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
	AL11967569	A. BUILDING: _____ B. WING _____	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF TITUSVILLE	497 N WASHINGTON AVE TITUSVILLE, FL 32796

(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 complaint investigation (#2024009048) and a generator monitoring were conducted at Addington Place of Titusville on . The facility had deficiencies at the time of the survey.	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and 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 observations, record reviews and interviews, the facility failed to follow its control policy and inform the health department of	A 036		

AHCA Form 3020-0001

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

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A 036	Continued From page 1 an outbreak when 8 of 8 sampled residents were treated for (#1, #2, #3, #7, #8, #9, #10, #11.) Findings: 1. A review of resident #1's record revealed the resident had a diagnosis of moderate to severe . A facility note indicated the resident had a red itchy all over his body. On a health care provider ordered external cream 5% one application apply to skin from to then repeat in one week for 3 milligram (mg) give four tablets now then repeat in two weeks for . 2. A review of resident #2's record revealed a diagnosis of 's and . A facility note indicated the resident had red raised itchy dots on both of his . On a health care provider ordered 3 mg give four tablets for one dose then repeat in 14 days for . A facility note indicated the resident was still complaining of itching. A new order for cream was received. 3. A review of resident #3's record revealed the resident had a diagnosis of 's . A facility note indicated the resident had a small on her lower . An order was	A 036		

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A 036	Continued From page 2 received for cream twice daily until healed. A facility note indicated the resident had an itchy redness all over her body. On a health care provider ordered cream from down to . Leave on hours then wash off. Repeat in one week. 3 mg give four tablets now then repeat in two weeks for . 4. A review of resident #7's record revealed the resident had a diagnosis of . A facility note indicated the resident was yelling that she was on fire, very itchy and came out to the common area without a shirt on. She had tiny red raised areas all over both arms, abdomen, and . A health care provider looked at pictures sent by a staff member and believed it was . On a health care provider ordered 3 mg take six tablets now then repeat in two weeks for . 5. A review of resident #8's record revealed the resident had a diagnosis of major and . A facility note indicated the resident complained of itching on her abdomen, and arms and had a tiny red raised area. A health care provider looked at pictures and thought it was . On a health care provider ordered 3 mg take three tablets now and repeat in two weeks for .	A 036		

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A 036	Continued From page 3 6. A review of resident #9's record revealed the resident had a diagnosis of . . . . . . A . . . . . facility note indicated the resident was itching his ◡ area, , both ◡ and had tiny red raised areas on all those locations. A health care provider requested a picture and thought it was . . . . . . On . . . . . a health care provider ordered 3 mg give five tablets now then repeat in two weeks for . . . . . . A . . . . . facility note indicated the resident had a red raised itchy . On a health care provider ordered cream 5% apply . . , . . . from . . to , leave on for 14 hours then wash off. Repeat in one week. . . . . 3 mg give five tablets now then repeat in two weeks for . 7. A review of resident #10's record revealed the resident had a diagnosis of . . . . . . A . . . . . facility note indicated the resident complained of itching on the of her left ◡ . The area had tiny, raised areas. A health care provider requested pictures and thought it was possibly . . . . . . On . . . . . a health care provider ordered 3 mg give four tablets now then repeat in two weeks for . . . . . . 8. A review of resident #11's record revealed a diagnosis of . A facility note indicated red raised itchy	A 036		

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A 036	Continued From page 4 dots were found all over the resident's body. On . . . . . a health care provider ordered 5% cream apply from down, leave on . hours then wash off for . . . . . . A . . . . facility note indicated the resident still had an itchy all over her body. On a health care provider ordered . . . . . 5% cream apply from . . down, leave on . hours then wash off. 3 mg give four tablets for one dose. On at 9:20 am, caregiver A said there were no residents currently with in Orchard's memory care unit. She said there were residents treated for . She said to prevent the spread the facility bagged the resident's clothes, washed bed linens, placed the resident on isolation, treated the condition, sanitized surfaces, used Clorox wipes, wore gloves and washed . . . . A contact isolation sign was on residents #1's and #2's room door. Caregiver A said resident #1 was on isolation for . . . . . She said resident #1 was good about remaining in the room, but he would lay on resident #2's bed. In addition to the isolation sign there was a cart outside the room that had gloves. There were no gowns. The caregiver said there were gowns available in the facility. On . . . at 9:33 am, caregiver B said there were no residents currently with in Grove's memory care unit. She said the . . . . started approximately two weeks ago. She said the facility placed residents who had it on , , used and other on surfaces, kept residents separated, wore gowns, gloves and masks and washed .	A 036		

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A 036	Continued From page 5 On at 9:37 am, caregiver C in Groves memory care unit said resident #3 was recently treated for . Caregiver C said the facility used and other on surfaces, wore gloves and gowns, washed and placed residents with on isolation. On at 9:40 am, resident #3 was seen in a recliner in the dayroom. No redness or was seen on her exposed skin, and she was not scratching. On at 10:08 am, the administrator was asked if the health department was notified of the . He said an attempt was made but was unsuccessful and his plan was to call them today. On at 10:10 am, caregiver D said there were no current cases of in Orchard unit. She said resident #1 was off isolation today. She said the facility practiced hygiene, wore gloves and gowns, resident isolation, treated residents with and bagged and cleaned resident's clothes. On at 1:18 pm, the , program manager with the local county health department said the facility did not report the outbreak of . On at 2 pm, resident #9 was seen sitting in a wheelchair in the dining room. No redness or was seen on his exposed skin and he was not scratching. On at 2:02 pm, resident #8 was seen in a recliner in her room. Her were closed. No was seen on her skin.	A 036		

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A 036	Continued From page 6 On at 2:04 pm, resident #7 was seen laying on her right side in her bed. Her were closed. A red was seen on her upper and lower left arm. On at 2:10 pm, resident #2 was seen laying in his bed fully clothed. He scratched his one time. He said he was treated for , but still had some itchiness. He said he told the staff, who said they were going to try something else. No was seen on his exposed skin. On at 2:12 pm, resident #1 was seen laying in his bed. His were closed. No was seen on his skin. On at 2:14 pm, resident #10 was seen in a recliner in her room. She said she was treated for and no longer had a or itchiness. On at 2:16 pm, resident #11 was seen in the dining room. No was seen on her skin. On at 2:25 pm, the director of nursing said no staff had symptoms of and none were treated. She said only those residents who were were treated and no others were treated . The facility's control policy, most recently reviewed on , indicated the executive director was responsible for compiling reports for the local health department as required. Class III	A 036		
A 160 SS=D	59A-36.015(1) FAC Records - Facility	A 160		

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A 160	Continued From page 7 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible]. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the	A 160		

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A 160	Continued From page 8 county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with [illegible] or related [illegible], a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the	A 160		

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A 160	Continued From page 9 last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on review of the facility's most recent health department inspection and interview, the facility did not have an inspection conducted annually. Findings: A review of the facility's most recent health department group care inspection revealed it was conducted on . On at 3:55 pm, the administrator said he just realized today an inspection had not been conducted since then. Class III	A 160		