

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2021
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NAME OF PROVIDER OR SUPPLIER WINDSOR AT SAN PABLO	STREET ADDRESS, CITY, STATE, ZIP CODE 4000 SAN PABLO PARKWAY JACKSONVILLE, FL 32244
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A 000	Initial Comments A relicensure survey with Limited Nursing Services monitoring was conducted at Windsor San Pablo on 5/28, 2021. Deficiencies were identified at the time of the survey.	A 000		
A 008 SS=D	429.26() FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or	A 008		

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

TITLE

(X6) DATE

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A 008	<p>Continued From page 1</p> <p>upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.</p> <p>(6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special</p>	A 008		

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A 008	<p>Continued From page 2</p> <p>needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of . . . require such assistance.</p> <p>59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations. 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living. 3. Any nursing or . . . services required by the individual. 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of . . . or any other communicable . . . which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and,</p>	A 008		

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A 008	<p>Continued From page 3</p> <p>8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S.</p> <p>(b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, _____, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed.</p> <p>1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider.</p> <p>2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided.</p> <p>3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823.</p> <p>(c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission.</p>	A 008		
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A 008

Continued From page 4

(d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).

(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule.

(f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida _____ Form, for residents who do not wish _____ to be administered in the case of _____ or _____.

(g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

This Statute or Rule is not met as evidenced by:

A 008

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A 008	<p>Continued From page 5</p> <p>Based on interview and record review the facility failed to maintain accurate resident records for 1 of 2 residents reviewed.</p> <p>The findings include:</p> <p>Record review of Resident #3's Resident Health Assessment form, AHCA Form 1823, section C, asked if the resident needs can be met in the facility. This was checked as no, due to resident's need for _____ care.</p> <p>On _____ at 3:18 PM, the Health and Wellness Director was asked about Resident# 3's _____ care. She stated that resident did _____ care herself and and also got assistance once a week from home health nurse. After a review of Resident's #3 1823, she confirmed it was inaccurate as resident's needs were able to be met at the facility.</p> <p>Class III</p>	A 008		
A 032 SS=E	<p>59A-36.007(8) FAC Resident Care - Elopement Standards</p> <p>59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. A</p>	A 032		

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A 032

Continued From page 6

resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.

1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.

2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.

(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:

1. An immediate search of the facility and premises,
2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,
3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case

A 032

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A 032	<p>Continued From page 7</p> <p>manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,</p> <p>4. The continued care of all residents within the facility in the event of an elopement.</p> <p>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(l), F.S.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff participated in two elopement drills a year, for 3 of 4 sampled staff members (Employees A, B, and C).</p> <p>The findings include:</p> <p>During a review of the facility's elopement drill sign in sheets on _____, there were two elopement drills conducted in 2020. One was conducted in _____, and one in _____. Photographic evidence obtained.</p> <p>In further review the following staff were found to have not been present in the drills conducted in 2020: Employee A, Med Tech, hired _____ Employee B, Med Tech, hired _____ Employee C, Med Tech, hired _____</p> <p>This was reviewed with the Administrator at 3:27 PM on _____. She reviewed the sign in forms and could not locate these employees' signatures. She explained she scheduled them to ensure two drills were conducted per year but not that two drills were completed per person per year.</p> <p>Class III</p>	A 032		

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A 052 SS=D	<p>429.256() ; 59A-36.008(3) Medication - Assistance with Self-Admin</p> <p>429.256 (3) Assistance with self-administration of medication includes:</p> <p>(a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.</p> <p>(b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident ' s medications or dosages change.</p> <p>(c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her .</p> <p>(d) Applying , medications.</p> <p>(e) Returning the medication container to proper storage.</p> <p>(f) Keeping a record of when a resident receives assistance with self-administration under this section.</p> <p>(g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the .</p>	A 052		

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A 052	<p>Continued From page 9</p> <p>(h) Using a _____ to perform _____ level checks.</p> <p>(i) Assisting with putting on and taking off stockings.</p> <p>(j) Assisting with applying and removing an _____ but not with titrating the prescribed _____ settings.</p> <p>(k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.</p> <p>(l) Assisting with measuring vital signs.</p> <p>(m) Assisting with _____ bags.</p> <p>(4) Assistance with self-administration does not include:</p> <p>(a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.</p> <p>(b) The preparation of syringes for injection or the administration of medications by any injectable route.</p> <p>(c) Administration of medications by way of a tube inserted in a _____ of the body.</p> <p>(d) Administration of _____ preparations.</p> <p>(e) The use of irrigations or debriding agents used in the treatment of a skin condition.</p> <p>(f) Assisting with _____, or _____ preparations.</p> <p>(g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.</p> <p>(h) Medications for which the time of</p>	A 052		

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A 052	<p>Continued From page 10</p> <p>administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.</p> <p>(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.</p> <p>59A-36.008</p> <p>(3) ASSISTANCE WITH SELF-ADMINISTRATION.</p> <p>(a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule.</p> <p>(b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed.</p> <p>(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.</p> <p>(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.</p>	A 052		

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A 052

Continued From page 11

(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:

1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility.
2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.

(f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S.

1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.

(g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.

A 052

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A 052	<p>Continued From page 12</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed ensure staff assisted one of two residents properly when assisting with medication self-administration. The facility also failed to ensure directions for use were followed when assisting one of two sampled residents with medications.</p> <p>The findings include:</p> <p>On at 9:15 am, Employee A, medication technician, was observed providing assistance with self administration of medication to Resident #8. Employee A pushed the medication cart into medication room, outside of the view of Resident #8. After popping all the medication in a medication cup, Employee A proceeded to the resident's room with the packs on one and the medication in a cup on the other. Upon entering resident's room, Employee A gave her the medication. After Resident #8 was done with the oral medication Employee A donned gloves and applied the residents right. Employee A doffed off gloves and took resident's temperature and, thanked the resident and exited the room. Employee A went to the medication room, documented the medication as given, and performed hygiene.</p> <p>Review of the Medication Observation Record (MOR) revealed orders for Amlodipne milligrams(mg) with instruction to notify the nurse for over 180.</p> <p>Employee A was asked if she took Resident #8's when giving her this medication,</p>	A 052		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WINDSOR AT SAN PABLO

**4000 SAN PABLO PARKWAY
JACKSONVILLE, FL 32244**

(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 052	<p>Continued From page 13</p> <p>she stated no. She acknowledged she forgot to check the _____ and to dispense the pills in the presence of Resident #8. When asked if she had received training on assistance with self administration of medication, she stated that she was due for the continuing education.</p> <p>During an interview on _____ at 2:30 pm, the Administrator confirmed that Employee A should have taken resident's _____ and that residents should be present when pills are dispensed.</p> <p>Class III</p>	A 052		
A 078 SS=D	<p>59A-36.010(2) FAC Staffing Standards - Staff (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</p>	A 078		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2021
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NAME OF PROVIDER OR SUPPLIER WINDSOR AT SAN PABLO	STREET ADDRESS, CITY, STATE, ZIP CODE 4000 SAN PABLO PARKWAY JACKSONVILLE, FL 32244
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A 078	<p>Continued From page 14</p> <p>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> <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"> 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 _____.</p>	A 078		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2021
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NAME OF PROVIDER OR SUPPLIER

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WINDSOR AT SAN PABLO

**4000 SAN PABLO PARKWAY
JACKSONVILLE, FL 32244**

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A 078	<p>Continued From page 15</p> <p>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 interview, the facility failed to ensure annual screenings were conducted for 4 of 4 sampled employees (Employees A, B, C, and the Administrator).</p> <p>The findings include:</p> <p>Personnel file review for Employees A, B, C and the Administrator revealed missing documentation () testing. Employee A was hired _____; Employee B was hired _____; Employee C was hired _____; and the Administrator was hired _____.</p> <p>In an interview on _____ at 1:30 PM, the Administrator confirmed that the facility was running behind on _____ testing.</p> <p>Class III</p>	A 078		
A 084 SS=D	<p>59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt</p> <p>59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria:</p>	A 084		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2021
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NAME OF PROVIDER OR SUPPLIER WINDSOR AT SAN PABLO	STREET ADDRESS, CITY, STATE, ZIP CODE 4000 SAN PABLO PARKWAY JACKSONVILLE, FL 32244
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A 084	<p>Continued From page 16</p> <p>(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.</p> <p>(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:</p> <ol style="list-style-type: none"> 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: <ol style="list-style-type: none"> a. Assist with oral dosage forms, . . . dosage forms, and and . . . dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the 	A 084		
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Agency for Health Care Administration

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WINDSOR AT SAN PABLO

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A 084	<p>Continued From page 17</p> <p>resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;</p> <p>e. Complete a medication observation record;</p> <p>f. Retrieve and store medication;</p> <p>g. Recognize the general signs of adverse reactions to medications and report such reactions;</p> <p>h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;</p> <p>i. Assist with _____;</p> <p>j. Use a _____ to perform _____ testing;</p> <p>k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels;</p> <p>l. Apply and remove _____ stockings and hosiery;</p> <p>m. Placement and removal of _____, bags, excluding the removal of the _____ or manipulation of the _____ site; and,</p> <p>n. Measurement of _____ rate, temperature, and _____ rate.</p> <p>(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.</p>	A 084		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2021
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A 084

Continued From page 18

(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.

429.52
(6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review the facility failed to ensure that unlicensed persons assisting with the self administration of medication received two hours continuing education of self administration of medication for one of three staff reviewed.

The findings include:

On at 9:15 am, Employee A, medication technician , was observed providing assistance with self administration of medication .

Review of the Employee A's training file revealed that she received 6 hours of training in assistance with medication self administration on and had not received the continuing 2 hour continuing

A 084

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2021
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NAME OF PROVIDER OR SUPPLIER WINDSOR AT SAN PABLO	STREET ADDRESS, CITY, STATE, ZIP CODE 4000 SAN PABLO PARKWAY JACKSONVILLE, FL 32244
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A 084	Continued From page 19 education. During an interview on _____ at 2:30 pm, the Administrator confirmed that Employee A had not completed the 2 hours of continuing training on assistance with self administration of medication. Class III	A 084		
A 086 SS=D	(10) _____ AND RELATED _____ ("ADRD") 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. (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: 1. Understanding _____'s _____ and related _____; 2. Characteristics of _____; 3. Communicating with residents with _____'s _____.	A 086		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2021
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NAME OF PROVIDER OR SUPPLIER WINDSOR AT SAN PABLO	STREET ADDRESS, CITY, STATE, ZIP CODE 4000 SAN PABLO PARKWAY JACKSONVILLE, FL 32244
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A 086	<p>Continued From page 20</p> <p>4. Family issues;</p> <p>5. Resident environment; and,</p> <p>6. Ethical issues.</p> <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> <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</p>	A 086		

Agency for Health Care Administration

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A 086	<p>Continued From page 21</p> <p>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 educator of caregivers for persons with _____, or related _____, or 2. Three years of practical experience in a program providing care to persons with _____, or related _____, or 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>(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</p>	A 086		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2021
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NAME OF PROVIDER OR SUPPLIER **WINDSOR AT SAN PABLO** STREET ADDRESS, CITY, STATE, ZIP CODE
**4000 SAN PABLO PARKWAY
JACKSONVILLE, FL 32244**

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A 086	<p>Continued From page 22</p> <p>referenced in paragraph (g).</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 4 employees received the required amount of _____'s Level I and II training (Employees A, B, and C).</p> <p>The finding include:</p> <p>Personnel file review for Employees A, B, C revealed missing education in _____'s _____ and Related _____ Employee A's hire date was listed as _____; Employee B's was _____; and Employee C's was _____.</p> <p>Further review indicated that Employee A, B, and C had received less than 4 hours _____ Level 1 training. Employee C's record only contained Level II training and did not contain Level I training. Employee B's record did not contain evidence of Level II training.</p> <p>In an interview on _____ at 1:30 PM, the Administrator was asked about the partial training for the _____ training. She stated that the training's were set by the corporate office and she had no control on the hours provided.</p> <p>Class III</p>	A 086		
A 161 SS=D	<p>429.275(2) FS; 59A-36.015(2) FAC Records - Staff</p> <p>429.275</p> <p>(2) The administrator or owner of a facility shall maintain personnel records for each staff</p>	A 161		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2021
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A 161	<p>Continued From page 23</p> <p>member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule.</p> <p>59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable In addition, records must contain the following, as applicable:</p> <ol style="list-style-type: none"> 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. <p>(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity</p>	A 161		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2021
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A 161	<p>Continued From page 24</p> <p>... to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C.</p> <p>(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain comprehensive personnel records for each staff member, evidenced by missing documentation of compliance health screenings for 4 of 4 employee records reviewed.</p> <p>The finding include:</p> <p>Personnel file review for Employees A, B, C and the Administrator revealed missing documentation on their communicable status. Employee A's hire date was listed as _____; Employee B's was _____; Employee C's was _____; and the Administrator's was _____.</p> <p>In an interview on _____ at 1:30 PM, when asked on the communicable _____ statements, she stated they might be in the files somewhere. They were not produced by the end of the survey.</p> <p>Class III</p>	A 161		