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
	AL11969074	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING	1061 TOMYN BLVD OCOEE, FL 34761

(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 The re-licensure survey and Complaint Investigation #2019019507 was conducted on . Inspired Living had deficiencies identified at the time of visit.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall 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 must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for 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	A 025		

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A 025	Continued From page 1 59A-36.012, F.A.C. (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 resident record review, facility reports and interview, the facility did not provide care, supervision and services appropriate to meet the needs to ensure the safety through proactive measures to minimize the potential for and injuries which resulted in medical attention for 2 of 7 sampled residents (#13 & 14) who were risk, and did not maintain written record of a significant change for 1 of 7 residents (#13). Findings: 1. Record review for resident #14 revealed a resident health assessment form 1823 dated ., the health care provider noted diagnosie that included 's , ,	A 025		

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A 025	Continued From page 2 and , and that the resident was a risk. He resided in the memory care unit. Review of the electronic progress notes and facility reports revealed multiple including some with injuries as follows: at 7:04 PM - "At approximately 1800 (6 PM) notified by caregiver that resident was on the floor. Arrived to find resident in dining room lying on . Resident could not recall what he was doing. Assessed resident, no injury noted." at 5:02 AM - "Caregiver reported that resident . Observed resident sitting up against chair near chair with out walker near by. No c/o or discomfort offered. Will continue to monitor." at 7:17 AM - "4:45 AM, this nurse was calling in the room, resident observed laying on the floor by his bed, resident alert and , unable to tell this nurse what happen. A /hematoma was observed to resident forehead. Hospice called made aware that this nurse is sending resident out to hospital, triage nurse agreed. 911 called resident sent out to ER for evaluation." at 7:14 PM - "Resident readmit to facility via stretcher, accompanied by hospital transport. Resident is alert and oriented x 1, no distress noted. Skin is warm and dry, multiple and small open area noted in both arms. Skin hematoma noted in left forehand." at 5:15 PM - "Notified by Caregiver approximately 4 PM that resident was on the floor on patio by dining room. Arrived to find resident	A 025		

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A 025	Continued From page 3 lying on his right side on the floor. Resident could not recall what happened. Assisted resident up and into chair with help of staff." . . . . . at 4:50 PM - "Resident was eating in the dining room at 5:10 PM, staff call nurse, resident was observed laying backward in his wheelchair, , noted, nurse applied pressure, and cover area. Two small areas noted; called place to hospice and ER, family and supervisor notified. Resident transfer to hospital." . . . . . at 2:14 AM - "Resident returned to facility via ambulance with 2 transporters alert and . . . . . per hospital record . . . . was done negative. Staples to of , clean with soap and water and to be removed in 5 to 7 days." Facility report noted a on at 5:10 PM. Location of . was the dining room. Resident was unable to explain what happened. "Resident observed laying backwards with his wheel chair." Injury was noted to the of his . . . . "Nurse applied pressure and cover area with gauze and tape, call place to MD and family." The reduction plan was to remind the resident to use his walker at all times." Resident has a history, gait/balance . . . . , , ... mental status, , safety judgment, , and . . . . . Staff reviewed the rpeort with the hospice staff and will continue to monitor. The body diagram on the report noted an "X" on . . . . of the as the injury. The electronic notes did not indicate the type of injury. . . . . . at 6:28 PM - "Resident found sitting in the dining room, no complaint of , or discomfort noted; advanced registered nurse practitioner (ARNP) assessed resident; able	A 025		

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A 025	Continued From page 4 move all extremities. Resident assisted up. Resident resting in bed. Continue to monitor." Facility report on at 3:10 PM indicated an unwitnessed in the dining room. The resident was unable to explain what happened. He was found sitting next to his wheel chair. Staff assisted the resident up, and the ARNP assessed him. The resident reminded him to use a walker at all times. The resident has a history, gait/balance mental status, safety judgment, and The report was reviewed with hospice staff. The facility was given the opportunity to provide proactive interventions. There was no documentation provided to confirm there were proactive measure to minimize the that resulted in injuries that included receiving staples to his , other than telling resident #14 who had , to remember to use his walker. 2. During the entrance conference the Director of Nursing (DON) said resident #13 had a and was currently in hospital. Resident #13's record revealed a resident health assessment form 1823 that was dated . The health care provider noted diagnoses that included , and . The resident was a risk. She resided in the memory care unit. On at 1 PM, the DON was asked to provide documentation of the proactive measures that the facility had in place to minimize the for residents#13. The DON said the interventions would be listed on the facility reports	A 025		

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A 025	Continued From page 5 Review of the electronic progress notes and facility reports revealed the resident had multiple as follows: . . . . . -3:04 PM - "Notified by activities that resident was on the floor. Arrived to find the resident lying on . . . , assisted resident up and escorted to nurses station for assessment. Resident could not recall what happened. . . . . . at 8:11 PM - "Staff call nurse in activity room, resident found sitting in front of the sofa, resident stated she slipped; no open area or noted. Resident able to move all extremities without , . . Staff assist resident to her chair." at 7:28 AM - "approximately 6:50 AM resident noted sitting bottom down on floor by bathroom, resident is alert and responsive and is able to verbalize needs. Denies , . , no distress noted. Daughter will like for staff to encourage more water intake." . . . . . at 8:26 PM around 11:30 AM "Staff call nurse, resident was sitting in hallway, resident stated she slipped, no open area or . . . . noted. Resident able to move all extremities without , ." Facility report, dated at 12 PM, revealed an unwitnessed . . The resident unable to explained what happened. Resident risk factors included . history, Gait/balance , , mental status, , safety judgment, Use of assistive devicess, ... Staff will continue to monitor. at 6:17 PM, "Resident was sitting on the couch and possibly was falling asleep, and off the couch onto the floor causing resident to	A 025		

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A 025	Continued From page 6 on her , resident was screaming, 'help, it hurts, get me up.' Call 911 and resident was transported to hospital let DON know and he called and informed resident family. at 2:20 PM -"Resident's (family member) called and informed me this resident is being discharged to rehab from the hospital." Facility report revealed on at 2 PM, the resident but did not say what happened. She was sitting on the couch, then was on the floor. She complained of . Staff assessed the resident who was crying out for help and to get off the floor. Staff stayed by the resident's side, and called 911. She was sent to the local hospital's emergency room for evaluation. The resident has a history, and uses assistive devices. She has . The facility report did not contain any documentation of preventative measures. The electronic progress note revealed that on at 7:52 PM, the "Resident returned to the facility accompanied by EMTs (emergency medical technicians) at 7:05 PM, with a diagnosis of , and a history of , and . Resident is alert and stable, no complaint of or discomfort noted during the shift." There was no documentation of why the resident was sent out to the hospital. The DON reviewed the electronic progress notes and confirmed there was no documentation found that indicated the reason for the hospital visit. The DON provided notes for resident #13 that started and ended on , as evidence of interventions for the . Although the resident received the continued and there was no	A 025		

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A 025	Continued From page 7 other documentation to confirm what other proactive measure were in place to minimize the .. The 2 facility reports did not contain any proactive preventative measures to minimize the Class II	A 025		
A 032 SS=D	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.	A 032		

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A 032	Continued From page 8 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(i), F.S. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all direct care staff participated in the facility's elopement drills. Findings:	A 032		

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A 032	Continued From page 9 At 1:05 p.m. on , caregiver B said she never participated in a facility resident elopement drill. Review of caregiver B's personnel record revealed a hire date of . Review of the facility's documented elopement drills, as provided by the director of nursing and dated , , , and , revealed that caregiver B did not participate in any of them. At 3:45 p.m. on the director of nursing confirmed the findings and was unable to provide additional documentation. Class III	A 032		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication;	A 055		

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A 055	Continued From page 10 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident	A 055		

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A 055	Continued From page 11 or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, resident record review and interview, the facility failed to centrally store, which must be kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times for 1 of 7 sampled resident (#5). Findings:	A 055		

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A 055	Continued From page 12 Observation on [redacted] at 10 AM, a prescription labeled Torsemide 20 milligrams (mg) was found in the room of resident #5 and was not centrally stored and locked safely. (Photographic Evidence Obtained) Resident #5's record review revealed admission date [redacted] and an 1823 Health Assessment dated [redacted] with medical diagnosis of [redacted] and Carotid [redacted]. According to the health assessment the resident needs assistance with self-administration of medications and assistance with ambulation and transferring activities of daily living (ADLs). On [redacted] at 10:05 AM, an interview with Med Tech who confirmed that resident #5 self-administers some of his own medications without assistance. An interview with resident #5 who stated that he does self-administer himself without help his [redacted] spray, [redacted], and his own [redacted] & [redacted] checks with lancet. He stated he is capable and understands his medications but some medications they assist him with. On [redacted] at 11:45 AM, an interview with the Health Wellness Director confirmed the findings and stated that she removed the Torsemide 20mg from resident #5's room. She further stated that resident has a lot of [redacted] that mail-order his medications. When the resident receives the medication, he should immediately give them to the nurse to store for him. Class III	A 055		

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A 056	Continued From page 13	A 056		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must	A 056		

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(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 056	Continued From page 14 be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and,	A 056		

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	AL11969074	A. BUILDING: _____ B. WING _____	09/29/2020

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A 056	Continued From page 15 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to make every reasonable effort to ensure a prescription was filled in a timely manner for 1 of 7 sampled residents (#9) who received assistance with medications and did not obtain a health care providers order for a 1 of 7 sampled resident who received assistance with the self administration of medication, to administer his own medications. (#5). Findings: Observation on at 10 AM, a prescription labeled Torsemide 20 milligrams (mg) was found in room and did not have orders to self-administer without assistance for this medication. (Photographic Evidence Obtained) 1. Resident #5's record review revealed admission date and an 1823 Health Assessment dated with medical diagnosis of and Carotid . Needs assistance with self-administration of medications and assistance with ambulation and transferring activities of daily living (ADLs). In further review, found physician's order documented that he can self-administer without assistance for the dated .	A 056		

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A 056	Continued From page 16 dated , dated , and & checks dated . (Photographic Evidence Obtained) On at 10:05 AM, an interview with Med Tech who confirmed that resident #5 self-administers some of his own medications without assistance. An interview with resident #5 who stated that he does self-administer himself without help his spray, , and his own & checks with lancet. He stated he is capable and understands his medications but some medications they assist with him with. On at 11:45 AM, an interview with the Health Wellness Director confirmed findings of no physician order to self-administer the Torsemide 20mg, and removed from resident #5's room; additionally she stated that resident has a lot of that mail order medications for him so when he received them he should immediately give them to the nurse to store for him. 2. Review of resident #9's current 1823 health assessment form, dated , revealed her diagnoses included , and and she required assistance with self-administration of medications. Review of the resident's Medication Observation Record (MOR) revealed it contained entries for 10 milligrams (mg,) give 1 tablet by at bedtime, spray, administer 2 sprays in each nostril once daily and	A 056		

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A 056	Continued From page 17 . . . . . 25 mg give 1 tablet by . . . once daily. Documentation on the MOR indicated the . . . . . was "not available, waiting on pharmacy" on both and . The spray was not available on , . . . and . . . . . The . . . , . . . was not available on . . . . The MOR nor the resident's record contained documentation to indicate the facility made every reasonable effort to ensure the resident's medications were filled in a timely manner to avoid missed doses. At 5:30 p.m. on . . . . the director of nursing confirmed the findings and was unable to provide additional documentation. Class III	A 056		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.	A 078		

Agency for Health Care Administration

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A 078	Continued From page 18 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care 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	A 078		

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A 078	Continued From page 19 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 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 personnel record review and interview the facility failed to obtain an annual statement from the health care provider for 1 of 5 sampled Staff (A) documenting freedom . . . . . ( ). Findings: Personnel record review for staff A, a caregiver hired , revealed the last documentation to confirm she was free from . was dated . . . . (due). On at 5:30 PM, the human resource director confirmed the findings. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011(. .) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in	A 081		

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A 081	Continued From page 20 duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in in-service training relevant to their job duties as specified by agency rule of the agency. Topics covered during the preservice orientation are not required to be repeated during in-service training. A single certificate of completion that covers all required in-service training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (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: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility.	A 081		

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A 081	Continued From page 21 (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 . . . . 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,	A 081		

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A 081	Continued From page 22 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 personnel record reviews and interview, the facility failed to ensure that 1 of 5 sampled staff (B) received the required in-service training as described in 59A-36.011(.) FAC. Findings: Review of caregiver B's personnel record revealed a hire date of . The record did not contain documented evidence to indicate the caregiver received a minimum of 2 hours of preservice orientation that covered, at a minimum, resident rights and facility's license type with services offered, prior to providing resident care.	A 081		

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A 081	Continued From page 23 At 5 p.m. on , the human resource director confirmed the findings and said caregiver B was not given the orientation training. Class III	A 081		
A 084 SS=D	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 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	A 084		

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A 084	Continued From page 24 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 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;	A 084		

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A 084	Continued From page 25 k. Assist residents with [redacted] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [redacted] levels; l. Apply and remove [redacted] stockings and hosiery; m. Placement and removal of [redacted] bags, excluding the removal of the [redacted] or manipulation of the [redacted] site; and, n. Measurement of [redacted] rate, temperature, and [redacted] 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 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 assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two	A 084		

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A 084	Continued From page 26 hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on personnel record review and interview 1 of 3 sampled unlicensed staff (A) who provided assistance with the residents medication did not receive 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 provided by a licensed registered nurse, or a licensed pharmacist. Findings: On at 12:30 PM, staff A said she was an unlicensed staff who assisted with the resident's medications. Personnel record review for staff A, revealed the last 2 hour annual continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility was dated (due). On at 5:30 PM, the business office manager confirmed the findings. Class III	A 084		