Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11964447 | A. BUILDING: _____ B. WING _____ | 11/04/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALDERMAN OAKS RETIREMENT CENTE | 727 HUDSON AVENUE SARASOTA, FL 34236 |

| (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 |
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| CZ814 | 435.12(2)(b-d), FS Background Screening Clearinghouse<br><br>435.12 Care Provider Background Screening Clearinghouse.-<br>(2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.<br>(c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.<br>(d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, and interview, the facility failed to maintain the employment status of all employees within the Agency's Background Screening Clearinghouse and report any changes of status within 10 business days for 1 (Staff D) of 5 employees reviewed for the Background Screening Clearinghouse. | CZ814 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Agency for Health Care Administration

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| CZ814 | Continued From page 1<br><br>The findings Included:<br><br>Record review of Staff D's file revealed a hire date of [illegible] as a Med Tech.<br>Review of the Agency' clearing house employee roster revealed Staff D was added on the clearing house roster on [illegible].<br><br>Interview on [illegible] at 10:29 a.m., the Assistant Administrator acknowledged the findings.<br><br>Unclassified<br>. | CZ814 | | |
| CZ816 | 408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation<br><br>408.809 Background screening; prohibited offenses.-<br>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's [illegible], to the Federal Bureau of Investigation for a national criminal history record check unless the person's [illegible] are enrolled in the Federal Bureau of Investigation's national retained print [illegible] notification program. If the [illegible] of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit [illegible] electronically to the Department of | CZ816 | | |

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| CZ816 | Continued From page 2<br><br>Law Enforcement for state processing, and the Department of Law Enforcement shall forward the [illegible] to the Federal Bureau of Investigation for a national criminal history record check. The [illegible] shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person [illegible]. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:<br>(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;<br>(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and<br>(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.<br><br>435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:<br>(2) Every employee must attest, subject to | CZ816 | | |

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| CZ816 | Continued From page 3<br><br>penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.<br><br>59A-35.090 Background Screening.<br>(2) Processing Screening Requests, Required Documents and Fees.<br>(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No =Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense.<br>(e) An administrator or chief financial officer must be screened and qualified prior to to the position.<br>(3) Results of Screening and Notification.<br>(a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal.<br>(b) If a Level 2 criminal history is incomplete, a | CZ816 | | |

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| CZ816 | Continued From page 4<br><br>certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, and interview, the facility failed to maintain the signed Background Screening Attestation in the employee's personnel file for 4 (Staff C,D, E, F) of 5 personnel files reviewed.<br><br>The findings included:<br><br>Record review of Staff C's employee file revealed a hire date of as a Med Tech. Staff C's employee file failed to contain a signed background screen Attestation.<br><br>Record review of Staff D's employee file revealed a hire date of as a Med Tech. Staff D's employee file failed to contain a signed background screen Attestation.<br><br>Record review of Staff E's employee file revealed a hire date of as a Med Tech. Staff E's employee file failed to contain a signed background screen Attestation.<br><br>Record review of Staff F's employee file revealed a hire date of as a Med Tech. Staff F's employee file failed to contain a signed background screen Attestation. | CZ816 | | |

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| CZ816 | Continued From page 5<br><br>Interview on at 10:29 a.m., the Assistant Administrator reviewed the employee files and confirmed there was no documentation of Background Screening Attestations in the employee files.<br><br>Unclassified<br>. | CZ816 | | |

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| A 000 | Initial Comments<br><br>An unannounced biennial, and emergency power plan monitoring survey was conducted from through at Alderman Oaks, an assisted living facility in Sarasota, Florida.<br><br>The following is a description of the deficiencies.<br>. | A 000 | | |
| A 093 | 59A-36.012(2) FAC Food Service - Dietary Standards<br><br>(2) DIETARY STANDARDS.<br>(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.flrules.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/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible.<br>(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 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. | A 093 | | |

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| A 093 | Continued From page 1<br>(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.<br>1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.<br>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.<br>(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.<br>(e) Therapeutic diets must be prepared and served as ordered by the health care provider.<br>1. Facilities that offer residents a variety of food choices through a select menu, buffet style 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 | A 093 | | |

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| A 093 | Continued From page 2<br><br>the facility.<br>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.<br>(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.<br>(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 .<br>(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 coordinated with and reviewed by the local disaster preparedness authority.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, and staff interviews, the facility failed to have menus prominently posted and dated. The facility failed to have menus and | A 093 | | |

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| A 093 | Continued From page 3<br>substitution logs on file in the facility for 6 months.<br><br>The findings included:<br><br>Interview on at 9:20 a.m., documentation of facility substitutions logs for the last 6 months were requested. The Assistant Administrator stated there are no substitution logs on file at the facility for the last 6 months.<br><br>Observation on at 9:30 a.m., during tour of facility, found there was no menus prominently posted for resident access to know what meal will be served on the 2nd floor, and the menu posted on the 1st floor was signed by the dietician on .<br><br>Interview on at 11:15 a.m., Medication Tech Staff B said no weekly menus are prominently posted in the 2nd floor Dining Room of the facility for resident access to view the meals being served.<br><br>Interview on at 11:22 a.m., Supervisor Staff A said there are no menus prominently posted on the 2nd floor dining area, they have a daily menu that is placed on the table just before serving the meals.<br><br>Interview on at 12:20 p.m., the Administrator and Staff A, confirmed there are no menus prominently posted in 2nd floor dining room of the facility.<br><br>Interview on at 2:00 p.m., the Administrator acknowledged the menu posted on the 1st floor outside of the dining room was not dated and was an old menu signed by the dietician on . | A 093 | | |

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| A 093 | Continued From page 4<br><br>Interview on . . . . . at 2:15 p.m., the Assistant Administrator stated there are no weekly menus and substitution logs kept on file at the facility for the last 6 months. She stated she does not keep the menus.<br><br>Interview on . . . . . at 2:30 p.m., the Administrator said they do adjust the menus for holidays throughout the year. Administrator acknowledged the holiday meal would be a substitution to the regular meal of the day. The Administrator stated he is not sure why there is no substitution logs for the last 6 months on file in the facility when they adjust the menus for holidays.<br><br>Class III<br>. | A 093 | | |
| A 161 | 429.275(2) FS; 59A-36.015(2) FAC Records - Staff<br><br>429.275<br>(2) The administrator or owner of a facility shall maintain personnel records for each staff 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.<br><br>59A-36.015<br>(2) STAFF RECORDS.<br>(a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references | A 161 | | |

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| A 161 | Continued From page 5<br>furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable:<br>1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C.,<br>2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,<br>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.,<br>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.,<br>5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.<br>(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ,, 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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, and interview, the facility failed to maintain personnel records for each staff containing documentation of the job description | A 161 | | |

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| A 161 | Continued From page 6<br><br>for 1 (Staff E) of 5 employee files reviewed.<br><br>The findings included:<br><br>Employee list provided by the Assistant Administrator listed a hire date of for Staff E as a Med Tech.<br>Record review on of Staff E's employee file failed to contain a copy of the job description.<br><br>Interview on at 10:29 a.m., the Assistant Administrator confirmed the missing documentation from the employee file for Staff E.<br><br>Class III | A 161 | | |