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
	AL11966315	A. BUILDING: _____ B. WING _____	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWN ASSISTED LIVING	301 MILFORD PLACE NEW SMYRNA BEACH, FL 32168

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the fingerprints are enrolled in the national retained print arrest notification program at the Federal Bureau of Investigation: 1. A person 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. 2. Effective January 1, 2026, or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before January 1, 2024, initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective January 1, 2024, initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	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 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic fingerprint submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; sex; 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 interview, the facility to ensure 2 of 4 employees working for the facility were added to the facility roster timely (Employee A and B). The findings include: Record review Employee A's personnel file found she was hired to work at the facility on 9/17/2024. Record review Employee B's personnel file found she was hired to work at the facility on 9/20/2024. A review of the Agency for Health Care Administration Background Screening Clearinghouse revealed niether employees were added to the facility's roster. The findings were confirmed during an interview with the Administrator on 10/29/2024 at 10:35 AM. He stated he was aware he needed to add	CZ814		

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CZ814	Continued From page 2 the employees. Unclassified	CZ814		
A 000	Initial Comments A relicensure and complaint investigation (complaint number 2023014830 and 2023014140) was conducted at Crown Assisted Living on October 29, 2024. The facility had deficiencies at the time of the investigation.	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 disease. 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 tuberculosis 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 tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of	A 078		

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A 078	Continued From page 3 communicating tuberculosis. 2. If any staff member has, or is suspected of having, a communicable disease, 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 disease. (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 contracting 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 contracted by the facility to provide services to residents,	A 078		

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A 078	Continued From page 4 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 2 of 4 employees, Employee A and B, submitted a written statement from a health care provider documenting the employee did not have any signs or symptoms of communicable disease within 30 days after beginning employment. The facility also failed to obtain evidence of an annual negative tuberculosis (TB) examination for 1 of 4 employees, the Administrator. The findings include: Record review of the employee file for Employee A, hired 9/17/2024 and Employee B, hired 9/20/2024 found no evidence of a freedom from communicable disease statement. Record review of the employee file for the Administrator, hired 3/3/2022, revealed a communicable disease statement dated 7/18/2022. There was no evidence of an annual negative TB examination. The findings were confirmed during an interview with the Administrator on 10/29/2024 at 1:55 PM. He stated he was not going to be able to provide the communicable disease statement for the employees or his annual TB. Class III	A 078		
A 083	59A-36.011(5) FAC Training - First Aid and CPR (5) FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR). A staff member who	A 083		

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A 083	Continued From page 5 has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current CPR certification that requires the student to demonstrate, in person, that he or she is able to perform CPR and which is issued by an instructor or training provider that is approved to provide CPR training by the American Red Cross, the American Heart Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a staff member with current First Aid was always working in the facility to ensure the safety of the 12 residents that reside at the facility. The findings include: Record review Employee B's personnel file found no evidence of current First Aid training. During an interview with the Administrator and Manager on 10/29/2024 at 11:50 AM, both were notified of the information missing from the employee records. During further interview with the Administrator on 10/29/2024 at 1:55 PM, he was reminded that the First Aid training was still	A 083		

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A 083	Continued From page 6 missing for Employee B. Record review of the employee schedule for October 28, 2024, through November 3, 2024, revealed Employee B worked in the facility on October 28, 2024, from 4:00 PM to 7:00 AM with only the Manager present and was schedule to work the same shift on 10/29/2024. During an interview with the Manager on 10/29/2024 at 2:30 PM, he was asked to provide proof of his First Aid training. He had proof of cardiopulmonary resuscitation training (CPR) that did not include First Aid. Photographic evidence obtained. Class III	A 083		
A 085	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by:	A 085		

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A 085	Continued From page 7 Based on interview and record review, the facility failed to ensure the person responsible for food service at the facility obtained a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility on an annual basis. The findings include: Record review of the Administrator's employee file revealed his most recent food service training was a Food Safety Management training of 8 hours on 5/5/2022. During an interview with the Administrator on 10/29/2024 at 1:55 PM, he was asked for his annual food service training. He stated the person responsible for food service was Employee F. He stated the employee was on leave. The Administrator and Manager were asked to provide proof of her food service training. The training was not provided by the end of the survey. Class III	A 085		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the	A 093		

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A 093	Continued From page 8 National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic	A 093		

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A 093	Continued From page 9 diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of calculating the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any	A 093		

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A 093	Continued From page 10 resident, must be on hand. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has contracted with residents to serve, must be on hand at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain and use menus reviewed annually and approved by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed (LD) or registered dietitian (RD), or a licensed nutritionist to ensure the meals meet the nutritional standards for the 12 residents that reside at the facility. The findings include: During an interview with the Manager of the facility on 10/29/2024 at 12:45PM, he was asked where the facility menu was posted. He pointed to an area on the wall next to the door that led from the dining room to the kitchen. There was an empty space wall. The Manager was asked to provide the menu. Record review of the menu provided found it was in a monthly Calander format. It did not have dates, portion sizes and was not signed. Tuesday's lunch menu was turkey, mashed potato, and corn. Dinner was quiche and salad.	A 093		

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A 093	Continued From page 11 (Photographic evidence obtained) During the lunch observation 10/29/2024 at 12:45 PM, Employee A was heard informing residents they had the option of leftover chili and rice or quiche and salad. An observation of the quiche she was serving revealed it was a pie with mashed potato on top and a meat-like mixture underneath. During an interview with the Administrator on 10/29/2024 at 12:50 PM, he stated the facility made up the menu based on what the resident wants and was not developed in consultation was any licensed or registered entity. Class III	A 093		