

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/12/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911439	(X3) DATE SURVEY COMPLETED 04/23/2014
NAME OF PROVIDER OR SUPPLIER Atrium At Regency(the)	STREET ADDRESS, CITY, STATE, ZIP CODE 9960 Atrium Way Jacksonville, FL 32225	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

St - A - 0081 - 58a-5.019(2) Fac - Training - Staff In-Service S-S= D

St - A - 0090 - 58a-5.019(11) Fac - Training - S-S= D

St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Re-licensure Survey was conducted on at the Atrium at Regency with a Limited Nursing Services (LNS) component. At the time of the survey, deficiencies were identified.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on personnel record review and interview, the assisted living facility failed to ensure 3 out of 4 sampled staff members reviewed, (staff B, staff C, staff D) had a written statement from a **health care provider** documenting that the individual does not have any signs or symptoms of a communicable The facility failed to ensure 2 out of 4 (staff B, staff D) sampled staff members reviewed had evidence of a negative examination documented on an annual basis.

The findings include:

1) Record review of Staff B's personnel record revealed she was hired on Record review found staff B lacked any documentation that she is free from communicable including

In an interview with the Director of Human Resources (HR) on at approximately 10:37 AM, she stated that after the physician signs off on the communicable and it is then placed in the staff members file. She stated if staff B had it completed it would be in the red file (red file was reviewed and lacked any documentation).

In an interview with the director of assisted living on at approximately 10:49 AM, she stated Staff B is waiting for a chest X-ray. She stated she is from another country, the Philippines, so her test would result in a false positive. She confirmed that Staff B has been working at the facility since She stated she knows the requirement is to get it completed within 30 days. She stated she does not have any documentation to show that a chest X-ray has been scheduled for staff B.

2) Record review of Staff C's personnel record revealed she was hired at the assisted living side of the facility on Record review found a communicable statement dated however, Staff C failed to have a face to face medical examination with a health care provider in order for that determination to be made.

3) Record review of staff D's personnel record revealed she was hired as a resident care associate at the facility on Record review found a communicable statement dated however, staff D failed to have a face to face medical examination with a health care provider in order for that determination to be made. Record review found the last negative documentation was dated (record review was conducted on and therefore the determination of freedom from was not completed on an annual basis).

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In an interview with the director of assisted living on _____ at approximately 10:55 AM, she stated that Staff D gets a chest X-ray and it is done every two years. She stated she will not get her next chest X-ray to show a negative _____ until 2015.

4) In an interview with the Director of Human Resources (HR) on _____ at approximately 10:37 AM, she stated after the _____ is done and read, the doctor has to sign off on it. She stated the _____ (test for _____ is read by a registered nurse. She stated the doctor signs the communicable _____ statement on the front page of the _____. She stated she would have to find out more about the process to answer if the medical doctor sees the employees.

In an interview with the director of nursing on the skilled nursing facility side of the facility on _____ at approximately 10:45 AM, she stated she used to be the director of the assisted living. She stated the staff gets _____ tests done annually. She stated if the staff has a reaction to the _____, they will have to get an X-ray. She stated the director of assisted living does the _____ tests. She stated she would be the one to read them or will have another nurse do it. She stated if it is negative, the director of assisted living will leave it for the medical doctor to sign off. She stated if the director of assisted living has any concerns or suspicions, they ask that the medical doctor to evaluate and call for a chest X-ray. She stated the medical doctor is signing off on the communicable _____ statements. She stated the medical doctor signs the communicable _____ statement based off of the _____ results. She stated the medical doctor does not see the staff member and have a face to face examination. She stated the medical doctor will only have a face to face with the staff if there is suspicion or concern.

In an interview with the director of assisted living on _____ at approximately 10:49 AM, she confirmed that the medical doctor does not have a face to face examination with the employees prior to signing that they are free from communicable _____.

6) In an interview with both the director of assisted living and the director of health and wellness present on _____ at approximately 4:40 PM, they acknowledged the findings.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the assisted living facility failed to ensure that 3 out of 4 (staff B, staff C, and staff D) sampled staff members reviewed have the required in-service training within 30 days of employment.

The findings Include:

1) Record review of Staff B's personnel record revealed she was hired on _____. Record review found Staff B's record lacked any evidence of completing a 3-hour training on providing assistance with activities of daily living and behavior needs. Record review found all trainings staff B received that covered the topics of activities of daily living and behavior needs did not amount to three hours of training.

In an interview with the director of assisted living on _____ at approximately 10:49 AM, she stated the facility does not have any training specific to activities of daily living. She stated that _____ training and aging process training both include activities of daily living. She stated the aging process training is a one hour training that also covers other topics. She stated the _____ management training also is a one hour training that covers additional topics. She stated Staff B is a care associate and is not a home health aide or a certified nursing

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assistant. She stated she does not have any training curriculums. She stated she would have to look it up on the Internet. She stated Staff B has been working part time and provides care to the residents. She acknowledged that the facility has no way to prove that Staff B completed three hours of training related to assistance with activities of daily living and behavior needs.

2) Record review of Staff C's personnel record revealed an original hire date of Record review found Staff C began working on the skilled nursing facility side and started working at the assisted living facility on (also listed on the facility associate list dated Record review revealed Staff C had not completed any of the following trainings as of : Elopement training, emergency preparedness and evacuation training, incident report training, and nutritional and safe food handling training.

In an interview with the director of assisted living on at approximately 11:35 AM, she confirmed that Staff C had not received elopement training. She confirmed that Staff C had not received emergency preparedness and evacuation training and stated she is scheduled to take it. She stated a whole round of in-service training is coming up. She stated she was able to locate a test from 2006 that Staff C completed but could not provide evidence that she attended a training (regarding emergency preparedness). She confirmed that Staff C had not completed any training related to incident report training and stated all the nurses completed it but she has not. She confirmed that Staff C had not completed the nutritional and safe food handling training and stated Staff C helps out in the dining She stated she assists the residents with eating. She stated Staff C is a full time employee and is currently working the 3 PM to 11 PM shift. She stated Staff C provides direct care to the residents.

3) Record review of Staff D's personnel record revealed she was hired as a resident care associate at the facility on (position change). Record review found Staff D had the following in-service trainings completed on (per documentation) but lacked evidence to support that the minimum hour requirement for each training was met: control, incidents and accidents, neglect, and resident rights, elopement, and activities of daily living. Record review revealed all trainings (mentioned above) did not have training certificates with the minimum requirements. Record review found evidence that Staff D completed .5 hours of emergency preparedness and evacuation training on but failed to meet the minimum 1-hour requirement.

In an interview with the director of assisted living on at approximately 11:35 AM, she stated she cannot speak about the trainings Staff D completed because she was not working at the facility at the time and did not conduct the trainings. She confirmed that she was unable to locate the certificates for the trainings. She stated she did not know how long each training was.

4) In an interview with both the director of assisted living and the director of health and wellness present on at approximately 4:40 PM, they acknowledged the findings.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, the assisted living facility failed to ensure that 1 out of 4 (staff C) sampled staff members reviewed have the required training within 30 days of employment. Findings Include:

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1) Record review of Staff C's personnel record revealed an original hire date of Record review found Staff C began working on the skilled nursing facility side and started working at the assisted living facility on (also listed on the facility associate list dated)

Record review of the facility's care associates schedule from 16- revealed Staff C worked full time at the facility on the 3 PM - 11 PM shift.

2) In an interview with the director of assisted living on at approximately 11:00 AM, she stated that Staff C has not yet received training related to

In an interview with the director of assisted living on at approximately 11:35 AM, she stated that Staff C provides direct care to the residents.

In an interview with both the director of assisted living and the director of health and wellness present on at approximately 4:40 PM, they acknowledged the findings.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on personnel record review and interview, the assisted living facility failed to ensure that 2 out of 4 (staff C, staff D) sampled staff members had an eligible background screening (current) prior to providing care to residents.

The findings include:

1) Record review of Staff C's personnel record revealed an original hire date of Record review found Staff C began working on the skilled nursing facility side and started working at the assisted living facility on (also listed on the facility associate list dated Record review found background screening results in her file dated Record review lacked a more recent background screening result.

Website review of the Agency's background screening website revealed the last determination was made on for Staff C's eligibility. Record review revealed that a new screening is required for staff C.

Record review of the facility's care associates schedule from 16- revealed Staff C worked full time at the facility on the 3 PM - 11 PM shift.

In an interview with the director of assisted living on at approximately 11:35 AM, after reviewing Staff C's background screening results, she stated Staff C needs a new background screening. She stated she knows it has to be done every five years. She stated Human Resources (HR) are responsible to ensure background screenings are done. She stated Staff C will have a new screening completed. She stated she is a full time employee and is currently working the 3 PM to 11 PM shift. She stated Staff C provides direct care to the residents.

2) Record review of staff D's personnel record revealed she began working as a resident care associate at the facility on Record review found Staff D was an employee at the facility dating back to 2006. Record review found an unknown third party background screening results in staff D's file dated Record review

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found the unknown background screening report had a statewide criminal (Florida) component and a drug test Services) component. Record review lacked additional background screening results.

Website review of the Agency's background screening website lacked any matching records when a search was completed for Staff D (searches were conducted using Staff D's first and last name and social security number, both together and separately). Record review revealed Staff D did not have any background screenings submitted to the Agency.

Record review of the facility's care associates schedule from 6- revealed Staff D worked full time at the facility on the 11 PM to 7 AM shift.

In an interview with the director of health and wellness on at approximately 12:25 PM, she stated she was aware that background screenings needed to be completed every five years. She stated she was unable to locate another background screening result besides for the one from 2006. She stated she could not find anything else. She stated Staff D is a care associate on the 11 PM to 7 AM shift. She stated she is responsible for providing direct care to residents. She confirmed that Staff D also did not have an affidavit of compliance.

3) In an interview with both the director of assisted living and the director of health and wellness present on at approximately 4:40 PM, they acknowledged the findings.

UNCLASSIFIED



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
The Atrium at Regency
9960 Atrium Way
Jacksonville, FL 32225

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services survey that was conducted on 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

MF/JM/sm
Enclosure

