

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963877	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2019
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NAME OF PROVIDER OR SUPPLIER VENICE CENTER FOR INDEPENDENT AND ASSISTEC	STREET ADDRESS, CITY, STATE, ZIP CODE 200 NASSAU STREET VENICE, FL 34285
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A 000	<p>Initial Comments</p> <p>An unannounced biennial survey was conducted on through at Venice Center for Independent and Assisted Living, an assisted living facility in Venice, Florida.</p> <p>The following is description of the deficiencies.</p>	A 000		
A 078	<p>58A-5.019(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 provider indicating that the individual does not constitute a risk of transmitting a communicable</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>.....</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 58A-5.0191, 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"> 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. <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, newly hired staff submit a written statement from a health care provider documenting the individual does not have any</p>	A 078		

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A 078 Continued From page 2

signs or symptoms of communicable It must be dated no more than 6 months prior to the date of hire and maintain documentation of a negative examination on an annual basis for 2 (Executive Director and Staff C) of 4 staff files reviewed.

The findings included:

The Executive Director was hired The Executive Director's file contained a written statement that she was free of communicable dated

Staff C was hired as a medication technician. Staff C's employee file contained a written statement that he was free of communicable dated, and a negative examination dated There were no further examinations in the file.

On at 4:00 p.m., the Executive Director agreed they were outdated.

Class III

A 078

A 086 58A-5.0191(10) FAC Training - ADRD

(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 64.4.6 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.

(a) Facility staff who interact on a daily basis with

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A 086	<p>Continued From page 3</p> <p>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"> 1. Understanding _____'s _____ and related _____ ; 2. Characteristics of _____ ; 3. Communicating with residents with _____'s _____ ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. <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. _____ and Related _____ Level II Training must address the following subject areas as they apply to these _____ :</p>	A 086		
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A 086	<p>Continued From page 4</p> <ol style="list-style-type: none"> 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. <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> <ol style="list-style-type: none"> 1. Have 1 year teaching experience as an 	A 086		

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A 086	<p>Continued From page 5</p> <p>educator of caregivers for persons with _____, or</p> <p>2. Three years of practical experience in a program providing care to persons with _____ or related _____, or</p> <p>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 _____.</p> <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 observation, record review and staff interview, the facility failed to ensure facility staff who interact with residents with _____'s _____ and related _____ (ADRD) obtain 4 hours of ADRD training within 3 months of employment and an additional 4 hours of training within 9 months of employment for 2 (Staff A and C) of 3 staff reviewed.</p> <p>The findings included:</p> <p>Observation of the facility brochure on _____ showed they advertised memory care.</p> <p>Observation on _____ demonstrated a secure unit for memory care residents in the building.</p> <p>Staff A was hired _____ as a medication technician. Staff A's file contained no documentation of having attended an initial 4</p>	A 086		

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A 086	Continued From page 6 hour training in ADRD. Staff C was hired _____ as a medication technician. Staff C's file contained no documentation of having attended an initial 4 hour training in ADRD, nor an additional 4 hour training after 9 months. On _____ at 4:00 p.m., the Executive Director agreed there was no documentation of these trainings. Class III	A 086		
A 093	58A-5.020(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, 2010, which are incorporated by reference and available for review at: http://www.frules.org/Gateway/reference.asp?No=Ref-04003 , and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/-/media/Files/Activity%20Files/Nutrition/DRTs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf . 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	A 093		

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A 093	Continued From page 7 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 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	A 093			

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A 093	Continued From page 8 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 _____ 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 resident, must be on _____. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has _____ with residents to serve, must be on _____ 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	A 093			

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A 093	<p>Continued From page 9</p> <p>coordinated with and reviewed by the local disaster preparedness authority</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to ensure the menu was posted in advance as required.</p> <p>The findings included:</p> <p>Observation on _____ at 9:30 a.m., the dining room menu was not posted.</p> <p>On _____ at 11:22 a.m., Resident #4 said we never know what we are going to have, there is never a menu posted.</p> <p>On _____ at 12:30 p.m., Resident #5 said the food does not have much variety and the menu is never posted. We do not know what we are going to have till we come down and see it on our plate.</p> <p>On _____ at 1:30 p.m., Resident #6 the resident council president said I think the food here is improving but still needs some work. It would be nice to have menus posted. It has not been posted for a long time.</p> <p>On _____ at 2:30 p.m., the Dietary Manager said he was aware the menu was supposed to be posted and acknowledged it was not posted.</p> <p>Class III</p>	A 093			