

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911439	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/09/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FOUNTAINS RESIDENCE AT MILL COVE

**9960 ATRIUM WAY
JACKSONVILLE, FL 32225**

(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 abbreviated relicensure, Limited Nursing Services monitoring, and complaint investigation (complaint numbers #2024001467 and #2023000336) was conducted at Fountains Residence at Mill Cove from _____ to _____. Deficient practice was identified in 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 _____. 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		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER FOUNTAINS RESIDENCE AT MILL COVE		STREET ADDRESS, CITY, STATE, ZIP CODE 9960 ATRIUM WAY JACKSONVILLE, FL 32225		
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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 that provides 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 interviews and record review, the facility failed to provide annual () examinations for 4 of 4 sampled employees (Assisted Living Director and Employees A, B, C).	A 078		

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A 078	Continued From page 2 The findings include: Facility employee records documented Employee A was hired on A to rule out was completed on with a negative result. A signs and symptoms questionnaire was completed on and Photographic evidence obtained. Documentation of a more recent examination for Employee A was not in the file. Facility employee records documented Employee B was hired on A one step test was completed on with a negative result. A signs and symptoms questionnaire was completed on It did not have any blanks filled in to indicate a exam was completed. Photographic evidence obtained. Documentation of a more recent examination for Employee A was not in the file. Facility employee records documented Employee C was hired on A one step test was completed on with a negative result. A signs and symptoms questionnaire was signed on which was only signed by Employee C and did not document a examination was completed. The form did not check of either box as to whether Employee C did or did not display symptoms. A questionnaire form signed by Employee C and the Assisted Living Director on did not have any blanks filled in to indicate a examination was conducted. Photographic evidence obtained. Facility employee records documented the Assisted Living Director was hired A screening questionnaire dated was located in the file. Information to fill in about the	A 078		

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A 078	Continued From page 3 examination (test site, lot number, expiration date, date read, and results) was blank. Photographic evidence obtained. The Human Resources Coordinator was interviewed on _____ at 1:30 pm. When asked about the screening for employees, she explained, "We have only conduct the test upon hire, and then provide the screening questionnaire annually." She also explained she thought a _____, to rule out _____ was good for five years, and the questionnaire completed annually would satisfy the requirement. Class III	A 078			