

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11964375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/02/2021</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**ANCHIN PAVILION**

**1959 N. HONORE AVENUE  
SARASOTA, FL 34235**

(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 000	Initial Comments  An unannounced relicensure, limited nursing services and emergency power plan monitoring survey was conducted on _____ through _____ at Anchin Pavilion, an assisted living facility in Sarasota, Florida.  The following is a description of the deficiencies. .	A 000		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable _____. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative 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 _____. 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	A 078		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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 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 ..... and evidence of freedom from ( ) documented annually thereafter for 5 (Administrator, Staff D, E, F, G) of 5 employee records reviewed.</p> <p>The findings included:</p> <p>On , review of the Administrators file revealed a hire date of with a promotion to the Administrator on . The Administrators file contained documentation of a initial statement signed by a health care provider on indicating the Administrator was free from signs and symptoms of communicable ..... Further review of the Administrators file revealed a ( ) Screening Questionnaire and Consent Form indicating a test performed on and read on . The Administrators file contained no further documentation annually indicating freedom from communicable .....</p> <p>On , a review of Staff D's employee file revealed a hire date of as a Certified Nursing Assistant (CNA). Staff D's file contained documentation of a ( ) Screening Questionnaire and consent Form signed that indicated that Staff D was free from signs or symptoms of communicable ..... There was no further documentation of evidence of freedom form ..... documented annually thereafter.</p> <p>On , a review of Staff E's employee file revealed a hire date of as a Resident Assistant ( ) . Staff E's file contained documentation of a ( ) Screening</p>	A 078		

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A 078	<p>Continued From page 3</p> <p>Questionnaire and consent Form signed _____ that indicated that Staff E was free from signs or symptoms of communicable _____. There was no further documentation of evidence of freedom from documented annually thereafter.</p> <p>On _____, a review of Staff F's employee file revealed a hire date of _____ as a Certified Nursing Assistant (CNA). Staff F's file contained documentation of a _____ (_____) Screening Questionnaire and consent Form signed _____ that indicated that Staff F was free from signs or symptoms of communicable _____. There was no further documentation of evidence of freedom from _____ documented annually thereafter.</p> <p>On _____, a review of Staff G's employee file revealed a hire date of _____ as a Certified Nursing Assistant (CNA). Staff G's file contained documentation of a _____ (_____) Screening Questionnaire and consent Form signed _____ by a healthcare provider, the form did not indicate Staff G was free from signs or symptoms of communicable _____.</p> <p>Interview on _____ at 10:22 a.m., Staff H confirmed the employee files do not contain evidence of documentation of freedom from _____ annually as the facility now only does training for signs and symptoms of _____ annually.</p> <p>Interview on _____ at 9:50 a.m., the Human Resources Director confirmed the Administrator file did not contain further evidence of documentation of annual freedom of communicable _____ since the last documentation signed on _____.</p>	A 078		

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A 081 SS=D	<p>Class III</p> <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 inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice 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>	A 081		

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A 081	<p>Continued From page 5</p> <p>(b) New staff must complete the preservice 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) STAFF IN-SERVICE TRAINING. 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 blood borne pathogens, 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>	A 081		

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A 081	<p>Continued From page 6</p> <p>(c) Staff who provide direct care to residents, who 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:</p>	A 081		

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A 081	<p>Continued From page 7</p> <p>Based on record review, and interview, the facility failed to ensure facility employees complete training required by Florida Administrative Code within 30 days of employment, for 2 (Staff E, and G) of 5 employee files review.</p> <p>The findings included:</p> <p>On _____, review of Staff E's employee file revealed a hire date of _____ as a Resident Assistant. Staff E's file failed to contain documentation of having completed, 3-hour Activities of Daily Living and Behavioral Needs training within 30 days of hire as required.</p> <p>On _____, review of Staff G's employee file revealed a hire date of _____ as a Certified Nursing Assistant. Staff G's file contained documentation of Elopement Policy Protocol Attestation and Resident _____ Prevention and Reporting Pre/Post Test. Staff G's file failed to contain evidence of documentation of having completed Elopement Response training, with the trainer's name, credentials and dated signature; and Resident Rights and Recognizing/Reporting _____/Neglect and _____ training with the trainer's name, hours, credentials and dated signature.</p> <p>Interview on _____ at 10:51 a.m., the Human Resources Director confirmed the findings,</p> <p>Class III</p>	A 081		
A 090 SS=D	<p>59A-36.011(11) FAC Training - _____</p> <p>(11) _____</p>	A 090		



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A 090	<p>Continued From page 8</p> <p><b>TRAINING.</b></p> <p>(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding</p> <p>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . . . within 30 days after employment.</p> <p>(c) Training shall consist of the information included in rule 59A-36.009, 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 ensure facility employees complete at least one hour of training in the facility's policies and procedures regarding . . . ( . . . ) within 30 days after employment and maintain documentation of completion for 2 (Staff F, G) of 5 employee files reviewed.</p> <p>The findings included:</p> <p>On . . . , a review of Staff F's employee file revealed a hire date of . . . as a Certified Nursing Assistant. Staff F's file contained no documentation of having completed an in service on . . .</p> <p>On . . . , a review of Staff G's employee file revealed a hire date of . . . as a Certified Nursing Assistant. Staff G's file contained no documentation of having completed an in service on . . .</p> <p>Interview on . . . at 10:51 a.m., the Human Resources Director confirmed the findings,</p>	A 090			

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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 ..... and evidence of freedom from ( ) documented annually thereafter for 5 (Administrator, Staff D, E, F, G) of 5 employee records reviewed.</p> <p>The findings included:</p> <p>On , review of the Administrators file revealed a hire date of with a promotion to the Administrator on . The Administrators file contained documentation of a initial statement signed by a health care provider on indicating the Administrator was free from signs and symptoms of communicable . Further review of the Administrators file revealed a ( ) Screening Questionnaire and Consent Form indicating a test performed on and read on . The Administrators file contained no further documentation annually indicating freedom from communicable .</p> <p>On , a review of Staff D's employee file revealed a hire date of as a Certified Nursing Assistant (CNA). Staff D's file contained documentation of a ( ) Screening Questionnaire and consent Form signed that indicated that Staff D was free from signs or symptoms of communicable . There was no further documentation of evidence of freedom form documented annually thereafter.</p> <p>On , a review of Staff E's employee file revealed a hire date of as a Resident Assistant ( ) . Staff E's file contained documentation of a ( ) Screening</p>	A 078		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**ANCHIN PAVILION**

**1959 N. HONORE AVENUE  
SARASOTA, FL 34235**

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A 078	<p>Continued From page 3</p> <p>Questionnaire and consent Form signed _____ that indicated that Staff E was free from signs or symptoms of communicable _____. There was no further documentation of evidence of freedom from documented annually thereafter.</p> <p>On _____, a review of Staff F's employee file revealed a hire date of _____ as a Certified Nursing Assistant (CNA). Staff F's file contained documentation of a _____ (_____) Screening Questionnaire and consent Form signed _____ that indicated that Staff F was free from signs or symptoms of communicable _____. There was no further documentation of evidence of freedom from _____ documented annually thereafter.</p> <p>On _____, a review of Staff G's employee file revealed a hire date of _____ as a Certified Nursing Assistant (CNA). Staff G's file contained documentation of a _____ (_____) Screening Questionnaire and consent Form signed _____ by a healthcare provider, the form did not indicate Staff G was free from signs or symptoms of communicable _____.</p> <p>Interview on _____ at 10:22 a.m., Staff H confirmed the employee files do not contain evidence of documentation of freedom from _____ annually as the facility now only does training for signs and symptoms of _____ annually.</p> <p>Interview on _____ at 9:50 a.m., the Human Resources Director confirmed the Administrator file did not contain further evidence of documentation of annual freedom of communicable _____ since the last documentation signed on _____.</p>	A 078		

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A 078	Continued From page 4	A 078		
A 081	<p>Class III</p> <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 inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice 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>	A 081		

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A 081	<p>Continued From page 5</p> <p>(b) New staff must complete the preservice 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) STAFF IN-SERVICE TRAINING. 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 blood borne pathogens, 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>	A 081		



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A 081	<p>Continued From page 6</p> <p>(c) Staff who provide direct care to residents, who 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:</p>	A 081		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11964375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/02/2021</b>
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A 081	<p>Continued From page 7</p> <p>Based on record review, and interview, the facility failed to ensure facility employees complete training required by Florida Administrative Code within 30 days of employment, for 2 (Staff E, and G) of 5 employee files review.</p> <p>The findings included:</p> <p>On _____, review of Staff E's employee file revealed a hire date of _____ as a Resident Assistant. Staff E's file failed to contain documentation of having completed, 3-hour Activities of Daily Living and Behavioral Needs training within 30 days of hire as required.</p> <p>On _____, review of Staff G's employee file revealed a hire date of _____ as a Certified Nursing Assistant. Staff G's file contained documentation of Elopement Policy Protocol Attestation and Resident _____ Prevention and Reporting Pre/Post Test. Staff G's file failed to contain evidence of documentation of having completed Elopement Response training, with the trainer's name, credentials and dated signature; and Resident Rights and Recognizing/Reporting _____/Neglect and _____ training with the trainer's name, hours, credentials and dated signature.</p> <p>Interview on _____ at 10:51 a.m., the Human Resources Director confirmed the findings,</p> <p>Class III</p>	A 081		
A 090	<p>59A-36.011(11) FAC Training - .....</p> <p>(11) .....</p>	A 090		

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NAME OF PROVIDER OR SUPPLIER  <b>ANCHIN PAVILION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1959 N. HONORE AVENUE SARASOTA, FL 34235</b>		
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A 090	<p>Continued From page 8</p> <p><b>TRAINING.</b></p> <p>(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding</p> <p>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . . . within 30 days after employment.</p> <p>(c) Training shall consist of the information included in rule 59A-36.009, 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 ensure facility employees complete at least one hour of training in the facility's policies and procedures regarding . . . ( ) within 30 days after employment and maintain documentation of completion for 2 (Staff F, G) of 5 employee files reviewed.</p> <p>The findings included:</p> <p>On . . . , a review of Staff F's employee file revealed a hire date of . . . as a Certified Nursing Assistant. Staff F's file contained no documentation of having completed an in service on . . .</p> <p>On . . . , a review of Staff G's employee file revealed a hire date of . . . as a Certified Nursing Assistant. Staff G's file contained no documentation of having completed an in service on . . .</p> <p>Interview on . . . at 10:51 a.m., the Human Resources Director confirmed the findings,</p>	A 090		

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A 090	Continued From page 9  Class III	A 090		