

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11967748</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/29/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR OF VENICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 CENTER RD VENICE, FL 34292</b>
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A 000	<p>Initial Comments</p> <p>An unannounced relicensure, limited nursing services, focused control, and emergency power plan monitoring survey was conducted through at Windsor of Venice, an assisted living facility in Venice, Florida.</p> <p>The following is description of the deficiencies.</p>	A 000		
A 078	<p>59A-36.010(2) FAC Staffing Standards - Staff</p> <p>(2) STAFF.</p> <p>(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.</p> <p>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</p> <p>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</p>	A 078		

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 078	<p>Continued From page 1</p> <p>provider indicating that the individual does not constitute a risk of transmitting a communicable .....</p> <p>(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.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> <p>(d) An assisted living facility _____ 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.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> <li>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</li> <li>2. Maintain time sheets for all staff.</li> </ol> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from</p>	A 078		
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A 078	<p>Continued From page 2</p> <p>a health care provider documenting the individual is free from signs/symptoms of communicable ..... for 3 (Staff A, Staff B, and the Residence Director) of 4 employee records reviewed.</p> <p>The findings included:</p> <p>Staff A's employee file revealed a hire date of ..... as a resident aide. Staff A's file contained no documentation from a health care provider indicating Staff A was free of signs and symptoms of communicable ..... within 30 days of hire. Staff A's file contained a ..... indicating no or consolidation identified, the mediastinal silhouette is clear. No, ..... seen. Communicable ..... statement was signed by healthcare provider on .....</p> <p>The Residence Director's file revealed a hire date of ..... The Residence Director's file contained no evidence of documentation of a statement from healthcare provider indicating the Residence Director was free from signs/symptoms of a communicable .....</p> <p>Staff B's employee file revealed a hire date of ..... as a resident aide. Staff B's file contained no documentation from a health care provider indicating Staff B was free of signs and symptoms of communicable ..... within 30 days of hire. Communicable ..... statement was signed by healthcare provider on .....</p> <p>On ..... at 1:04 p.m., in an interview with the Regional Director it was confirmed the Residence Director did not have a communicable ..... statement on file, and staff A and Staff B's communicable ..... examination was not performed with 30 of employment.</p>	A 078		

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A 078	Continued From page 3  Class III	A 078		
A 081	<p>429.52(1 &amp; 7) FS; 59A-36.011( ) FAC Training - Staff In-Service</p> <p>429.52(1)</p> <p>(1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record.</p> <p>(7) Facility staff shall participate in in-service training relevant to their job duties as specified by agency rule of the agency. Topics covered during the preservice orientation are not required to be repeated during in-service training. A single certificate of completion that covers all required in-service training topics may be issued to a participating staff member if the training is provided in a single training course.</p> <p>59A-36.011</p> <p>(2) STAFF PRESERVICE ORIENTATION.</p> <p>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).</p> <p>(b) New staff must complete the preservice</p>	A 081		

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A 081	<p>Continued From page 4</p> <p>orientation prior to interacting with residents.</p> <p>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.</p> <p>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:</p> <ol style="list-style-type: none"> <li>1. Resident's rights; and,</li> <li>2. The facility's license type and services offered by the facility.</li> </ol> <p>(3) <b>STAFF IN-SERVICE TRAINING.</b> Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:</p> <p>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in _____ control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its _____ control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to _____ borne _____, may be used to meet this requirement.</p> <p>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Reporting adverse incidents.</li> <li>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.</li> </ol> <p>(c) Staff who provide direct care to residents, who</p>	A 081		
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A 081	<p>Continued From page 5</p> <p>have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident rights in an assisted living facility.</li> <li>2. Recognizing and reporting resident neglect, and . . . . . The facility must use its prevention policies and procedures when offering this training.</li> </ol> <p>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.</p> <p>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.</p> <ol style="list-style-type: none"> <li>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</li> <li>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</li> </ol> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete the in-service training required by Florida</p>	A 081		
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A 081	<p>Continued From page 6</p> <p>Administrative Code within 30 days of employment for 4 (Residence Director, Staff A, Staff B, and Staff C) of 4 employee files reviewed.</p> <p>The findings included:</p> <p>On . . . . ., record review of files for the Residence Director, Resident Aide Staff A, Resident Aide Staff B, and Resident Aide Staff C revealed the following;</p> <p>The Residence Director's file revealed a hire date of . . . . . The Residence Director's file did not contain documentation of completing a minimum 3 hour in-service training in Activities of Daily Living (ADL) and Behavioral Needs training, a minimum 1 hour in-service training in Reporting Major Incidents, Reporting Adverse Incidents and facility emergency procedures within 30 days of employment.</p> <p>Resident Aide Staff A was hired on . . . . . Staff A's file did not contain documentation they had completed a minimum 3 hour in-service on ADL and Behavioral Needs within 30 days of employment. Staff A completed training on . . . . ., 12 months after employment.</p> <p>Resident Aide Staff B was hired on . . . . . Staff B's file did not contain documentation they had completed a minimum 3 hour in-services on ADL and Behavioral Needs, a minimum 1 hour in-service in Incident Reporting training, Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Nutritional and Safe Food Handling within 30 days of employment. Nutritional and Safe Food Handling was completed on . . . . ., 2 months after employment, ADL and Behavioral Needs training was completed on . . . . ., 11 months</p>	A 081		

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A 081	<p>Continued From page 7</p> <p>after employment.</p> <p>Resident Aide Staff C was hired on . . . . . Staff C's file did not contain documentation they had completed training within 30 days of employment for ADL and Behavioral Needs Training, Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Nutritional and Safe Food Handling and Elopement Response. Trainings for Nutritional and Safe Food Handling and Adverse Incidents was completed on . . . . ., ADL and Behavioral Needs Training was completed on . . . . ., 8 months after employment.</p> <p>On . . . . . at 1:04 p.m., the Regional Director reviewed and confirmed Staff A, B, C, and the Residence Director did not have all of the required in-services within 30 days of their employment.</p> <p>Class III</p>	A 081		
A 082	<p>59A-36.011(4) FAC Training - /</p> <p>(4)</p> <p>. . . . . ( / ), Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on . . . . ., including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.</p>	A 082		



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A 082	<p>Continued From page 8</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete a one-time education course on _____ and _____ within 30 days of employment for 2 (Staff B and C) of 4 employee files reviewed for _____ training.</p> <p>The findings included:</p> <p>Review of Staff B's employee file revealed a hire date of _____ as a resident aide. There was no evidence of training being completed within 30 days of employment for _____ Staff B received training on _____.</p> <p>Review of Staff C's employee file revealed a hire date of _____ as a resident aide. There was no evidence of training being completed within 30 days of employment for _____ Staff C received training on _____.</p> <p>On _____ at 1:04 p.m., the Regional Director confirmed the training was completed late.</p> <p>Class III</p>	A 082		
A 086	<p>59A-36.011(10) FAC Training - ADRD</p> <p>(10) _____ AND RELATED ("ADR") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training.</p>	A 086		

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A 086	<p>Continued From page 9</p> <p>(a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between _____ and _____ shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled "_____ and Related _____ Level I Training," must address the following subject areas:</p> <ol style="list-style-type: none"> <li>1. Understanding _____'s _____ and related _____;</li> <li>2. Characteristics of _____;</li> <li>3. Communicating with residents with _____'s _____;</li> <li>4. Family issues;</li> <li>5. Resident environment; and,</li> <li>6. Ethical issues.</li> </ol> <p>(b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility _____ and Related _____ Level I Training.</p> <p>(c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled "_____ and Related _____ Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. _____ Level II Training must address the following subject</p>	A 086		

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A 086	<p>Continued From page 10</p> <p>areas as they apply to these . . . . . :</p> <ol style="list-style-type: none"> <li>1. Behavior management,</li> <li>2. Assistance with ADLs,</li> <li>3. Activities for residents,</li> <li>4. Stress management for the care giver; and,</li> <li>5. Medical information.</li> </ol> <p>(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with _____'s and Related _____," dated _____, incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.</p> <p>(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.</p> <p>(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.</p> <p>(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:</p>	A 086		
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A 086	<p>Continued From page 11</p> <ol style="list-style-type: none"> <li>1. Have 1 year teaching experience as an educator of caregivers for persons with _____ or related _____, or</li> <li>2. Three years of practical experience in a program providing care to persons with _____ or related _____, or</li> <li>3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with _____ or related _____.</li> </ol> <p>(h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g).</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 3 (Staff A, B, and C) out of 4 staff completed a 4 hour Level I _____'s training within 3 months of hire and 4 hour level II _____ and related _____ training within 9 months of hire as required by the Florida Administrative code.</p> <p>The findings included:</p> <p>Record review found Staff A was hired on _____ as a resident aide. Staff A's file contained no documentation of Level I _____'s training and Level II _____ training.</p> <p>Staff B's employee file revealed a hire date of _____ as a resident aide. Staff B's file contained no documentation of Level I _____</p>	A 086		
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11967748</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/29/2020</b>
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NAME OF PROVIDER OR SUPPLIER  
**WINDSOR OF VENICE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1600 CENTER RD  
VENICE, FL 34292**

(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 086	<p>Continued From page 12</p> <p>..... training and Level II ..... 's training.</p> <p>Staff C's employee file revealed a hire date of ..... as a resident aide. Staff C's file contained no documentation of Level I ..... training completed within 3 months of hire, Level I ..... training was completed on ..... Staff C's file contained no documentation of completion of Level II ..... training.</p> <p>On ..... at 12:32 p.m., in an interview with the Regional Director, he said all facility staff are required to complete Level I and Level II ..... training.</p> <p>On ..... at 1:04 p.m., in an interview with the Regional Director, he verified and confirmed there was no further evidence of documentation of completion of ..... training.</p> <p>Class III</p>	A 086		