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
	AL11969388	A. BUILDING: _____ B. WING _____	R 11/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR AT CELEBRATION	1370 CELEBRATION BLVD CELEBRATION, FL 34747

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{A 000}	Initial Comments A revisit to an Extended Congregate (ECC} monitoring was conducted at Windsor At Celebration on . Deficiencies were identified at the time of 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 (b) Staff must be qualified to perform their	{A 078}		

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{A 078}	Continued From page 1 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: DEFICIENCY REMAINED UNCORRECTED Based on personnel record review and interview the facility failed to ensure 1 of 4 personnel records (G) contained a healthcare provider statement that indicated freedom from communicable .	{A 078}		

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{A 078}	Continued From page 2 Findings: During the facility entrance on at 9:30 AM staff G was identified as the facility's Registered Nurse (RN) that supervised the Extended Congregate Care Services (ECC). Review of the Agency BGS website on at 10:20 AM indicated staff G was hired on . In an interview with the administrator on at 11:30 AM who said the RN worked for the management company. Staff G did not have a personnel record, they were working on it. There was no evidence to confirm staff G did not have any signs or symptoms of communicable Class III	{A 078}		
{A 081} SS=D	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.	{A 081}		

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{A 081}	Continued From page 3 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 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 4 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 5 (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: DEFICIENCY REMAINED UNCORRECTED Based on observations, record review and interview the facility failed to ensure 2 of 4 staff (F and G) received all the mandated in-service training. Findings: 1. Staff G, was a Registered Nurse and did not have a personnel record. Review of the Agency BGS website on ..... at 10:20 AM revealed staff G was hired on . There was no evidence to confirm he received: A 2 - hour pre-service orientation provided by the facility before interacting with residents. A 1-hour in-service training that covered 1. Reporting adverse incidents. 2. Facility emergency procedures including	{A 081}		

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{A 081}	Continued From page 6 chain-of-command and staff roles relating to emergency evacuation. A 1-hour in-service training regarding 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. A 1-hour-in-service training within 30 days of employment in safe food handling practices An in-service training regarding the facility's resident elopement response policies and procedures. There was no evidence she attended ALF core and was exempt from the pre-service, and food handling practices. 2. Personnel record review for staff F hired revealed a certificate dated that indicated 1- hour control training. The certificate was from an on-line training site. There was no evidence to confirm the training was provided using the facility's control policies and was not signed. There was no evidence to confirm she was a Home Health Aide (HHA), or a Certified Nursing Assistant (CNA) therefore exempt from the above training requirements. On at 11:30 AM the administrator said the staff had not completed the training and staff G did not have a personnel record and needed to complete the in-service trainings. Class III	{A 081}		
{A 090} SS=D	59A-36.011(11) FAC Training - (11)	{A 090}		

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{A 090}	Continued From page 7 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: DEFICIENCY REMAINED UNCORRECTED Based on personnel record review and interview the facility did not provide or arrange for 1 of 4 sampled staff (G) to attend a 1-hour in-service training regarding the facility's ( ) policies and procedures. Findings: During the facility entrance on at 9:30 AM staff G was identified as the facility's Registered Nurse (RN) that supervised the Extended Congregate Care Services (ECC). Review of the Agency BGS website on at 10:20 AM indicated staff G was hired on . Staff G, a nurse did not have a personnel record. There was no evidence to confirm she received a 1 hour of training in the facility's policies and procedures regarding	{A 090}		

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{A 090}	Continued From page 8 In an interview with the administrator on at 11:30 AM who said the RN worked for the management company. Staff G did not have a personnel record, they were working on it. The staff needed to complete the in-service training. Class III	{A 090}		
{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., 2. Copies of all licenses or certifications for all staff providing services that require licensing or	{A 161}		

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{A 161}	Continued From page 9 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 ˬ 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: DEFICIENCY REMAINED UNCORRECTED. Based on record review and interview the facility failed to ensure the personal records for 1 of 4 sampled staff (G) contained all the required documents. Findings: During the facility entrance on at 9:30 AM staff G was identified as the facility's	{A 161}		

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{A 161}	Continued From page 10 Registered Nurse (RN) that supervised the Extended Congregate Care Services (ECC). Review of the Department of Health license verification on [redacted] at 11:20 AM revealed that staff G was an RN and had an out of state address. Review of the Agency BGS website on [redacted] indicated staff G was hired on [redacted]. In an interview with the administrator on [redacted] at 11:30 AM who said the RN worked for the management company. Staff G did not have a personnel record, they were working on it. Class III	{A 161}		
{AE210} SS=D	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to [redacted], shall not be required to take the assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical,	{AE210}		

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{AE210}	Continued From page 11 [illegible], or social needs of frail elderly and persons, or persons with 's or related . (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED. Based on record review and interview the facility failed to have 1 of 7 direct care staff members (F), complete 2 hours of the required in service training for Extended Congregate Care (ECC) within 6 months of hire. Findings: Personnel record review for staff F, a caregiver hired revealed no evidence to confirm she received 2-hours of Extended Congregate Care (ECC) in-service training On at 11:30 AM the administrator said the staff had not completed the training. Class III	{AE210}		
CZ813	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090 Background Screening. (3) Results of Screening and Notification.	CZ813		

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CZ813	Continued From page 12 (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on personnel records review and interview, the facility failed to maintain the current eligibility results of a background screening in the personnel record for 1 of 4 staff (G) who was in a role that required a background screening. Findings: During the facility entrance on at 9:30 AM staff G was identified as the facility's Registered Nurse (RN) that supervised the Extended Congregate Care Services (ECC). Review of the Department of Health license verification on at 11:20 AM revealed that staff G was an RN. Review of the Agency BGS website on indicated staff G was hired on and was eligible on . In an interview with the administrator on at 11:30 AM who said the RN worked for the management company. Staff G did not have a personnel record, they were working on it.	CZ813		
{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the are	{CZ814}		

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{CZ814}	Continued From page 13 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: DEFICIENCY REMAINED UNCORRECTED Based on record review and interview the facility failed to maintain the employment status of all employees within the background screening (BGS) clearinghouse and did not list 1 of 4 sampled staff (F). Findings: Personnel record review for staff F revealed she was hired and was a direct care staff.	{CZ814}		

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{CZ814}	Continued From page 14 Review of the facility BGS roster on at 10:20 AM reveled staff F was not listed on the facility's BGS roster. In an interview with the administrator on at 11:30 AM who confirmed the findings.	{CZ814}		