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
	AL11964934	A. BUILDING: _____ B. WING _____	12/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABOT RESERVE ON THE GREEN	4450 8TH STREET SARASOTA, FL 34232

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (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. (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. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain the employment status of all employees in the facility roster and report any changes of status within 10 business days on the facility roster for 4 (Staff A, B, C, and E) of 6 employees reviewed for the Background Screening Clearinghouse.	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 The findings included: A review of Staff A's file revealed a hire date of as a medication technician. Staff A was not added to the facility roster until . . . . . A review of Staff B's file revealed a hire date of as a medication technician. Staff B was not added to the facility roster until . . . . . A review of Staff C's file revealed a hire date of as a medication technician. Staff C was not added to the facility roster until . . . . . A review of Staff E's file revealed a hire date of as a medication technician. Staff E was not added to the facility roster until . . . . . On . . . . . at 1:30 p.m., the Administrator said he would pay closer attention to this. Unclassified	CZ814		
CZ816	408.809(2a-c) 435.05(2) 59A-35.090(2d-3c Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (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 , to the Federal Bureau of Investigation for a	CZ816		

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CZ816	Continued From page 2 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 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 [illegible] 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]. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, 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 agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with [illegible], the Department of Children and Families, or 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: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;	CZ816		

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CZ816	Continued From page 3 (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 (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. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to 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. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (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.	CZ816		

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CZ816	Continued From page 4 (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (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. (b) If a Level 2 criminal history is incomplete, a 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. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain the signed Attestation in the employee's personnel file for 4 (Staff A, B, C, and E) of 6 personnel files reviewed. The findings included: Review of Staff A's employee file revealed a hire date of as a medication technician. Staff	CZ816		

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CZ816	Continued From page 5 A's employee file failed to contain a signed Attestation. Review of Staff B's employee file revealed a hire date of . . . . . as a medication technician. Staff B's employee file failed to contain a signed Attestation. Review of Staff C's employee file revealed a hire date of . . . . . as a medication technician. Staff C's employee file failed to contain a signed Attestation. Review of Staff E's employee file revealed a hire date of . . . . . as a medication technician. Staff E's employee file failed to contain a signed Attestation. On . . . . . at 1:45 p.m., the Administrator said he would get the files in order. Unclassified	CZ816		

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A 000	Initial Comments An unannounced off-hour complaint survey for complaint #2019014554 was conducted beginning at 10:15 p.m. through at Cabot Reserve on the Green, an assisted living facility in Sarasota, Florida. Complaint #2019014554 was substantiated at tag A0093, A0025, A0078, A0081, A0082, A0090, A0083, A0084, A0086, A0210, Z814, and Z816. The following is description of the deficiencies.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C.	A 025		

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A 025	Continued From page 1 (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide services appropriate to the needs of the residents and offer personal supervision as appropriate to the needs for 1 (Resident #1) of 1 resident residing in a secure memory care unit. The findings included: During a tour of the facility on at approximately 10:15 p.m., the memory care unit was noted to be at the end of the #100 hallway. No staff were observed in the #100 hallway and the memory care door was observed to be propped open with a chair. No staff were present in the memory care unit. Resident #1 (memory	A 025		

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A 025	Continued From page 2 care resident) was in the memory care unit asleep in her room. Staff F who was assigned to the unit was assisting another resident in their room around a corner in the #100 hall and had no direct view of Resident #1, the memory care door, or the #100 unit hallway. On /9 at 10:30 p.m., during an interview Medication Technician Staff A said Resident #1 was the only resident in the memory care unit at that time, so they keep the door to memory care open and staff watch for her. On at 11:10 p.m., Staff A said Staff F worked 7 p.m. - 7 a.m. Staff A said Staff B would be staying to work the midnight shift that night as the scheduled person called off. Staff A said she would not be staying through the night. On at 11:15 p.m., during an interview Resident Aide Staff F said he worked 7 p.m. - 7 a.m. Staff F said he was covering the memory care unit which housed Resident #1. Staff F said Resident #1 gets up at night and liked to walk. Staff F admitted if he had to leave #100 hall to help the staff member on #200 hall, Resident #1 would be totally unsupervised. A review of Resident #1's Health Assessment Form #1823 dated , indicated Resident #1 had . . . . . and was an elopement risk. On . . . . at 10:45 a.m., the Administrator provided the staffing schedule for . . . . . - . . . . . which showed 2 people are scheduled for 11 p.m. - 7 a.m. shift the majority of the time. The Administrator said since the census in memory care was only one, they had been cutting corners with one aide covering both memory care and the #100 hall and the other	A 025		

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A 025	Continued From page 3 aide covering the #200 hall. The Administrator said the main reason Resident #1 is in memory care is she has a history of [redacted], pulling files out in the offices, and going into other residents' rooms. The Administrator said Resident #1 had been hospitalized the past summer as she can get violent and liked to [redacted]. The Administrator admitted there may be times the person assigned to the #100 hall would not be supervising the memory care resident and if there was an emergency on the #200 hall and both aides were assisting, the memory care resident would be totally unsupervised. The Administrator said when the memory care census is higher, they staff midnights with 3 people. Class III	A 025		
A 078	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 [redacted]. 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 [redacted] 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	A 078		

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A 078	Continued From page 4 . . . . . 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 provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . . . (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. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (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. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description	A 078		

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A 078	Continued From page 5 to each staff member; and, 2. Maintain time sheets for all staff. (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. 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, newly hired staff submit a written statement from a health care provider documenting the individual does not have any signs or symptoms of communicable . They are to maintain documentation the employee is free from ( ) annually thereafter for 6 (Administrator, Staff A, B, C, D, and E) of 6 personnel files reviewed. The findings included: The Administrator's employee file revealed a hire date of . . . . The Administrator's file did not contain a statement from a health care provider stating he had no signs or symptoms of communicable or documentation he was free from . annually thereafter. Staff A's employee file revealed a hire date of as a medication technician. Staff A's file did not contain a statement from a health care provider stating they had no signs or symptoms of communicable . . . . . . Staff B's employee file revealed a hire date of as a medication technician. Staff B's file did not contain a statement from a health care provider stating they had no signs or symptoms of communicable	A 078		

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A 078	Continued From page 6 Staff C's employee file revealed a hire date of as a medication technician. Staff C's file did not contain a statement from a health care provider stating they had no signs or symptoms of communicable . . . . . . Staff D's employee file revealed a hire date of . as a medication technician. Staff D's file did not contain a statement from a health care provider stating they had no signs or symptoms of communicable . . . . . . Staff E's employee file revealed a hire date of as a medication technician. Staff E's file did not contain a statement from a health care provider stating they had no signs or symptoms of communicable . . . . . . On . . . . at 1:45 p.m., the Administrator said he was lacking this documentation. Class III	A 078		
A 081	59A-36.011( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (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). (b) New staff must complete the preservice orientation prior to interacting with residents. (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. (d) In addition to topics that may be chosen by	A 081		

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A 081	Continued From page 7	A 081		

the facility administrator, the preservice orientation must cover:
1. Resident's rights; and,
2. The facility's license type and services offered by the facility.
(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement.
(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:
1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(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:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and . The facility must use its

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A 081	Continued From page 8 . . . . . prevention policies and procedures when offering this training. (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: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (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. (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. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure employees complete the in-service training required by Florida Administrative Code for 5 (Staff A, B, C, D, and E) of 6 employee files reviewed. The facility also failed to provide at least a 2 hour pre-service orientation prior to interacting with residents for 3 (Staff B, C, and D) of 5 staff reviewed hired after . . The findings included:	A 081		

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A 081	Continued From page 9 Review of the employee files revealed Staff A, C, D, and E were hired as medication technicians. Staff A's date of hire was . Staff B's date of hire was . Staff C's date of hire was . Staff D's date of hire was . Staff E's Date of hire was . Staff B, Staff C, and Staff D's files did not contain documentation of attending a 2 hour pre-service orientation prior to interacting with residents. Staff A, Staff B, Staff C, and Staff E's files did not contain documentation of attending a 1 hour control training prior to providing direct/personal care to residents. Staff A, Staff C, and Staff E's files did not contain documentation of attending a 3 hour training in Activities of Daily Living and Behavioral Needs within 30 days of date of hire. Staff A, Staff B, Staff C, Staff D, and Staff E's file did not contain documention of attending elopement response training within 30 days of date of hire. Staff A, Staff B, Staff C, Staff D, and Staff E's file did not contain documention of attending 1 hour incident report training within 30 days of date of hire. Staff A, Staff B, Staff C, Staff D, and Staff E's file did not contain documention of attending 1 hour training in reporting major incidnts, adverse incidents and facility emergency procedures within 30 days of date of hire. Staff A, Staff B, Staff C, Staff D, and Staff E's file did not contain documention of attending 1 hour	A 081		

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A 081	Continued From page 10 training in Resident rights and Recognizing/Reporting /neglect training within 30 days of date of hire. Staff A, Staff B, Staff C, Staff D, and Staff E's file did not contain documention of attending 1 hour training in Nutritional and Safe Food handling within 30 days of date of hire. On at 1:45 p.m., the Adminstrator admitted he did not have documentation of training for the newer hires and would work on getting the files in order. Class III	A 081		
A 082	59A-36.011(4) FAC Training - / (4) . . . . . (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete a one time education course on and (/) within 30 days of hire and maintain documentation of completion	A 082		

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A 082	Continued From page 11 for 4 (Staff A, Staff C, Staff D, and Staff E) of 6 employee files reviewed. The findings included: A review of Staff A's employee file revealed a hire date of . . . . Staff A's employee file contained no documentation of having completed a course on / . . within 30 days of date of hire. A review of Staff C's employee file revealed a hire date of . Staff C's employee file contained no documentation of having completed a course on / within 30 days of date of hire. A review of Staff D's employee file revealed a hire date of . . . . Staff D's employee file contained no documentation of having completed a course on / . . within 30 days of date of hire. A review of Staff E's employee file revealed a hire date of . . . . Staff E's employee file contained no documentation of having completed a course on / . . within 30 days of date of hire. On . . . . at 1:45 p.m., the Administrator admitted he did not have documentation of training for the newer hires and would work on getting the files in order. Class III	A 082		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting	A 083		

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A 083	Continued From page 12 completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a staff member who has completed courses in First Aid and ( ) and holds a valid card is in the facility at all times for 6 (Administrator, Staff A, B, C, D, and E) of 6 personnel files reviewed. The findings included: The Administrator's employee file revealed a hire date of . The Administrator's file did not contain documentation of having completed a First Aid or course. Staff A's employee file revealed a hire date of as a medication technician. Staff A's file did not contain documentation of having completed a First Aid or course.	A 083		

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A 083	Continued From page 13 Staff B's employee file revealed a hire date of . . . . . as a medication technician. Staff B's file did not contain documentation of having completed a First Aid or . course. Staff C's employee file revealed a hire date of as a medication technician. Staff C's file did not contain documentation of having completed a course. Staff D's employee file revealed a hire date of . . . . . as a medication technician. Staff D's file did not contain documentation of having completed a First Aid or . course. Staff E's employee file revealed a hire date of as a medication technician. Staff E's file did not contain documentation of having completed a First Aid or . course. On at 1:45 p.m., the Administrator said he did not have any documentation of this. Class III	A 083		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 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 fulfilment of this requirement must	A 084		

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A 084	Continued From page 14 meet the following criteria: (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. (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: 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: 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	A 084		

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A 084	Continued From page 15 judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; 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; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the , or manipulation of the site; and, n. Measurement of , rate, temperature, and , rate. (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	A 084		

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A 084	Continued From page 16 training may be provided online. (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 involved with the management of medications and 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, a licensed pharmacist, or agency staff. The agency shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure unlicensed persons who provide assistance with the self-administration of medications meet the training requirements pursuant to Florida Administrative code for 2 (Staff C and E) of 5 staff reviewed for assistance with self-administration of medications training. The findings included: Staff C's employee file revealed a hire date of . . . . . as a medication technician. Staff C's file revealed she had completed a 6 hour course in assisting with self-administration of medications on . Staff C's file contained no	A 084		

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A 084	Continued From page 17 documentation of an annual 2 hour update. Staff E's employee file revealed a hire date of as a medication technician. Staff E's file did not contain documentation of having completed any course in providing assistance with the self- administration of medication. On at 1:45 p.m., the Administrator agreed the files were missing the documentation. Class III	A 084		
A 086	59A-36.011(10) FAC Training - ADRD (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	A 086		

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A 086	Continued From page 18 . . . . . ; 2. Characteristics of ; 3. Communicating with residents with . . 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (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. (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 . . . . . : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (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,	A 086		

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A 086	Continued From page 19 Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (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. (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: 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 . (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	A 086		

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A 086	Continued From page 20 teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff who interact on a daily basis with residents with and Related (ADRD), obtain 4 hours of initial training within 3 months of hire for 2 (Staff A and E) of 2 employees reviewed who had been employed over 3 months. The findings included: Staff A's employee file revealed a hire date of as a medication technician. Staff A's file did not contain documentation of receiving 4 hours of initial training in ADRD. Staff E's employee file revealed a hire date of as a medication technician. Staff E's file did not contain documentation of receiving 4 hours of initial training in ADRD. On at 1:45 p.m., the Administrator agreed the files were missing the documentation. Class III	A 086		
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in	A 090		

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A 090	Continued From page 21 resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (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. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. 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 4 (Staff A, C, D, and E) of 6 employee files reviewed. The findings included: A review of Staff A's employee file revealed a hire date of . Staff A's employee file did not contain documentation of having completed a 1 hour training regarding . A review of Staff C's employee file revealed a hire date of . Staff C's employee file did not contain documentation of having completed a 1 hour training regarding . A review of Staff D's employee file revealed a hire date of . Staff D's employee file did not contain documentation of having completed a 1 hour training regarding . A review of Staff E's employee file revealed a hire	A 090		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABOT RESERVE ON THE GREEN	4450 8TH STREET SARASOTA, FL 34232

(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 090	Continued From page 22 date of . . . . Staff E's employee file did not contain documentation of having completed a 1 hour training regarding . . . On . . . . at 1:45 p.m., the Administrator admitted he did not have documentation of training for the newer hires and would work on getting the files in order. Class III	A 090		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.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. (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	A 093		

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A 093	Continued From page 23 resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style 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	A 093		

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A 093	Continued From page 24 necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by:	A 093		

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A 093	Continued From page 25 Based on observation and interview, the facility failed to ensure planned menus are conspicuously posted and dated and planned at least one week in advance. The findings included: During a tour of the facility on Sunday , the posted menu said it was for Thursday of Week 4. There was no date on the menu. On at 10:45 a.m., the Administrator said he agreed the menu wasn't posted correctly. The Administrator said Thursday Week 4 with no date could have been there for any period of time and it should have been changed on Friday, Saturday, and Sunday. Class III	A 093		
AE210	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , , shall not be required to take the assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if	AE210		

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AE210	Continued From page 26 different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with 's or related . (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all direct care staff complete at least 2 hours of in-service training Extended Congregate Care (ECC) concepts and requirements within 6 months of beginning employment in the facility for 1 (Staff E) of 1 employee reviewed employed more than 6 months. The findings included: Staff E's employee file revealed a hire date of as a medication technician. Staff E's file did not contain documentation of having completed in-service training ECC concepts and requirements. On at 1:45 p.m., the Administrator agreed there was no documentation. Class III	AE210		