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
	AL11965763	A. BUILDING: _____ B. WING _____	R 02/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARRINGTON TERRACE - FT MYERS	9731 COMMERCE CENTER COURT FORT MYERS, FL 33908

(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 A second follow-up by desk review was conducted on [redacted] for Barrington Terrace, an assisted living facility in Fort Myers, Florida. The follow-up was in response to the complaint survey completed on [redacted]. Based on the facility's plan of correction and supporting documentation, five of the deficiencies were corrected as of [redacted] and tag #0078 was recited.	{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	{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 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 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:	{A 078}		

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{A 078}	Continued From page 2 Based on record review and staff interview, the facility failed to obtain a freedom from communicable statement ( ) within 30 days of hire for 3(Staff C, X and Y and annual test for Staff A and C) of 4 staff reviewed. The finding included: On , record review revealed Staff X was hired on . A freedom from communicable statement was not completed by a health care practitioner until , 74 days after hire. On , record review revealed Staff Y was hired on . A freedom from communicable statement was not completed by a health care practitioner until , 55 days after hire. On , record review revealed Staff C was hired and there was no evidence of a freedom from communicable statement or an annual test for 2021. This was also cited on the previous survey completed on . On record review revealed Staff A was hired on and there was no evidence of an annual test for 2021. This was also cited on the previous survey completed on . On in a phone interview, the Executive Director confirmed Staff X and Y did not have a freedom from communicable statement completed within 30 days of hire and Staff C still does not have evidence of a freedom from communicable statement or an annual test for 2021 and Staff A also still does not have evidence of an annual test for 2021.	{A 078}		

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{A 078}	Continued From page 3 Class III	{A 078}		