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
	AL11966340	A. BUILDING: _____ B. WING _____	05/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON MANOR ASSISTED LIVING	20480 VETERANS BLVD PORT CHARLOTTE, FL 33954

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] 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 [illegible] 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; [illegible]; 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 staff interview, the facility failed to ensure 1 (Staff B) of 5 staff records reviewed, had the Level 2 background screening employment status updated within 10 days on the Agency's Background Screening Clearinghouse web site pursuant to chapter 435. This had the potential for staff with disqualifying	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1 offenses to have access to adults. The findings included: On at 10:42 a.m., review of the Limited Nursing Services (LNS) records revealed Staff B Registered Nurse (RN) is the LNS supervisor for the facility. Review of the Agency background screen web site revealed staff B was added to the facility roster on as the Administrator of the facility with an end date of . Staff B was not added to the employee roster on the clearinghouse facility roster as an employee. On at 12:00 p.m., the Business Office Manager confirmed staff B is the LNS supervisor for the facility and is an employee of the facility and confirmed staff B was not added to the facility roster on the Agency web site. On at 12:05 p.m., the Director of Resident Care said, "they should have switched her over when she was removed as the administrator." Unclassified	CZ814		

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A 000	Initial Comments An unannounced relicensure, limited nursing services and emergency power plan monitoring survey was conducted on through at Lexington Manor Assisted Living, an assisted living facility in Port Charlotte, Florida. The following is a description of the deficiencies.	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 . . . . . 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	A 078		

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A 078	Continued From page 1 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 ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual	A 078		

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A 078	Continued From page 2 is free from signs/symptoms of communicable and evidence of freedom from . . . . . ( ) documented upon hire and annually thereafter for 4 (Staff A, C, D and Administrator) of 4 employee records reviewed. The findings included: 1. A review of Staff A's personnel record showed she was hired on . There was no documentation showing she was free from apparent signs and symptoms of communicable . . . . . and . . . . . test. 2. A review of Staff D's personnel record showed she was hired on . She had an , done dated . . . . . However, the , was not performed within 30 days of hire and there is no documentation she was free from apparent signs and symptoms of communicable . 3. Review of Staff C's file revealed a hire date of as a Resident Assistant ( ). Staff C's file contained documentation of a test completed on and read on . Staff C's file contained no statement from a healthcare provider indicating staff C was free from signs/symptoms of a communicable . . . . . within 30 days of hire. 4. Review of Administrators file revealed a hire date of . . . . . Administrator's file contained documentation of a test completed on . . . . . and read on . . . . . Administrator's file contained no statement from a healthcare provider indicating Administrator was free from signs/symptoms of a communicable within 30 days of hire. On at 11:44 a.m., the Business Officer Manager confirmed the employee health records	A 078		

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A 078	Continued From page 3 were incomplete.	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 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 4 (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 borne , , 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 5 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 facility employees complete	A 081		

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A 081	Continued From page 6 required in-service training within 30 days of hire, and ensure facility employees complete 2-hour training for pre-service orientation prior to interacting with residents for 2 (Staff A, and C) of 4 employee records reviewed. The findings included: A review of Staff A's personnel record showed she was hired on . A review of the certification for her orientation showed it was dated , however, the form did not show Staff A participated in this training, who provided this training and how long the training occurred. Staff A's personnel file did not have documented training on: Elopement Response, Major Incidents, Emergency Procedures, Adverse Incident Reporting, or Nutrition and Safe Food Handling. Staff A had documented training on /Neglect/ , and Resident Rights on . This training is required within 30 days of hire. Record review for Staff C revealed a hire date of as a Resident Assistant. Staff C's file contained certificates of 2 hour training for pre-service orientation, Resident Needs, and Activities of Daily Living with no date of completion and no agenda. Further review of Staff C's file found no documentation of completion of Nutrition and Safe Food Handling. The file contained documentation of completion of Managing Elopement on , Preventing, Recognizing and Reporting on , Adverse Incidents on , and Control completed on all completed 4 months after hire when the requirement is training to be completed within 30 days of hire. During an interview on at 11:44 a.m., the Business Office Manager confirmed the findings	A 081		

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A 081	Continued From page 7 of no completion of pre-service orientation for staff A and C and acknowledged there is no date of completion on the certificates, no proof training was completed, and trainings not completed within the required time according to the regulations. Class III	A 081		
A 082	59A-36.011(4) FAC Training - / . (4) . . . . . / . . . . . (. . . / . . .). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete a one-time education course on . . . . . and . . . . . (/) within 30 days of employment for 2 (Staff A, and C) of 4 employee files reviewed for / training. The findings included: A review of Staff A's personnel record showed she was hired on . . . . . Documentation	A 082		

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A 082	Continued From page 8 showed she had / . . training on . . . This training is required within 30 days of hire. A review of Staff C's employee file revealed a hire date of as a Resident Assistant. Staff C's file contained evidence of training for / completed on , four months after hire. Regulations require the training to be completed within 30 days of hire. During an interview on at 11:44 a.m., the Business Office Manager confirmed the findings that the training was not completed within the 30 days of hire as per the regulations. Class III	A 082		
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	A 090		

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A 090	Continued From page 9 and procedures regarding . . . . . ( ) within 30 days after employment for 2 (Staff A, and C) of 4 employee files reviewed. The findings included: A review of Staff A's personnel record showed she was hired on . . . . . . Documentation showed she had . . . policy and procedure training on . . . . . This training is required within 30 days of hire. A review of Staff C's employee file revealed a hire date of as a Resident Assistant. Staff C's file contained a certificate for Emergency Response and ( ) training, the certificate contained no date and no agenda. In an interview on at 11:44 a.m., the Business Office Manager confirmed the findings of no date of completion on the certificate and training not completed timely. Class III	A 090		