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
	AL11969310	A. BUILDING: _____ B. WING _____	07/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERMARK AT VISTAWILLA, THE	1519 EAST SR 434 WINTER SPRINGS, FL 32708

(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 Complaint Investigation #2021004055 was completed on . . . . . The Watermark of Vistawilla had deficiencies found at the time of the visit.	A 000		
A 030 SS=J	59A-36.007(6) FAC; 429.28(.) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (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. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical	A 030		

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A 030	Continued From page 2	A 030		

by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . .

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from . . . . . and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the

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A 030	Continued From page 3 resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , , , , , , , , for health care services, the provision of or arrangement of transportation to health care , , , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and	A 030		

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A 030	Continued From page 4	A 030		

provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are

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A 030	Continued From page 5 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 record reviews and interviews, the facility failed to honor resident rights for medical care to a resident who did not have a ( ) and did not perform of a resident that was found unresponsive: 2) the facility did not appropriately access the resident for the need for a high level care 3) the facility did not contact the	A 030		

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A 030	Continued From page 6 family and the physician to inform them of the changes in the resident's medical condition for 1 of 3 residents (#1). Findings: On [redacted], record review of then electronic report filed by the administrator to the Agency for Health Care Administration, documented the events leading to the [redacted] of Resident #1: -On [redacted] at 11:15 AM, Resident #1 called for assistance by pushing her emergency call pendent. Medication technician (Med Tech) H, responded to the call. Resident #1 requested to see the community nurse (LPN) A because she was not feeling well. - At approximately 12:00 PM, LPN A responded to Resident #1 and assessed Resident #1 vitals including listening to Resident #1's [redacted]. - LPN A contacted the Primary Care Physician, who ordered a [redacted], "stat" (immediately). No time frame was provided. - At 1:30 PM, LPN A contacted Resident #1's family about Resident #1 and the "stat" [redacted] order. -It was documented Resident #1 refused emergency medical services ([redacted]) call or being transported to the hospital. No time frame was provided. - At 4:00 PM, LPN A was called to Resident #1's room and found the family with Resident #1 who was [redacted]. On [redacted], record review of progress notes for Resident #1, did not include documentation from LPN A concerning the [redacted] of Resident #1 on [redacted] and the actions LPN A had taken to assess the resident. The progress notes were written by the administrator and submitted into the file on [redacted]. They documented the	A 030		

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A 030	Continued From page 7 following information: - On at approximately 11:15 AM, Resident #1 made a call for assistance by use of her emergency pendent. The responding staff was Med Tech H. Resident #1 requested to see LPN A. LPN A staff Resident #1 wanted to see her because she felt sick. - After a 45-minute delay LPN A responded to Resident #1's room at approximately 12:00 PM. LPN A completed an assessment on Resident #1's vital signs and listened to her . -It was documented LPN A contacted the Primary Care Physician. It was noted that the Physician Assistant (PA) ordered a ," "stat." - It was documented LPN A returned to Resident #1 and completed an additional set of vitals. - It was documented Resident #1 refused or hospital transport. - It was documented LPN A called Resident #1's family to advise them of the situation. - At approximately 4:00 PM, LPN A was called to Resident #1's room to find Resident #1's family was present and the resident was . On at 9:35 AM, in an interview with the administrator, the administrator stated she was familiar with the details of Resident #1's on . The administrator stated Resident #1 had been in distress. The administrator stated the nurse at the time was LPN A. The administrator stressed the facility took corrective action by terminating LPN A and interviewing other staff. The administrator stated LPN A had called the Primary Care Physician because the resident had an elevated , reading and difficulty breathing. The administrator stated Resident #1's family had been called. The administrator stated she was not aware if Resident #1 had a power of attorney (POA), a health care surrogate or a .	A 030		

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A 030	Continued From page 8 On , record review of the internal facility investigation into the of Resident #1, conducted by the administrator and risk manager, the following was found: - Staff G stated she heard someone yelling from the apartment of Resident #1, "They let her die alone." Staff G stated she attempted to calm the guest and then went downstairs to have the front desk call LPN A. - Staff H stated she responded to Resident #1's call for help and found Resident #1 sitting in her recliner. Staff H stated Resident #1's requested to see LPN A because she did not feel well. Staff H stated she spoke to LPN A and LPN A stated she would respond to Resident #1. Staff H stated Resident #1 made additional calls for help at 11:53 AM and 12:05 PM, but another staff member responded to those calls. Staff H stated Resident #1 initially stated she did not want or hospital care but later stated she did. - Staff I stated she was providing medications to residents with Staff H. Staff I stated she responded to Resident #1's room and noticed Resident #1 had a loose . Staff I stated she called LPN A on the radio and observed LPN checking Resident #1's vital signs and listening to her . Staff I stated around 2:30 PM, stated she got a call from Resident #1's room and found the resident looking very pale. Staff I stated she went to get LPN A. Staff I stated she is unaware if LPN A went to Resident #1's room. - LPN A, stated during her interview regarding the facility internal investigation, said she did not call 911 and did not perform . LPN A stated she was in about the . LPN A stated she had conducted vitals on Resident #1 and called the doctor when she heard Resident #1's sound, "Rhonchi. Like rales, she was coughing up	A 030		

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phlegm." LPN A stated she was aware Resident #1 did not have a .

On at 11:52 AM, in an interview with Staff J, stated are kept in the resident file in the nursing station.

On at 12:53 PM, in an AHCA interview with Staff L, Staff L stated she would have to go the nurse's station to find out if a resident had a because they are not marked in the residents' rooms.

On at 3:06 PM, in an interview with Staff G, Staff G stated she was working on the floor of Resident #1's room when she heard yelling coming from Resident #1's room. Staff G heard someone yell, "They left her alone to die." Staff G stated she responded to the yelling, attempted to calm the guest, and then went to have the front desk page LPN A.

On at 3:15 PM, in an interview with Staff H, Staff H stated she responded to the emergency calls from Resident #1. Staff H stated each time she saw Resident #1 she looked worse. Staff H stated she went to LPN A and explained how Resident #1 looked. Staff H stated LPN A explained she was very busy. Staff H stated she was aware Resident #1 did not have a in place.

On at 1:10 PM, in an AHCA interview with the Program Manager stated if staff need to know if a resident has a , they should call another staff member and ask. The Program Manager stated the 's are kept in the residents' files.

On at 2:50 PM, in an AHCA interview

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A 030	Continued From page 10	A 030		

with the Administrator and Program Manager, they were asked how would staff know if a resident has a . The administrator stated some of the original residents have them on the of their apartment doors but other than that, either staff would need to call another staff member to ask or go to the nurses' station and look in the residents' file.

On at 3:15 PM, in an interview with Staff H, Staff H stated she responded to emergency calls from Resident #1. Staff H stated each time she saw Resident #1 she looked worse. Staff H stated she went to LPN A and explained how Resident #1 looked. Staff H stated LPN A explained she was very busy. Staff H stated she was aware Resident #1 did not have a in place.

On at 4:15 PM, in an interview with the administrator, the administrator stated she prepared the electronic report submitted to AHCA. The administrator stated she wrote the summary of the of Resident #1 which is found in Resident #1's progress notes dated . The administrator acknowledged the information provided on the electronic report submitted to AHCA and the summary in the notes did not match the information provided by staff during internal facility interviews regarding the of Resident #1. The administrator confirmed no additional training has taken place since Resident #1's . It was shared that it is unclear from staff how they would determine if a resident had a in place.

On at 11:47 AM, in an interview with LPN A, LPN A stated it took her 45-minutes to respond to Resident #1 on . LPN A

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A 030	Continued From page 11 stated she did not complete vital signs only listening to the of Resident #1. LPN A denied taking vital signs as noted in Resident #1's progress notes. LPN A stated she had been overwhelmed with work on , she had been assigned to handle an intake in the memory care unit. LPN A confirmed Staff H had come to her and indicated Resident #1 did not look very good. LPN A stated she did not do or make a call to 911. LPN A stated she was aware that Resident #1 did not have a . On at 12:00 PM, in an interview with the family of resident #1, the family stated they were never called by the facility on regarding Resident #1's condition. The family stated they became aware of the situation when Resident #1 called them at 2:00 PM on sounding like she was underwater. The family stated they contacted LPN A and asked that Resident #1 not be left alone, and they come to the facility immediately. The family stated they arrived and found Resident #1 alone in her room and the resident was . On at 2:30 PM, in an interview with the Physician Assistant (PA), the PA stated the facility did make a call to him on . The PA stated he had seen Resident #1 the day before and she appeared fine. The PA stated based on the information provided by LPN A regarding the difficulty breathing, he ordered a to be completed, "Stat." The PA stated it was never shared with him Resident #1 was in distress or any other vital signs had been completed. Class I	A 030		

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A 078	Continued From page 12	A 078		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of 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	A 078		

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WATERMARK AT VISTAWILLA, THE	1519 EAST SR 434 WINTER SPRINGS, FL 32708

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 078	Continued From page 13 responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description 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 file review and interview, the facility failed to ensure staff had documentation of completing the required communicable . . . . . test and annual ( ) test for 1 of 3 staff sampled (D). Findings: Staff D's employee file reflected a hire date of . The file did not include documentation of staff D having completed the required communicable test and annual test.	A 078		

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A 078	Continued From page 14 On at 4:15 PM, the administrator could not provide the needed documentation. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 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	A 081		

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A 081	Continued From page 15 completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in 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	A 081		

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A 081	Continued From page 16 chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . . , neglect, and , . The facility must use its . . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	A 081		

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A 081	Continued From page 17 This Statute or Rule is not met as evidenced by: Based on employee file review and interview, the facility failed to ensure staff had documentation of completing the required elopement training for 2 of 3 sampled staff (B & C), and 1 of 3 sampled staff had completed the required resident rights training (C). Findings: 1. Staff B's employee file reflected a hire date of . Staff B's file did not include documentation of staff B completing the required elopement training. 2. Staff C's employee file reflected a date of hire of . Staff C's file did not include the required elopement and resident rights training. On at 4:15 PM, the administrator could not provide these missing documents. 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	A 082		

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A 082	Continued From page 18 maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on employee file review and interview, the facility failed to ensure 2 of 3 sampled staff had documentation of completing the required / training (B & C). Findings: 1. Staff B's employee file reflected a hire date of . Staff B's file did not include documentation of staff B having completed the required / training. 2. Staff C's employee file reflected a hire date of . Staff C's file did not include the required / training. On at 4:15 PM, the administrator could not provide these missing documents. Class III	A 082		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide	A 086		

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A 086	Continued From page 19 direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this 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,	A 086		

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A 086	Continued From page 20	A 086		

3. Activities for residents,
4. Stress management for the care giver; and,
5. Medical information.
(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with . . . 's . . . . . and Related ," dated . . . , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.
(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.
(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.
(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:
1. Have 1 year teaching experience as an educator of caregivers for persons with . . . . . or related . . . . . , or

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A 086	Continued From page 21 2. Three years of practical experience in a program providing care to persons with . . . . . or related . . . . . , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with . . . . . or related . . . . . (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 file review and interview, the facility failed to ensure 1 of 3 sampled staff had documentation of completing the required . . . . . Training (ADRD) level 1 within 90 days of date of hire (C). Findings: Staff C's employee file reflected a hire date of . . . . . Staff C's file did not include the required ADRD training level 1 within 90-days of date of hire. On . . . . . at 4:15 PM, the administrator could not provide these missing documents. Class III	A 086		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff	A 161		

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A 161	Continued From page 22 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c),	A 161		

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A 161	Continued From page 23 F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity [redacted] to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on employee file review and interview, the facility failed to ensure 2 of 3 sampled staff had documentation of completing the required job application, references, and job descriptions (B & C). Findings: On [redacted], review of the Florida Health Finder Web site reflected that the facility is licensed for 99 beds. 1. Staff B's employee file reflected a hire date of [redacted]. Staff B's file did not include documentation of Staff B having completed the required job application and references, and did not contain receipt of a copy of a job description given to staff B. 2. Staff C's employee file reflected a hire date of [redacted]. Staff C's file did not include the required job application and references, and did not contain receipt of a copy of a job description	A 161		

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A 161	Continued From page 24 given to staff C. On [redacted] at 4:15 PM, the administrator could not provide these missing documents. Class III	A 161		