physician reviewed the forms and confirmed the signatures were identical and replicated. He said the address on the form was old, and his office had not been in that location for the last 3 years. Class III .	A 078		
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	A 081		

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A 081	Continued From page 4 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. (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	A 081		

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A 081	Continued From page 5 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 [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	A 081		

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A 081	Continued From page 6 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 facility employees completed required training required by the Florida Administrative Code within 30 days of employment, for 4 (Director of Nursing, Staff D, Staff E and Staff F) of 5 employee files reviewed. The findings included: On . . . . . , a review of the Director of Nursing employee file revealed a hire date of . The Director of Nursing's file failed to contain documentation of having completed Reporting Major Incident, Reporting Adverse Incidents; facility emergency procedures, and Incident	A 081		

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A 081	Continued From page 7 Report training. The Director of Nursing completed Nutritional and Safe Food Handling training on . . . . , the training completed was 30 minutes and not the required 1 hour as required per regulations. On . . . . , review of Staff D's employee file revealed a hire date of . . as a care partner. Staff D's file failed to contain documentation of having completed required Incident Reporting training. Staff D's file contained documentation of training for Nutritional and Safe Food Handling on . . , the training completed was 30 minutes and not the 1 hour as required per regulations. On . . . . . , review of Staff E's employee file revealed a hire date of . . as a Registered Nurse. Staff E's file failed to contain documentation of having Incident Reporting training. Staff E's file contained documentation of training for Nutritional and Safe Food Handling on . . , the training completed was 30 minutes and not the 1 hour as required per regulations. On . . . . . , review of Staff F's employee file revealed a hire date of . . as a care partner. Staff F's file failed to contain documentation of having Incident Reporting training, 3 hour Activities of Daily Living and Behavioral Needs training. Staff F's file contained documentation of training for Nutritional and Safe Food Handling on . . . . , the training completed was 30 minutes and not the 1 hour as required per regulations. Interview on . . at 11:35 a.m., the Executive Director acknowledged the findings noted above.	A 081		

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A 081	Continued From page 8 Class III	A 081		
A 090	59A-36.011(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 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure facility employees complete at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment and maintain documentation of completion for 1 (Director of Nursing) of 5 employee files reviewed. The findings included: On , a review of the Director of Nursing's employee file revealed a hire date of . The Director of Nursing's file contained no documentation of having completed an in-service on the policy and procedure.	A 090		

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A 090	Continued From page 9 Interview on at 11:35 a.m., the Executive Director acknowledged the finding noted above. Class III .	A 090		
A 163	429.49 FS Records - Resident, Penalties for Alteration (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to show all communicable statements provided contained original signatures signed by the physician, for 5 (Executive Director, Director of Nursing, Staff D, Staff E, and Staff F) of 5 employee records reviewed for communicable statements. The facility accepted the reproduction of the Physician signature rather than a current signature, this practice does not prevent falsification of records. The findings included: Record review of the Executive Director's file revealed a hire date of . The Executive Director's personnel file contained a communicable statement with a replicated signature dated .	A 163		

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A 163	Continued From page 10 Record review of the Director of Nursing's file revealed a hire date of . The Director of Nursing's personnel file contained a communicable statement with a replicated signature dated . Record review of Staff D's file revealed a hire date of . Staff D's personnel file contained a communicable statement with a replicated signature dated . Record review of Staff E's file revealed a hire date of . Staff E's personnel file contained a communicable statement with a replicated signature dated . Record review of Staff F's file revealed a hire date of . Staff F's personnel file contained a communicable statement with a replicated signature dated . Observation of all 5 of 5 communicable statements revealed when held up to the light, all replicated signatures were identical on all statements for 2020 and 2021. Interview on at 11:35 a.m., the Executive Director, she said the Human Resources Manager is responsible for keeping the employee files and making sure all communicable statements are completed. When shown the communicable statements she confirmed the signatures were identical and replicated on all 5 of 5 of the communicable statements including the ones for 2020 and 2021. She acknowledged the signatures on all the communicable statements looked falsified on all the statements.	A 163		

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A 163	Continued From page 11 Interview on . . . . . at 11:40 a.m., the Human Resources Manager reviewed the communicable . . . . . statements and confirmed all statements revealed the signatures on the statements were all identical and replicated and appeared falsified. Interview on . . . . . at 11:57 a.m., the physician reviewed the forms and confirmed the signatures were identical and falsified. He said the address on the form was old, and his office had not been in that location for the last 3 years. Class III .	A 163		