

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969442	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

YOURLIFE OF STUART

**500 SE INDIAN ST
STUART, FL 34997**

(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 Relicensure, Control Monitoring Survey, Generator Assessment, and Complaints #2020007867 and #2020016706 were conducted at Yourlife of Stuart on and Deficiencies were identified at the time of survey related to the Relicensure.	A 000		
A 030	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	A 030		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 030	Continued From page 1 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. 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.	A 030			

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A 030	Continued From page 2 (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 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,	A 030		

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A 030	Continued From page 3 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 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	A 030		

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A 030	Continued From page 4 relocation or residency termination. Reasons for 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. (1) 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, prohibitions, 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	A 030			

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A 030	Continued From page 5 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 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 and staff interview, the facility failed to post in full view, in a common area accessible to all residents, the required Agency numbers for lodging complaints against a facility or facility staff. These required numbers are as follows:	A 030			

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A 030	Continued From page 6 Long-Term Care Ombudsman Program, 1 (888) 831-0404;, Rights Florida, 1 (800) 342-0823; Agency Consumer Hotline 1 (888) 419-3456, and 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. The findings included: On during tour of the facility, it was observed that there were no postings of the required Agency numbers for lodging complaints in any of the common areas in any of the 4 neighborhoods within the facility. On at 2:45 PM, the missing posting of these agency numbers was discussed with the Director of Wellness and the Administrator. The Administrator stated she had thought the numbers were posted and did a quick tour to find the postings. At approximately 2:55 PM, the Administrator acknowledged that the Agency numbers were not found posted in any of the common areas within the units. Class III	A 030			
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable The examination performed by the health care provider must have	A 078			

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A 078	Continued From page 7 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 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	A 078		

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A 078	Continued From page 8 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 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 employee record review and staff interview, the facility failed to ensure 2 of 5 sampled employees had submitted a written statement from a health care provider documenting the employee did not have any signs or symptoms of a communicable _____ () within 30 days of hire (Staff B and Staff C); and 2 of 5 sampled employees had submitted evidence of a negative _____ examination on an annual basis (Staff B and Staff D). The findings included: 1) Staff B, a Certified Nurse's Aide whose hire date is _____, failed to have a written statement from a health care provider within 30 days of hire documenting she was free from any signs or symptoms of a communicable _____. Additionally, Staff B did not have evidence of a negative _____ exam completed any time in 2020.	A 078			

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A 078	Continued From page 9 2) Staff C, a Licensed Practical Nurse whose hire date is, failed to have a written statement from a health care provider within 30 days of hire documenting that he was free from any signs or symptoms of communicable 3) Staff D, the facility's Culinary Director whose hire date is, failed to provide annual evidence of a negative . . . exam for 2018, 2019, and/or 2020. A request for the missing health documentation for Staff B, C and D was submitted to the Director of Wellness on at 1:45 PM. The Director of Wellness provided a copy of the request to the Interim Administrator at approximately 2:00 PM. At the time of this report, there was no further health documentation provided for Staff B, C and D to show regulatory compliance. Class III	A 078		
A 081	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.	A 081		

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A 081	Continued From page 10 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. 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	A 081			

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A 081	Continued From page 11 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, 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.	A 081			

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A 081	Continued From page 12 (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 employee record review and staff interview, the facility failed to ensure: 1) Three of 4 new assisted living facility employees, who has not previously completed core training, completed a 2 hour pre-service orientation which covered topics to help the employees provide responsible care and respond to the needs of facility residents prior to interacting with residents (Staff A, B, and C); 2) Two of 3 direct care staff participated in required inservice training relevant to their job duties (Staff A and C) The findings included: A) Upon review of the employee files for Staff A (hire date of _____), Staff B (hire date _____), and Staff C (hire date _____), it was determined these sampled employees had not	A 081		

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A 081	Continued From page 13 completed core training. It was also determined that Staff A, B, and C had not completed a 2 hour pre-service orientation prior to interacting with residents which covered Resident's rights, the facility's license type and services offered by the facility, and any other topics chosen by the facility administrator. No Training Statement/Certificate was found in these employees' files which had been signed by the employee and the administrator attesting that the fact that the employee had completed the required pre-service orientation. B) A review of Staff A's employee file failed to produce documentation showing that the following required inservice trainings had been completed within 30 days of hire (01/06/21): a) Elopement response training; b) Reporting Major/Adverse Incidents; c) Facility Emergency Procedures; d) Recognizing/Reporting _____, Neglect and _____; and e) Nutritional & Safe Food Handling. C) A review of Staff C's employee file failed to produce documentation showing that the following required inservice trainings had been completed within 30 days of hire (_____): a) Elopement response training; b) Reporting Major/Adverse Incidents; c) Facility Emergency Procedures; and d) Recognizing/Reporting _____, Neglect and _____. A request for the missing training documentation for Staff A, B, and C was submitted to the Director of Wellness on _____ at 1:45 PM. The Director of Wellness provided a copy of the request to the Interim Administrator at approximately 2:00 PM. At the time of this report, there was no further	A 081			

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A 081	Continued From page 14 training documentation provided for Staff A, B, or C show regulatory compliance. Class III	A 081			
A 085	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure the facility's Food Designee (Staff D) had obtained, annually, a minimum of 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility (ALF), provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarian who is qualified to train assisted living facility staff in nutrition and food service. The findings included: Per interview with the Interim Administrator on	A 085			

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A 085	Continued From page 15 ... at approximately 11:30 AM, she confirmed that Staff D was the person designated as responsible for the facility's food service and day-to-day supervision of dietary staff. A review of Staff D's employee record shows a hire date of ... There were no training certificates found showing completion of a 2 hour annual nutrition and food education training in topics pertinent to Nutrition and Food service in an ALF for 2017, 2018, 2019, or 2020. A request for the missing training documentation for Staff D was submitted to the Director of Wellness on ... at 1:45 PM. The Director of Wellness provided a copy of the request to the Interim Administrator at approximately 2:00 PM. At the time of this report, there was no further training documentation provided for Staff D to show regulatory compliance. Class	A 085		
A 086	59A-36.011(10) FAC Training - AD RD (10) AND RELATED ... ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with AD RD, 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 AD RD but do not provide direct care to such residents and staff who provide direct care to residents with AD RD, shall obtain 4 hours of initial training within 3 months of	A 086		

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A 086	Continued From page 16 employment. Completion of the core training program between _____ and _____ shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled "_____ and Related _____ Level I Training," must address the following subject areas: 1. Understanding _____'s _____ and related _____; 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,	A 086		

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A 086	Continued From page 17 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with _____ 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 _____	A 086			

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A 086	Continued From page 18 or related, or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the 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 employee record review and staff interview, the facility failed to ensure 1 of 3 sampled direct care staff (Staff C), who provides direct care to residents with 's and Related (ADRD), obtained 4 hours of initial training within 3 months of employment. The findings included: A review of Staff C's employee record failed to produce documentation showing Staff C had completed the Initial ADRD training, entitled "..... and Related Level I Training," within 3 months from date of hire (.....). This ADRD Level I Training should have been completed by A request for the missing training documentation for Staff C was submitted to the Director of Wellness on at 1:45 PM. The Director of Wellness provided a copy of the request to the Interim Administrator at approximately 2:00 PM. At the time of this report, there was no further	A 086		

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A 086	Continued From page 19 training documentation provided for Staff C to show regulatory compliance. Class III	A 086		
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on employee record reviews and staff interviews, the facility failed to ensure 2 of 4 sampled direct care staff had received at least one hour of training in the facility's policies and procedures regarding [.....], (Staff A and Staff C). The findings included: Upon review of the employee records for Staff A (hire date of) and Staff C (hire date of), no training certificate or documentation was found showing that these sampled direct care employees had completed the required one	A 090		

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A 090	Continued From page 20 hour training in the facility's policies and procedures regarding within 30 days after employment. A request for the missing training documentation for Staff A and C was submitted to the Director of Wellness on at 1:45 PM. The Director of Wellness provided a copy of the request to the Interim Administrator at approximately 2:00 PM. At the time of this report, there was no further training documentation provided for Staff A or C show regulatory compliance. Class III	A 090		
A 091	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of	A 091		

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A 091	Continued From page 21 Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on employee record reviews and staff interviews, the facility failed to provide training certificates as outlined by state regulation for 3 of 4 sampled employees (Staff A, B, and C). The findings included: A review of employee records for Staff A, B, and C showed trainings were completed through an online training program (Relias) and a transcript of the trainings were kept in the employees's file showing which trainings had been completed. The transcript of the trainings did not contain the following regulatory required information: a) Training program agenda; b) Training Provider's name, dated signature and credentials, and professional license number, if applicable. A discussion regarding the training documentation requirement was held with the Director of Wellness and Interim Director on at approximately 2:00 PM. It was also discussed that the regulation requires that, upon successful completion of training, the training provider must issue a certificate to the trainee as specified in the regulation, and a copy of the certificate and training documentation must be kept in the employee's file for review. Class	A 091		

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CZ816	408.809(2a-c) 435.05(2) 59A-35.090(2d-3c) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's _____ to the Federal Bureau of Investigation for a national criminal history record check unless the person's _____ are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the _____ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit _____ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the _____ to the Federal Bureau of Investigation for a national criminal history record check. The _____ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person _____. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within _____	CZ816			

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CZ816	Continued From page 23 the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008,, herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at:	CZ816			

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CZ816	Continued From page 24 http://ahca.myflorida.com/MCHQ/Central_Service/s/Background_Screening/Regulations_Forms.shtm. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if _____ for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to _____ to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the _____ report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider.	CZ816			

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CZ816	Continued From page 25 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 2 of 4 sampled staff (Staff B and Staff C) signed an Attestation of Compliance with Background Screening Requirements [AHCA Form 3100-0008, _____] upon hire, and the facility failed to retain a copy of this signed form in the employees' employment record. The findings included: During the employee record review for Staff B (hire date _____) and Staff C (hire date _____), no signed Attestation of Compliance with Background Screening (BGS) Requirements Form was found in either record. Staff C did have pages 1 and 3 of the Attestation of Compliance with BGS Form in his file, but he was lacking page 2 and page 4 which would have contained Staff C's signature and date of signing. A request for the missing Attestation of Compliance with BGS Requirements Form for Staff B and C was submitted to the Director of Wellness on _____ at 1:45 PM. The Director of Wellness provided a copy of the request to the Interim Administrator at approximately 2:00 PM. At the time of this report, there was no further documentation provided for Staff B or C to show regulatory compliance. Unclassified	CZ816			
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.-	CZ830			

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CZ830	Continued From page 26 (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the	CZ830			

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STREET ADDRESS, CITY, STATE, ZIP CODE

YOUR LIFE OF STUART

**500 SE INDIAN ST
STUART, FL 34997**

(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
CZ830	Continued From page 27 provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) The agency may adopt rules relating to emergency management planning, communications, and operations. Licensees providing residential or inpatient services must utilize an online database approved by the	CZ830		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969442	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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STUART, FL 34997**

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CZ830	Continued From page 28 agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to provide the required emergency management planning, communications, and operations by not entering daily information into the Emergency Status System (ESS) data via the Agency-approved online database. This had the potential to affect all of the facility's current residents. The findings included: Review of the facility's ESS data entry for the past 30 days was conducted on _____ at 11:10 AM with the Administrator. Per the requirements, the data must be entered into the ESS database by 10:00 AM daily. Review of the facility's history of dates and times the facility's ESS data was entered revealed the following discrepancies (photographic evidence obtained): On _____, the ESS data was recorded at 4:03 PM On _____, no ESS data was recorded On _____, no ESS data was recorded On _____, no ESS data was recorded On _____, no ESS data was recorded On _____, no ESS data was recorded On _____, the ESS data was recorded at 3:48 PM On _____, no ESS data was recorded On _____, no ESS data was recorded On _____, the ESS data was recorded at 11:26 AM On _____, no ESS data was recorded On _____, the ESS data was recorded at 11:18	CZ830		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969442	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2021
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CZ830	Continued From page 29 AM On _____, the ESS data was recorded at 5:52 PM On _____, the ESS data was recorded at 11:45 AM On _____, the ESS data was recorded at 1:32 PM On _____, no ESS data was recorded On _____, the ESS data was recorded at 5:25 PM On _____, the ESS data was recorded at 1:01 PM On _____, the ESS data was recorded at 2:26 PM On _____, the ESS data was recorded at 3:04 PM On _____, no ESS data was recorded This was discussed with the Administrator at the time of review. She stated she is the interim Administrator and she has worked at the facility for only two weeks. She acknowledged the ESS data is required to be entered into the Agency's online ESS database daily by 10:00 AM. Unclassified	CZ830		