

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GRAND VILLA OF DELRAY EAST

**14555 SIMS ROAD
DELRAY BEACH, FL 33484**

(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 six (6) month Monitoring survey and complaint surveys, #2020001376 and #2020001753 were conducted on through at Grand Villa Of Delray East. The facility had deficiencies at the time of the survey. Deficient practice identified for licensure complaint survey, #2020001376 at A 0028 and A 0030.	A 000		
A 010 SS=D	429.26(- &9) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (2) A physician, physician assistant, or nurse	A 010		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 010	Continued From page 1 practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility. (9) A . . . , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a . . . may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a	A 010			

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A 010	Continued From page 2 plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their	A 010			

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A 010	Continued From page 3 professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on a record review and interview, the facility failed to ensure that residents are reassessed after a significant health change and the findings (including current diagnosis, nursing services and care needs) documented on a new Resident Health Assessment form (AHCA form 1823), for 1 out of 2 sampled residents (Resident#9). The findings included: A record review conducted for Resident# 9's AHCA form 1823 dated _____, revealed under Nursing Treatment/ _____, Services only Medication Management was listed. A further review of the Resident#9's record revealed the following: hospice initial meeting, hospice consent and election of benefits, _____ admit to hospice, _____ the facility's physician's telephone order admit to hospice effective _____, and an initial integrated plan of care for hospice dated _____. The AHCA Form 1823 updated for Resident #9 on _____ was not reflective of the resident receiving hospice services, this service was not listed on the form. On _____ at 12:31 PM, the surveyor spoke with the Resident Care Supervisor, she stated that the AHCA Form 1823 dated _____ for Resident # 9 was the most current assessment on record for this resident. On _____ at 12:52 PM, the Regional Quality Assurance Manager also confirmed that the AHCA 1823 dated _____ is _____	A 010		

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A 010	Continued From page 4 the most recent. During an interview on . . . at 1:36 PM, the surveyor gave the Regional Quality Assurance Manager an opportunity to look for the current AHCA Form 1823 prior to examination that would reflect the significant change of enrollment for Hospice. At 2:00 PM, the Regional Quality Assurance Manager stated, she knew the examination was at the facility; but she could not locate the assessment. She asked the surveyor, if she locates the AHCA Form 1823 can she email it to the surveyor later. The surveyor informed her that she has been given an opportunity to locate the form and she will need to provide the documentation before the surveyor exits the facility. The findings were acknowledged and no additional information was provided. Class III	A 010		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed offer assistance with Activities of Daily Living (ADLs), for 1 out of 3 sampled residents (Resident #16) who required assistance. The findings included:	A 028		

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A 028	Continued From page 5 On _____ at 10:00 AM, Resident #16's room was observed with a foul odor and wet tile flooring in the common area near the entrance to a bathroom shared with another resident. Staff A stated during interview at 10:20 AM, that the wet floor was due to the resident _____ on the floor during the night shift (11:00 PM to 7:00 AM). During interview with the housekeeping staff member (Staff E) at 10:30 AM, she stated that the resident _____ on the floor "every other day", requiring her to mop the floors. The licensed practical nurse (LPN) stated during interview at 10:35 AM on _____, that the resident refused to wear _____ briefs. He acknowledged that interventions such as increasing toileting assistance, scheduling times for toileting assistance, or providing a _____ or bedside commode had not been attempted. He stated that there were motion detectors in the residents' rooms that alert night staff when a resident was awake but did not know if this system for providing assistance to residents who could not request assistance had been reviewed or if it was successful. During interview with the Memory Care Supervisor (Staff F) at 10:40 AM, she stated that the resident had not been assessed for any change in toileting assistance needs as she was not aware of the resident _____ on the floor. Review of Resident #16's record revealed a health assessment (AHCA Form 1823) dated _____ documenting that the resident was "independent" with toileting. The resident's diagnoses and status included "_____, _____, decline, memory loss, forgetful". The resident's Care Plan developed by the facility dated _____ noted that the resident required	A 028			

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A 028	Continued From page 6 toileting assistance "3 times a day". During interview with the Regional Quality Assurance Manager at 10:50 AM on _____, she stated that the residents who required assistance with toileting did not have scheduled times, and that this resident's assistance with toileting was to be completed once during each shift for 3 shifts each day. There were no scheduled times for supervisory staff to monitor direct care staff's completion of the assistance with toileting as the decision when to assist the resident was left up to the resident's aide. This resident was not able to remember and report when and if any assistance with toileting was provided due to his _____ These findings were reviewed with the Administrator, Memory Care Supervisor and Director of Nursing on _____ at 2:00 PM. The facility provided no additional information for review at this time. Class III	A 028		
A 030 SS=D	59A-36.007(6) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure	A 030		

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A 030	Continued From page 7 for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; _____, Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida _____ Hotline, 1(800)96-_____ or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. _____ and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident _____, neglect, and _____; 6. Administrative and housekeeping schedules and requirements; 7. _____ control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation.	A 030			

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A 030	Continued From page 8 Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical _____ by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical _____. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from _____ and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate _____.	A 030			

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A 030	Continued From page 9 living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of	A 030			

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A 030	Continued From page 10 medications, assistance in making _____ for health care services, the provision of or arrangement of transportation to health care _____, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally _____, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The	A 030		

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A 030	Continued From page 11 notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated or under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for	A 030		

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A 030	Continued From page 12 the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to demonstrate their grievance procedure was implemented upon receipt of a complain, for 1 out of 3 sampled residents (Resident #17). The findings included: On at 9:50 AM, Resident #17 was observed exiting his room with a shirt and jacket on but without pants. Staff A was asked to assist the resident by the LPN at this time. Upon entrance to this resident's common area shared by two other residents (Resident #16 included) at 10:00 AM, wet tile flooring was observed in the pathway from the entrance to the resident's room. Staff A stated during interview at 10:20 AM that the wet flooring was due to Resident #16 during the night shift (3 hours prior to this interview). During interview with Resident #17's representative on at 9:50 AM, she stated that she had filed a complaint at the facility on for the resident's unclean bed linens and clothing, and leaking toilet with a towel laid on the floor next to it. She stated an unknown female employee had contacted her by phone three (3) days later to discuss these concerns. She reported that on at 12:00 PM, Resident #17 was picked up for an and was wearing his pajama top underneath his jacket (see observation noted above).	A 030		

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A 030	Continued From page 13 Review of the facility's Grievance Policy and Procedure shows the facility is to document all grievances on their specified form, with resolution noted. The form is to be completed by staff members upon receipt of a grievance, and "immediately forwarded to the Executive Director (Administrator)". The Administrator provided a binder with all grievance forms that had been completed and filed. There was no grievance form located with a resolution documented for the complaint filed by Resident #17's representative. These findings were reviewed with the Administrator, Memory Care Supervisor and Director of Nursing on _____ at 2:00 PM. The facility provided no additional information for review at this time. Class III	A 030			
A 081 SS=B	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 the facility administrator, the preservice orientation must cover:	A 081			

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A 081	Continued From page 14 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 bloodborne pathogens, 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 prevention policies and procedures when offering this training.	A 081		

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A 081	Continued From page 15 (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 an interview, the facility failed to ensure 1 out of 3 sampled staff (Staff A) had completed 2 hours of Preservice Orientation signed by the Administrator and staff member prior to interacting with residents; and, failed to ensure 1 out of 3 staff (Staff A) had received required in-service training within 30 days of hire. The findings included: Review of the personnel file for Staff A who works as a caregiver for residents revealed no	A 081		

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A 081	Continued From page 16 certificate of a 2 hour Preservice orientation, including training in Residents' Rights and ALF (assisted living facility) services, signed by both the Administrator and the employee. Additionally, the personnel file did not contain any in-service training in Residents' Rights (part of one hour required) and Incident Reporting (part of one hour required). The documentation of this training for Staff A was requested from the Administrator on _____ at 2:00 PM. The facility provided no additional documentation of the required training for review at this time. Class	A 081		
A 086 SS=D	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	A 086		

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A 086	Continued From page 17 requirement. Initial training, entitled " _____ and Related _____ Level I Training," must address the following subject areas: 1. Understanding _____'s _____ and related _____; 2. Characteristics of _____; 3. Communicating with residents with _____'s _____; 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 _____"	A 086		

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A 086	Continued From page 18 Persons with _____'s _____ and Related _____, dated _____, incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, 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 _____.	A 086			

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A 086	Continued From page 19 (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure that 1 of 3 sampled staff (Staff B), who has regular contact with or provides direct care to residents with ADRD () and Related () in this facility that maintained a secured area, had obtained 4 hours of annual update training in ADRD. The findings included: The personnel file for Staff B was reviewed for training in ADRD and did not contain documentation of 4 hours of annual update training in ADRD dated within the previous year. The following training was documented and available for review: Staff B-Date of Hire Level I (4 hours) completed Level II (4 hours) completed During interview with the Administrator at 2:00 PM on, the aforementioned findings were discussed. The facility provided no additional documentation for review at this time. Class III	A 086		