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
	AL11965603	A. BUILDING: _____ B. WING _____	06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE ASSISTED LIV AT LIFE CARE CENTER OF OI	3201 ROUSE ROAD ORLANDO, FL 32817

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 090 SS=D	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 personnel record review and interview, the facility failed to have evidence that 2 of 4 sampled staff (A & B) had at least one hour of training in the facility's policies and procedures regarding that included information in Rule 59 A-5.0186, FAC within 30 days after employment. Findings: Personnel record review for staff A, a caregiver hired , and staff B, a caregiver hired , did not contain any documentation to confirm that they had received within 30 days after employment at least one hour of training in the facility's policies and procedures regarding ( ) that included information in Rule 59 A-5.0186, FAC. On at 3 PM, the business office manager confirmed the findings.	A 090		

AHCA Form 3020-0001

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

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A 090	Continued From page 1 Class III	A 090		
A 167 SS=B	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such	A 167		

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A 167	Continued From page 2 written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf; (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related	A 167		

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A 167	Continued From page 3 to a properly executed DH Form 1896, (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the	A 167		

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A 167	Continued From page 4 rights, duties, and [illegible] of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or [illegible] (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or [illegible] facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility.	A 167		

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A 167	Continued From page 5 Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract. (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or [illegible] imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's [illegible] or relocation due to [illegible] hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like	A 167		

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A 167	Continued From page 6 residential units. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the residency agreement for 2 of 2 sampled residents contained all of the required information (#3 & #8). Findings: 1. Resident #3's residency agreement, dated . . . . . , did not contain a provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change. At 1:10 p.m. on , the administrator confirmed the finding and was unable to provide additional documentation. 2. Resident #8's contract revealed an admission date of . . . . . The contract did not contain a provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change, as pursuant in Statute 58A-5.025 FAC; 429.24 FS. On . . . . . at 1 PM, the administrator confirmed the findings. Class	A 167		
A 168 SS=B	429.24(3)(a) FS; 429.27(7), FS Resident Refund Policy 429.24 (3)(a) . . . The refund policy shall provide that the resident or responsible party is entitled to a	A 168		

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A 168	Continued From page 7	A 168		

prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to

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A 168	Continued From page 8 the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. 429.27, FS Property and personal affairs of residents. - (7) In the event of the of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the . . . . . resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's . . . , the funds shall be deposited in the Health Care Trust Fund administered by the agency. This Statute or Rule is not met as evidenced by: Based on resident record reviews and interview, the facility failed to ensure its refund policy contained all of the required and correct information for 2 of 2 sampled residents (#3 & #8). Findings:	A 168		

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A 168	Continued From page 9 1. Resident #3's residency agreement, dated , did not contain the facility's refund policy. The policy indicated resident refunds would be processed within 90 days, and that residents would be billed the basic monthly services fee for three (3) days after all furniture was removed, both of which were not correct. The policy did not contain a provision that if after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. At 1:10 p.m. on , the administrator confirmed the findings. 2. Resident #8's admission contract confirmed a signed contract and admission date of . The contract omitted the following statements for the refund policy: "The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after	A 168		

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A 168	Continued From page 10 notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of . . . . or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or . . . . of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18." Photographic evidence was obtained. In an interview on . . . . . at 1 PM, the administrator confirmed the findings. Class III	A 168		
A 000	Initial Comments A Relicensure survey was conducted at on . . . . Bridge Assisted Living at Life Care Center of Orlando had deficiencies at the time of the visit.	A 000		

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A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving	A 010		

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A 010	Continued From page 12	A 010		

hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:
a. Move, turn, or reposition without total physical assistance;
b. Transfer to a chair or wheelchair without total physical assistance; or
c. Sit safely in a chair or wheelchair without personal assistance or a physical .
2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days.
3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days.
(2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident ' s representative or designee or the resident ' s family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.
(3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility.

59A-36.006
(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed

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A 010	Continued From page 13 facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A [illegible] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal	A 010		

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	AL11965603	A. BUILDING: _____ B. WING _____	06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 010	Continued From page 14	A 010		

representative if applicable, and the facility agree to continued residency;
3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,
4. Documentation of the requirements of this paragraph is maintained in the resident's file.
(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.
(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.
(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.
(g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to obtain documentation from a licensed hospice for 1 of 2 residents as pursuant in Statute 58A-5.0181 (#8).

Findings:

Resident #8's 1823 assessment form and facility progress notes revealed the resident was placed on hospice services by a licensed physician on . Resident #8's record did not contain

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A 010	Continued From page 15 any documentation of an interdisciplinary care plan that specified the services provided by hospice and those provided by the facility. On [redacted] at 1 PM, the administrator confirmed there was no documentation of the hospice interdisciplinary care plan for resident #8. Class III	A 010		
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 [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted]. 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 [redacted] 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.	A 025		

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A 025	Continued From page 16 (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (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 record reviews and interviews, the facility failed to follow a health care provider's medication orders for 1 of 4 sampled residents (#3), and failed to provide adequate supervision for 1 of 4 sampled residents who eloped from the facility (#12). Findings: 1. Review of resident #3's current 1823	A 025		

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A 025	Continued From page 17 assessment form, dated [redacted], revealed the resident had diagnoses of [redacted], and [redacted]; he required assistance with self-administration of medications. The 1823 contained health care provider orders for the following: [redacted] (for [redacted]) 100 milligrams (mg.) by [redacted] at bedtime as needed [redacted] (for [redacted]) 50 mg. by [redacted] as needed. [redacted] (for [redacted] prostatic hyperplasia) 0.4 mg. by [redacted] after supper. Review of the resident's [redacted] Medication Observation Record (MOR) revealed the following: The [redacted] instructions were to give two 500 mg tablets and was signed as given every day at 12 a.m. The dose was different than what was prescribed, and it was given scheduled instead of as needed. [redacted] instructions were to give 50 mg. at bedtime and was signed as given every day at 12 a.m. instead of as needed. [redacted] was being given at 8 a.m. and not after supper. Per drugs.com, "this drug should be administered approximately one-half hour following the same meal each day." Resident #3's record did not contain orders for any of the medications since [redacted] to indicate a health care provider authorized the change in instructions. At 12:40 p.m. on [redacted], the director of nursing confirmed the findings and was unable to provide additional documentation.	A 025		

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A 025	Continued From page 18 2. On . . . . . at 11:30 AM, staff F stated resident #12 had recently eloped from the facility but was returned without harm. The facility elopement policy revealed the facility defined elopement as "an incident in which a resident leaves the community grounds without staff knowledge, and the resident has , decision-making abilities and is unaware of his/her own safety needs." Resident #12's record revealed an admission date of . . . . . . His most recent health assessment was dated and contained diagnoses including . . . . . , . . . 's . . . . , was at risk for . . , and required assistance with activities of daily living. The facility submitted an Adverse Report to the Agency for Health Care Administration for an elopement on . . . . . at 8:01 PM. The report noted an employee "was notified that there was someone bringing resident (#12) . . . to the community." When resident #12 arrived, he stated he "went to feed the ducks....please do not call (the administrator)." Facility investigation of the incident revealed the resident had told the receptionist he was going to sit outside near the fountain to get some fresh air. After the incident, the resident stated he had decided to go feed the ducks in the pond across the street, so he walked to the pond and then decided to go to the store on the corner. The resident said he "met three guys who asked him where he lived, and he told them." The men brought him . . . to the facility where he was met by 2 staff members. The Adverse Report noted the facility determined resident #12 was a risk and was placed in the community elopement risk book and all staff were notified.	A 025		

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A 025	Continued From page 19 The facility observation notes on at 8:48 PM read, "resident walked away from the facility and was found on the ground close to the pond that is next to the gas station. A spectator called 911 but resident refused ER." There were no notes regarding elopement on . A note from reflected that the resident was sent to the emergency department for and he returned to the facility on . His new health assessment did not document he was at risk for elopement. Review of Google Maps found the distance from the assisted living facility to the pond is 0.25 miles along a busy 4 lane road. The grassy area surrounding the pond is sloped down toward the water. The distance from the assisted living facility to the gas station/convenience store is 0.3 miles. The gas station is located at a very busy intersection of a 4-land road and an 8-lane boulevard. Resident #12 ambulates with a walker and is considered at risk for , making the trip to the pond and the gas station very risky. The diagnosis of indicated resident #12 was not always able to make good decisions regarding his safety. Review of the facility elopement book at the front desk revealed resident #12 was identified in the book, and a photo and contact information were in the book. On at 12:10 PM, resident #12 was observed in his room. He was dressed and seated in a recliner. He had a walker nearby and stated he used the walker to ambulate. He was not wearing any identification. Resident #12 stated he liked to go feed the ducks at the pond, and confirmed he had a there a while ago	A 025		

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A 025	Continued From page 20 because the ground is sloped near the pond. He stated, "I am not allowed to go there anymore." On at 12:20 PM, the administrator reviewed the note from that documented the resident left the facility, and bystanders called 911. She stated she did not report this as an elopement because the resident liked to go feed the ducks. The administrator confirmed that the incident on was considered an elopement because the resident did not tell anyone he was leaving the community property. She confirmed resident #12 had and had a history of . She confirmed the resident is now considered at risk for elopement and did not have identification on his person. 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	A 032		

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A 032	Continued From page 21 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. 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.	A 032		

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A 032	Continued From page 22 (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)(l), F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that residents assessed to be at risk for elopement had identification on their person at all times that included their name, the facility's name, address, and telephone number for 1 of 4 sampled residents (#12). Findings: On at 11:30 AM, staff F stated resident #12 had recently eloped from the facility but was returned without harm. Review of the facility elopement policy revealed the facility defined elopement as "an incident in which a resident leaves the community grounds without staff knowledge, and the resident has , decision making abilities and is unaware of his/her own safety needs." The policy also includes, "Residents who have been identified to be at risk for exit-seeking behaviors will be given an identification bracelet with their name, name of the community and community's phone number." Resident #12's record revealed an admission date of . His most recent health assessment was dated , and included diagnoses of , 's , was at risk for , and required assistance with activities of daily living. An Adverse Reports was submitted to the Agency	A 032		

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A 032	Continued From page 23 for Health Care Administration for an elopement on at 8:01 PM. The report noted an employee "was notified that there was someone bringing resident (#12) to the community." When resident #12 arrived, he stated he "went to feed the ducks....please do not call (the administrator)." Facility investigation of the incident revealed the resident had told the receptionist he was going to sit outside near the fountain to get some fresh air. After the incident, the resident stated he had decided to go feed the ducks in the pond across the street, so he walked to the pond and then decided to go to the store on the corner. The resident said he "met three guys who asked him where he lived and he told them." The men brought him to the facility where he was met by 2 staff members. The Adverse Report noted the facility determined resident #12 was a . . . . risk and was placed in the community elopement risk book and all staff were notified. The facility observation notes on . . . . at 8:48 PM read, "Resident walked away from the facility and was found on the ground close to the pond that is next to the gas station. A spectator called 911 but resident refused ER." There were no notes regarding elopement on . A note from . . . . documented the resident was sent to the emergency department for . . . . and he returned to the facility on . . . . . . His new health assessment did not document he was at risk for elopement. Review of the facility elopement book at the front desk revealed resident #12 was identified in the book, and a photo and contact information were in the book. On at 12:10 PM, resident #12 was	A 032		

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A 032	Continued From page 24 observed in his room, He was dressed and seated in a recliner. He had a walker nearby and stated he used the walker to ambulate. He was not observed to be wearing any identification. Resident #12 stated he liked to go feed the ducks at the pond, and confirmed he had a there a while ago because the ground is sloped near the pond. He stated, "I am not allowed to go there anymore." On . . . . . at 12:20 PM, the administrator reviewed the note from that reflected that the resident left the facility, . . , and bystanders called 911. She stated she did not report this as an elopement because the resident liked to go feed the ducks. The administrator confirmed that the incident on . . . . . was considered an elopement because the resident did not tell anyone he was leaving the community property. She confirmed resident #12 had and had a history of . . . She confirmed the resident is now considered at risk for elopement and did not have identification on his person. Class III	A 032		
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	A 056		

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A 056	Continued From page 25 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 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	A 056		

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A 056	Continued From page 26 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, 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 4 sampled residents (#3).	A 056		

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A 056	Continued From page 27 Findings: Review of resident #3's current 1823 that was dated revealed the resident had diagnoses of , , , and and he required assistance with self-administration of medications. The resident's , Medication Observation Record (MOR) revealed an entry for , 500 mg., two tablets by at bedtime for , . "11" was charted for the dose on and through . The resident's , MOR revealed an entry for 50 mg. by daily for hormone , . "11" was charted for the dose on through . The chart codes indicated that "11" equaled medication not available. The MORs and the resident's record did not have any documentation to indicate the facility made any efforts to ensure the medications were filled in a timely manner to ensure the resident did not miss any doses. At 12:40 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	A 078		

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A 078	Continued From page 28 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 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.	A 078		

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A 078	Continued From page 29 (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 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 ensure 3 of 4 sampled employees presented documentation of freedom from communicable within 30 days of hire (A, B & D), and 2 of 4 sampled employees did not have annual documentation of freedom from . . . . . ( ) (A & D). Findings: 1. The personnel record for staff D, the administrator hired on , did not contain any documentation of freedom from communicable . A report indicating a negative test was dated . . . . . , but there was no documentation found indicating freedom from in the previous 12	A 078		

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A 078	Continued From page 30 months. Photographic evidence was obtained. On . . . . . at 1:30 PM, the administrator confirmed she had not received a test in the past 12 months. 2. Personnel record review for staff A, a caregiver hired , had a freedom for statement dated . . . . . . There was no evidence to confirm she had obtained an annual statement from a health care provider documenting freedom from , and there was no documentation found to confirm that she was free from communicable . . 3. Personnel record review for staff B, a caregiver hired . . . . . , had a freedom from that was dated , there was no evidence to confirm she had obtained an annual statement from a health care provider documenting freedom from . On . . . . . at 3 PM, the business office manager confirmed the findings. Class III	A 078		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168	A 079		

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A 079	Continued From page 31	A 079		

212
16-25 253
26-35 294
36-45 335
46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and [illegible]
( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.

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A 079	Continued From page 32 b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident	A 079		

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A 079	Continued From page 33 care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that	A 079		

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A 079	Continued From page 34 resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on staff schedule review, personnel record review and interview, the facility failed to ensure that a staff member who had completed courses in First Aid and [illegible] ( ) and held a currently valid card documenting completion of such courses, was in the facility at all times (C & E). Findings: A request to review current certification in First Aid and for each shift on revealed staff C and E were scheduled to work from 11 PM-7 AM, but neither had completed the required training. The business office manager provided staff C and E personnel files; unlicensed caregivers scheduled to work the night of . Neither staff C nor staff E had the required First Aid and training. Review of the record for staff C revealed she had	A 079		

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A 079	Continued From page 35 taken an online course, which does not satisfy the requirement. There was no documentation provided for staff E for First Aid or . training. Review of the staff schedule for revealed that on all nights from through there were no staff in the facility from 11pm-7am with currently valid certification in First Aid and . The staff schedule revealed staff C worked alone from 11PM-7AM on and 4. Staff E had worked alone from 11 PM-7 AM on , 5 and 6. Staff C and E worked together from 11 PM -7 AM on and were scheduled for the night of . On at 2 PM, the administrator confirmed the findings and stated that a nurse would be working 11 PM-7 AM until the other staff were fully trained. Class III	A 079		
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.	A 081		

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A 081	Continued From page 36 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 37 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 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 [illegible], neglect, and [illegible]. The facility must use its [illegible] 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 38 (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 have evidence that 3 of 4 sampled staff received the required in-service training (A, B & C). Findings: 1. Personnel record review for staff A, a caregiver hired , did not contain any documentation to confirm she had received the following trainings: - At least a 2-hour pre-service orientation prior to interacting with residents that covered resident rights and the facility's license type and services offered by the facility. That included the signature of the staff and the administrator. 1 hour-in-service on reporting adverse incidents and the facility's emergency procedures including chain-of-command and staff roles relating to	A 081		

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A 081	Continued From page 39 emergency evacuation. - There was only a half an hour training for activities of daily living (ADLs). There was no documentation that she had received 3 hours of in-service training that covered Resident behavior and needs and providing assistance with the activities of daily living. - An in-service training regarding the facility's resident elopement response policies and procedures. - A minimum of 1 hour in-service training on the facility's policies and procedures on control, including universal precautions and facility sanitation procedures, before providing personal care to residents. 2. Personnel record review for staff B, a caregiver hired , did not contain any documentation to confirm she had received the following trainings: - At least a 2-hour pre-service orientation prior to interacting with residents that covered resident rights and the facility's license type and services offered by the facility. That included the signature of the staff and the administrator. 1 hour-in-service on reporting adverse incidents and the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation. - A minimum of 1 hour in-service training on the facility's policies and procedures on control, including universal precautions and facility sanitation procedures, before providing personal care to residents. - Three hours of in-service training that covered Resident behavior and needs and providing assistance with the activities of daily living. - An in-service training regarding the facility's resident elopement response policies and procedures	A 081		

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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 081	Continued From page 40 - A 1-hour in-service training regarding resident's rights in an assisted living facility and the facility's policies and procedures on recognizing and reporting resident , neglect, and - A minimum of 1-hour-in-service training on safe food handling practices. On at 3 PM, the business office manager confirmed the findings. 3. Personnel record for staff C revealed a hire date of as a direct care staff. The file did not contain any documentation to confirm staff C completed staff orientation training for resident rights, facility license type and services offered by the facility. On at 11 AM, the personnel manager confirmed the findings. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.	A 082		

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
	AL11965603	A. BUILDING: _____ B. WING _____	06/07/2021

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A 082	Continued From page 41 This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure 1 of 4 sampled staff completed a one-time education course on , ( ) and Acquired -Deficiency , ( ), including the topics prescribed in the Section 381.0035 F.S., within 30 days of employment (D). Findings: The personnel record for staff D, the administrator hired , did not contain evidence of / training. On at 2:15PM, the administrator confirmed the finding. Class III	A 082		