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
	AL11968869	A. BUILDING: _____ B. WING _____	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY PARK	15000 HWY 441 EUSTIS, FL 32726

(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
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to submit their Comprehensive Emergency Management Plan annually to the local emergency management agency for the current year (2024.) Findings include: Review of the facility's Comprehensive Emergency Management Plan (CEMP) binder revealed an approval letter from the Lake County Office of Emergency Management, dated 4/9/2023, that read, "Your plan is due for review again on 2/9/2024." There was no documentation evidence of an approval letter for 2024. On 6/4/2024 at 10:48 AM, during an interview with the Acting Administrator, she stated, "We are in the process of getting it done, so the emergency plan has actually not been submitted yet." Class III	CZ830		
A 000	Initial Comments An unannounced re-licensure survey with Emergency Power Plan monitoring, and a complaint investigation (complaint number 2024006649), were conducted at Regency Park on June 4, 2024 through June 5, 2024. Deficiencies were identified at the time of the survey.	A 000		

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A 036	59A-36.007(10) INFECTION CONTROL PROCEDURES (10) INFECTION CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of infectious diseases. (a) The facility must implement a hand hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to infectious materials or bodily fluids. Hand hygiene may include the use of alcohol-based rubs, antiseptic handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an anticipated exposure to transmissible infectious agents in blood, body fluids, secretions, excretions, nonintact skin, and mucuous membranes during the provision of personal services. Standard precautions include: hand hygiene, and dependent upon the exposure, use of gloves, gown, mask, eye protection, or a face shield. (c) The facility must clean and disinfect reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement a hand hygiene program before and after the provision of personal services (assisting residents with self-administered glucose testing machine and assistance with medication self-administration) during 4 out of 4 medication pass observations. Findings include:	A 036		

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A 036	Continued From page 4 During an observation of medication administration for Resident #4 on 6/5/2024 at 11:50 AM, the Wellness Coordinator (WC) was observed accepting a self-testing glucose meter and used lancet and gauze with blood on it from the resident without donning gloves. WC proceeded back to the medication cart and disposed of the lancet in the sharps container and the gauze in the waste container without performing hand hygiene. WC then placed the self-testing glucose meter back into the medication cart without cleaning the device. WC returned to the medication cart and began preparing medications for another resident without performing hand hygiene. During an observation of medication administration for Resident #12 on 6/5/2024 at 12:00 PM, the Wellness Coordinator (WC) began to prepare resident's medications without performing hand hygiene. WC handed the medication cup to the resident and the resident self-administered the medication. WC went back to the medication cart and documented the medication administration without performing hand hygiene. WC then began preparing medications for another resident. During an observation of medication administration for Resident #13 on 6/5/2024 at 12:10 PM, Staff A, Medication Technician, began to prepare resident's medications without performing hand hygiene. Staff A handed the resident the medication and resident self-administered the medication. Staff A returned to the medication cart and documented the medication administration without performing hand hygiene. During an observation of medication	A 036		

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A 036	Continued From page 5 administration for Resident #14 on 6/5/2024 at 12:15 PM, the Wellness Coordinator (WC) was observed accepting a self-testing glucose meter and used lancet and gauze with blood on it from the resident without donning gloves. WC returned to the medication cart and disposed of the lancet in the sharps container and the gauze in the waste container without performing hand hygiene. WC then placed the self-testing glucose meter back into the medication cart without cleaning the device and began preparing medications for another resident without performing hand hygiene. During an interview conducted with Wellness Coordinator on 6/5/2024 at 12:30 PM, the Wellness Coordinator stated, "I can't believe I forgot, but I didn't know we had to clean the machines after every use." During an interview conducted with Staff A on 6/5/2024 at 12:35 PM, Staff A stated, "We don't always have hand sanitizer kept on the carts. I guess we need to make sure we keep it on here." During an interview conducted with the Administrator on 6/5/2024 at 1:30 PM, the Administrator stated "They have hand sanitizer and gloves on the carts. I expect them to follow policy and use gloves and wash their hands in between patients and clean things like they are supposed to." During the policy review conducted on 6/5/2024 at 1:00 PM, the facility was unable to provide a policy for hand hygiene. Class III	A 036		