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
	AL11965265	A. BUILDING: _____ B. WING _____	01/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING OF BELLEAIR	620 BELLEAIR ROAD CLEARWATER, FL 33756

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A 000	Initial Comments A complaint (complaint numbers 2020017288 and 2020018527) survey was conducted at Pacifica Senior Living of Belleair on and . . . . . The facility had deficiencies at the time of survey.	A 000		
A 030 SS=J	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 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	A 030		

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A 030	Continued From page 1 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. [illegible] and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and [illegible]; 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. 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	A 030		

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A 030	Continued From page 2 429.41(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 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.	A 030		

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A 030	Continued From page 3 (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 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	A 030		

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A 030	Continued From page 4	A 030		

relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. 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 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

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A 030	Continued From page 5 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 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 observations, record reviews, interviews, and review of the Center for . . . . . Control and Prevention (CDC) guidelines, the facility failed to safeguard residents' well-being by failing to implement and maintain control policies and procedures to mitigate the spread of COVID-19. Additionally, the facility failed to	A 030		

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A 030	Continued From page 6 / two (Resident #3 and #6) of two residents who were and positive for COVID-19 which placed all residents in the facility at risk. Also, the facility failed to ensure that staff working with COVID-19 positive residents were educated on using the proper personal protective equipment (PPE). Findings Included: The COVID-19 is a transmissible , that presents severe risk to persons who are aged, infirm, or suffer from co-including, but not limited to, system deficiency, , , , and . See Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities, Publications of the Centers for Control. An interview conducted on beginning at 9:10am during the entrance conference with the Interim Administrator revealed Cottages #1, #2, and #3 received rapid testing on resulting in two COVID-19 positive residents (Resident #3 and Resident #6) residing in Cottage #1. Resident #3 continued to reside with Resident #2 (COVID-19 negative) in the same room after the test results on and there was designated staff for Cottage #1. The Interim Administrator stated that the on-site physician was aware of the COVID-19 positive residents, and the physician stated if they are not , , , the facility did not need to send the residents out. The facility would , and monitor signs and symptoms with frequent temperature checks of all the residents. Lastly, the Interim Administrator stated that to her knowledge, the facility did not have a policy on co-horting residents suspected or confirmed positive with residents that are negative.	A 030		

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A 030	Continued From page 7 During an observation conducted on . . . . at 10am in Cottage #1, Resident #3, (COVID-19 positive) and Resident #2, (COVID-19 negative) were observed in the same room, laying in their beds with no separation or PPE on either resident. During an interview conducted on at 10am in Cottage #1, Staff H, unlicensed medication technician, stated there were two COVID-19 residents in the cottage. Further interview with Staff H revealed that he was scheduled alone in the Cottage and that he was not aware of what PPE to wear. He asked the Agency's Representative what they thought he should wear as far as PPE because the facility only told him to wear PPE. During an observation conducted on . . . . of Cottage #1 at 10am, revealed there was no signage on the door of Resident #6 to indicate the room housed a COVID-19 positive resident that was under isolation (Photographic Evidence Obtained). A record review was conducted on of the facility's policies and procedures titled, "Coronavirus/Covid-19 Preparedness and Response Plan" last updated on . . . . . , which included direction on page 53, section 3 letter c., place a sign on the door of any resident who is under isolation. During an interview on at 10:15am, Staff H stated, that when he comes out of a COVID-19 positive resident's room he removed all PPE in the hallway. He further stated that he rolls it up, walks down the hallway to the laundry room and disposed of the PPE in the general use trash can.	A 030		

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A 030	Continued From page 8 Record review conducted on of the facility's policies and procedures titled, "Coronavirus/Covid-19 Preparedness and Response Plan" last updated on on page 39 "Personal Protect Equipment" revealed the following: 9. Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room." During an observation on at 10:15am Staff H was observed not performing proper hygiene after the removal and disposal of PPE. A review of the CDC guidelines (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) last updated on and reviewed on , revealed the following under the section titled, " Hygiene": *HCP should perform hygiene before and after all patient contact, contact with potentially material, and before putting on and after removing PPE, including gloves. hygiene after removing PPE is , important to remove any , that might have been transferred to bare during the removal process. *HCP should perform hygiene by using ABHS with 60-95% or washing with soap and water for at least 20 seconds. If are visibly soiled, use soap and water before returning to ABHS. *Healthcare facilities should ensure that hygiene supplies are readily available to all personnel in every care location. During an interview with the Business Office	A 030		

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A 030	Continued From page 9 Manager (BOM) conducted on beginning at 10:49am, she stated that the residents in remained roommates after testing on which revealed Resident #3 was positive, and Resident #2 was negative. During a review of the CDC guidelines (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) last updated on conducted on revealed under the section titled "Response to Newly Identified SARS-CoV-2- HCP or Residents" Roommates of residents with COVID-19 should be considered exposed and potentially and, if at all possible, should not share rooms with other residents unless they remain , , and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room. Consider temporarily halting admissions to the facility, at least until the extent of transmission can be clarified and interventions can be implemented. An interview with the Interim Administrator conducted on at 12:23pm, she stated Resident #3 was kept in the same room as Resident #2 because Resident #3 was asymptotic and had a low-grade . . . The Interim Administrator also stated that the facility's physician was aware the residents with different COVID-19 statuses were sharing a room. Record review conducted on of the Agency's Daily COVID-19 Monitoring Other Bed Report revealed the facility last updated their COVID status on which was no COVID positive residents. Also, the facility was	A 030		

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A 030	Continued From page 10 reporting they have a designated COVID wing/building. Record review conducted on of the facility's COVID-19 Preparedness and Response Plan updated revealed on page 53 title, "Confirmed COVID-19 Resident(s)": Section 3: Residents who are COVID-19 positive must to his/her apartment. If they must leave the apartment for any reason (such as for medical care) they should wear a mask and avoid contact with others.", letter b. states "if the resident has a roommate, look to separate the roommate into another apartment. Discuss this with your health department as well. During an interview with the Interim Administrator conducted on at 1:45 PM, she confirmed that staff were working in both Cottage #1 and other various Cottages during their shifts. A record review of the document titled Care Staff Assignment was conducted on revealed the following staff assignments: * evening shift Staff I worked in cottages #6 and #1, Staff N worked in both Cottages #2 and #1, night shift Staff D worked in both Cottage #1 and #2, Staff S worked in cottages #1 and #2. * evening shift Staff J worked Cottage #1 and #2, Staff Q worked Cottage #1 and #2. * /201Day shift Staff A worked Cottage #1 and #2, evening shift Staff O worked Cottage #1 and #2. * day shift Staff A worked Cottage #1 and #2, evening shift Staff Q worked Cottages #1 and #2. * evening shift Staff R worked in Cottages #1 and #2.	A 030		

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A 030	Continued From page 11 A phone interview conducted with Corporate Asset Manager on . . . . . at 4:59pm, she stated the facility has dedicated staff that work in each cottage and they do not go . . . and forth between cottages. She asked the Agency Representative if that was the case at the facility. The Agency Representative stated the Interim Administrator and the staffing schedules revealed the staff assisting with medications go between Cottage #1 and Cottage #2. Record review conducted on . . . . of the facility's "COVID-19 Preparedness and Response Plan" updated . . . . . revealed on page 59, titled Co-horting: 3. Staffing a. Staffing assignments should be assigned to that area only. b. This includes care staff as well as ancillary staff, such as housekeeping, dining, and maintenance. c. These staff should not work in any other part of the community or in other senior living communities or health care facilities. During a phone interview with the facility's Advanced Registered Nurse Practitioner (ARNP), conducted on . . . . . at 2:53pm, stated she informed the facility to follow their COVID protocol and contact the Department of Health or CDC on the process of having a positive case, resident in the facility. The ARNP stated it was not her job to tell the facility how to arrange COVID residents, or where to house them. Interview with the Interim Administrator conducted on . . . . . at 12:25pm, she stated she did not have a written plan in place if any of the tests that	A 030		

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A 030	Continued From page 12 were sent out on . . . . . comeback positive. She stated depending on how many tests came . . . positive she would do what she did last night and have them sent out to the hospital. Interim Administrator further stated she does not have the staffing to open a cottage to dedicate it as a COVID unit. There was a possibility in a cottage to have the common area be the separation, but then the positive residents would come out of their rooms and to the common area. The Interim Administrator stated had five staff members on a hire list and had more interviews scheduled for next week. The facility had with three different agencies for the last six months to add additional staff to the facility. Class I	A 030		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of	A 078		

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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 078	Continued From page 13 . . . . . 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 14 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 assure 4 (Staff E, Staff F, Staff D and Interim administrator) of 5 staff were free from communicable , ( ). Findings include: During a review of employee records conducted on revealed that Staff E was hired on , no documentation was provided to assure Staff E was free from communicable and had no signs and symptoms of after . During a review of employee records conducted on revealed that Staff F was hired on , no documentation was provided to assure Staff F was free from communicable . During a review of employee records conducted on revealed that Staff D was hired on , no documentation was provided to assure Staff D was free from communicable . During a review of employee records conducted on revealed that the Interim Administrator was hired on 12//9/2020, no documentation was provided to assure the Interim Administrator was free from	A 078		

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A 078	Continued From page 15 communicable . . . . . and had no signs and symptoms of . An interview with the Business Office Manager conducted on . . . . . at 4:22 PM she stated she did not see a form stating the Interim Administrator, Staff E, Staff D, and Staff F is free from communicable . . . . and . 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 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 inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.	A 081		

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A 081	Continued From page 16 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. (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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents	A 081		

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A 081	Continued From page 17 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, 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	A 081		

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A 081	Continued From page 18 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 for 1 (Staff D) of 5 sampled staff, who performed direct care for residents, had all their required training completed. Findings Included: During a review of employee records on revealed that Staff D ,who has a hire date of , was missing documentation with date of completion of receiving training of Pre-service in-service training, Activities of Daily Living (ADL) and Behavioral Needs training, Control training, Resident Rights training, and Recognizing , Neglect, and , training. (Photographic Evidence Obtained) During an interview with the Business Office Manager (BOM) conducted on at 4:27PM confirmed that all training certificates for Staff D were not dated. Class III	A 081		
A 083 SS=D	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 19 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 for 3 (Staff F, Staff D and Interim Administrator) of 5 sampled staff hold a valid card documenting completion for First Aid and , , ( ). Findings Included: During a review of employee records conducted on revealed that Staff F who has a hire date of was missing documentation of completion of first aid and training. During a review of employee records conducted on revealed Staff D who has a hire date of was missing documentation of completion of first aid and training. During a review of employee records conducted	A 083		

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A 083	Continued From page 20 on . . . . . revealed the Interim Administrator who has a hire date of was missing documentation of completion of first aid and . training. An interview with the Business Office Manager (BOM) was conducted on . . . . . at 4:31PM stating if it's not in the file then it's they probably do not have it. Upon further interview with the BOM she stated she was unable to provide proof that any staff had completed . . or first aid training. Class III	A 083		
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	A 084		

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A 084	Continued From page 21 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 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	A 084		

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A 084	Continued From page 22 and [illegible] 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 [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] 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	A 084		

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A 084	Continued From page 23 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 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 record review and interview, the facility failed to ensure for 1 (Staff D) of 5 sampled staff, who assist with self-administration of medication, received the initial six hour required training or the additional two hours of required training. Findings Included: During a review of employee records was conducted on _____ it was revealed that Staff D who has a hire date of _____ was missing documentation of completion of the initial six hour required training or the additional two hours of required training for staff that assist with self-administration of medications. During a record review was conducted on _____ of the staff employee roster revealed that Staff D position was Resident Assistant/Medication Technician During an interview with the Business Office Manager (BOM) conducted on _____ at 12:34PM she stated the med tech training was conducted by a different nurse this time and she was unable to locate the certificates.	A 084		

Agency for Health Care Administration

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A 084	Continued From page 24 Class III	A 084		