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
	AL11969144	A. BUILDING: _____ B. WING _____	08/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM VIEW AT GULF COAST VILLAGE	1433 SANTA BARBARA BLVD CAPE CORAL, FL 33991

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

AHCA Form 3020-0001

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

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CZ816	Continued From page 1 professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service	CZ816		

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CZ816	Continued From page 2 s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to maintain the signed Background Screening Attestation in the employee's personnel file for 1 (Staff F) of 6 personnel files reviewed.	CZ816		

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CZ816	Continued From page 3 The findings included: Review of Staff F's employee file revealed a hire date of . . . . . as a Certified Nurse Aide. Staff F's employee file failed to contain a signed Attestation. Interview on . . . at 1:19 p.m., the Human Resources Director confirmed Staff F's file did not contain a signed and dated Attestation. Unclassified .	CZ816		

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A 000	Initial Comments An unannounced relicensure, limited nursing services, emergency power plan monitoring and complaint survey for complaint #2021009103 was conducted on ..... through ..... at Palm View at Gulf Coast Village, an assisted living facility in Cape Coral, Florida. Complaint #2021009103 was substantiated without deficiencies. The following is a description of the deficiencies found at the time of the visit. .	A 000		
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	A 078		

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A 078	Continued From page 1 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description 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,	A 078		

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A 078	Continued From page 2 pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure that within 30 days of employment, staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . . . . . and evidence of freedom from ( ) documented annually thereafter for 3 (Staff D, F and H) of 6 employee records reviewed. The findings included: On , a review of the Staff D's employee file revealed a hire date of as a Licensed Practical Nurse (LPN). Staff D's file contained documentation of a test performed on . . . . . Staff D's file contained no further documentation annually indicating freedom from signs and or symptoms of . On , a review of Staff F's employee file revealed a hire date of . . . . . as a Certified Nurse Aide (CNA). Staff F's file contained no documentation of a statement from a health care provider that indicated Staff A was free from signs or symptoms of communicable . . . . . including or any annual test results. On , a review of Staff H's employee file revealed a hire date of . . . . . as a Certified Nurse Aide (CNA). Staff H's file contained documentation of a test performed on . . . . . Staff H's file contained no further documentation annually indicating freedom from signs and or symptoms of . Interview on at 1:19 p.m., the Human	A 078		

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A 078	Continued From page 3 Resources Director acknowledged the findings. Class III .	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in 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 completed core training as detailed in subsection	A 081		

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A 081	Continued From page 4 (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents 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	A 081		

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A 081	Continued From page 5 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 6 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete 2 hour pre-service orientation prior to interacting with residents, and 1 hour of in-service training for Nutritional and Safe Food Handling, Recognizing/Reporting /Neglect, Incident Reporting training and Elopement Response training, as required by Florida Administrative Code within 30 days of employment for 5 (Staff D, E, F, G and H) of 6 employee files reviewed. The findings included: On , record review of Certified Nurse's Aides Staff D, Staff E, Staff F, Staff G and Staff H employee files revealed the following: Review of Staff D's employee file revealed a hire date of . Staff D's file did not contain documentation of completing a minimum 1 hour in-service training in Elopement Response training, and Nutritional and Safe Food Handling within 30 days of employment. Further review revealed documentation of completing 45 minutes of Recognizing and Reporting /Neglect training on and Incident Reporting training on , which did not meet the requirements as per regulations for 1 hour training each. Review of Staff E's employee file revealed a hire date of . Staff E's file did not contain documentation of completing a minimum 1 hour in-service training in Incident Reporting training, Elopement Response training, and Nutritional and Safe Food Handling within 30 days of employment. Further review revealed documentation of completing 30 minutes of	A 081		

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A 081	Continued From page 7 Recognizing and Reporting . . . /Neglect training on which did not meet the requirements as per regulations for 1 hour training. Review of Staff F's employee file revealed a hire date of . . . . . Staff F's file did not contain documentation of completing a minimum 2 hour pre-service orientation prior to interacting with residents, a minimum 1 hour in-service in Elopement Response training, Incident Reporting training, and Nutritional and Safe Food Handling within 30 days of employment. Further review revealed documentation of completing 45 minutes of Recognizing and Reporting /Neglect training on which did not meet the requirements as per regulations for 1 hour training. Review of Staff G's employee file revealed a hire date of . . . . . Staff G's file did not contain documentation of completing a minimum 1 hour in-service training in Elopement Response within 30 days of employment. Further review revealed documentation of completing 30 minutes of Recognizing and Reporting /Neglect training on . . . . . and 45 minutes of Incident Reporting training on which did not meet the requirements as per regulations for 1 hour training each. Review of Staff H's employee file revealed a hire date of . . . . . Staff H's file did not contain documentation of completing a minimum 2 hour pre-service orientation prior to interacting with residents, a minimum 1 hour in-service in Elopement Response training, Incident Reporting training, Recognizing/Reporting /Neglect training and Nutritional and Safe Food handling within 30 days of employment.	A 081		

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A 081	Continued From page 8 Interview on at 1:19 p.m., the Human Resources Director reviewed the employee files and acknowledged 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. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure facility employees complete a one-time education course on and (/) within 30 days of employment for 1 (Staff E) of 6 employee files reviewed for / training. The findings included: On , record review of Staff E's employee file revealed a hire date of as a Certified Nurse Aide (CNA). Staff E's file contained no evidence of training being completed within 30	A 082		

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A 082	Continued From page 9 days of employment for / . Interview on at 1:19 p.m., the Human Resources Director acknowledged Staff E's file contained no documentation of the training being completed. 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 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	A 086		

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A 086	Continued From page 10 . . . . . ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related . . . . . Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related . . . . . Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. . and Related . Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 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	A 086		

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A 086	Continued From page 11	A 086		

section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.
(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.
(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:
1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or
2. Three years of practical experience in a program providing care to persons with 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

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A 086	Continued From page 12 basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to ensure staff completed 4 hours of Level I training within 3 months of hire and 4 hours Level II 's and Related training within 9 months of hire as required by the Florida Administrative Code for 2 (Staff D, and E) out of 6 staff reviewed. The findings included: Record review found Staff D was hired on as a Licensed Practical Nurse (LPN). LPN Staff D worked on the memory care unit. Initial record review found documentation of Level I training completed on within 3 months as is required. Further review found no documentation of Level II 's training completed within 9 months of hire as required. Record review found Staff E was hired on as a Certified Nurse Aide (CNA). CNA Staff E worked on the memory care unit. Initial record review found no documentation of Level I training completed within 3 months of hire as is required. Interview on at 1:19 p.m., the Human Resources Director reviewed the employee files and acknowledged the findings of the missing required trainings. Class III .	A 086		

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A 090	Continued From page 13	A 090		
A 090 SS=D	59A-36.011(11) FAC Training -	A 090		

(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 record review, and interview, the facility failed to ensure facility employees complete at least one hour of in-service training in the facility's policies and procedures regarding ( ) within 30 days after employment and maintain documentation of completion for 5 (Staff D, E, F, G and H) of 6 employee files reviewed.

The findings included:

On , record review of Staff D's employee file revealed a hire date of as a Licensed Practical Nurse. Staff D's file contained no documentation of having completed an in-service on within 30 days of hire.

On , record review of Staff E's employee file revealed a hire date of as a Certified

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A 090	Continued From page 14 Nurse Aide. Staff E's file contained no documentation of having completed an in-service on [redacted] within 30 days of hire. On [redacted], record review of Staff F's employee file revealed a hire date of [redacted] as a Certified Nurse Aide. Staff F's file contained no documentation of having completed an in-service on [redacted] within 30 days of hire. On [redacted], record review of Staff G's employee file revealed a hire date of [redacted] as a Certified Nurse Aide. Staff G's file contained no documentation of having completed an in- service on [redacted] within 30 days of hire. On [redacted], record review of Staff H's employee file revealed a hire date of [redacted] as a Certified Nurse Aide. Staff H's file contained no documentation of having completed an in- service on [redacted] within 30 days of hire. Interview on [redacted] at 1:19 p.m., the Human Resources Director reviewed the employee files and acknowledged the findings of the missing in-service trainings required for [redacted]. Class III .	A 090		

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A 000	Initial Comments An unannounced relicensure, limited nursing services, emergency power plan monitoring and complaint survey for complaint #2021009103 was conducted on ..... through ..... at Palm View at Gulf Coast Village, an assisted living facility in Cape Coral, Florida. Complaint #2021009103 was substantiated without deficiencies. The following is a description of the deficiencies found at the time of the visit. .	A 000		
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	A 078		

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A 078	Continued From page 1 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description 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,	A 078		

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A 078	Continued From page 2 pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure that within 30 days of employment, staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . . . . . and evidence of freedom from ( ) documented annually thereafter for 3 (Staff D, F and H) of 6 employee records reviewed. The findings included: On , a review of the Staff D's employee file revealed a hire date of as a Licensed Practical Nurse (LPN). Staff D's file contained documentation of a test performed on . . . . . Staff D's file contained no further documentation annually indicating freedom from signs and or symptoms of . On , a review of Staff F's employee file revealed a hire date of . . . . . as a Certified Nurse Aide (CNA). Staff F's file contained no documentation of a statement from a health care provider that indicated Staff A was free from signs or symptoms of communicable . . . . . including or any annual test results. On , a review of Staff H's employee file revealed a hire date of . . . . . as a Certified Nurse Aide (CNA). Staff H's file contained documentation of a test performed on . . . . . Staff H's file contained no further documentation annually indicating freedom from signs and or symptoms of . Interview on at 1:19 p.m., the Human	A 078		

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A 078	Continued From page 3 Resources Director acknowledged the findings. Class III .	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in 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 completed core training as detailed in subsection	A 081		

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A 081	Continued From page 4 (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents 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	A 081		

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A 081	Continued From page 5 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 6 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete 2 hour pre-service orientation prior to interacting with residents, and 1 hour of in-service training for Nutritional and Safe Food Handling, Recognizing/Reporting /Neglect, Incident Reporting training and Elopement Response training, as required by Florida Administrative Code within 30 days of employment for 5 (Staff D, E, F, G and H) of 6 employee files reviewed. The findings included: On , record review of Certified Nurse's Aides Staff D, Staff E, Staff F, Staff G and Staff H employee files revealed the following: Review of Staff D's employee file revealed a hire date of . Staff D's file did not contain documentation of completing a minimum 1 hour in-service training in Elopement Response training, and Nutritional and Safe Food Handling within 30 days of employment. Further review revealed documentation of completing 45 minutes of Recognizing and Reporting /Neglect training on and Incident Reporting training on , which did not meet the requirements as per regulations for 1 hour training each. Review of Staff E's employee file revealed a hire date of . Staff E's file did not contain documentation of completing a minimum 1 hour in-service training in Incident Reporting training, Elopement Response training, and Nutritional and Safe Food Handling within 30 days of employment. Further review revealed documentation of completing 30 minutes of	A 081		

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A 081	Continued From page 7 Recognizing and Reporting . . . /Neglect training on which did not meet the requirements as per regulations for 1 hour training. Review of Staff F's employee file revealed a hire date of . . . . . Staff F's file did not contain documentation of completing a minimum 2 hour pre-service orientation prior to interacting with residents, a minimum 1 hour in-service in Elopement Response training, Incident Reporting training, and Nutritional and Safe Food Handling within 30 days of employment. Further review revealed documentation of completing 45 minutes of Recognizing and Reporting /Neglect training on which did not meet the requirements as per regulations for 1 hour training. Review of Staff G's employee file revealed a hire date of . . . . . Staff G's file did not contain documentation of completing a minimum 1 hour in-service training in Elopement Response within 30 days of employment. Further review revealed documentation of completing 30 minutes of Recognizing and Reporting /Neglect training on . . . . . and 45 minutes of Incident Reporting training on which did not meet the requirements as per regulations for 1 hour training each. Review of Staff H's employee file revealed a hire date of . . . . . Staff H's file did not contain documentation of completing a minimum 2 hour pre-service orientation prior to interacting with residents, a minimum 1 hour in-service in Elopement Response training, Incident Reporting training, Recognizing/Reporting /Neglect training and Nutritional and Safe Food handling within 30 days of employment.	A 081		

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A 081	Continued From page 8 Interview on at 1:19 p.m., the Human Resources Director reviewed the employee files and acknowledged 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. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure facility employees complete a one-time education course on and (/) within 30 days of employment for 1 (Staff E) of 6 employee files reviewed for / training. The findings included: On , record review of Staff E's employee file revealed a hire date of as a Certified Nurse Aide (CNA). Staff E's file contained no evidence of training being completed within 30	A 082		

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	AL11969144	A. BUILDING: _____ B. WING _____	08/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM VIEW AT GULF COAST VILLAGE	1433 SANTA BARBARA BLVD CAPE CORAL, FL 33991

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A 082	Continued From page 9 days of employment for / . Interview on at 1:19 p.m., the Human Resources Director acknowledged Staff E's file contained no documentation of the training being completed. 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 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	A 086		

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A 086	Continued From page 10 . . . . . ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related . . . . . Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related . . . . . Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. . and Related . Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 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	A 086		

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A 086	Continued From page 11 section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with 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	A 086		

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A 086	Continued From page 12 basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to ensure staff completed 4 hours of Level I training within 3 months of hire and 4 hours Level II 's and Related training within 9 months of hire as required by the Florida Administrative Code for 2 (Staff D, and E) out of 6 staff reviewed. The findings included: Record review found Staff D was hired on as a Licensed Practical Nurse (LPN). LPN Staff D worked on the memory care unit. Initial record review found documentation of Level I training completed on within 3 months as is required. Further review found no documentation of Level II 's training completed within 9 months of hire as required. Record review found Staff E was hired on as a Certified Nurse Aide (CNA). CNA Staff E worked on the memory care unit. Initial record review found no documentation of Level I training completed within 3 months of hire as is required. Interview on at 1:19 p.m., the Human Resources Director reviewed the employee files and acknowledged the findings of the missing required trainings. Class III .	A 086		

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A 090	Continued From page 13	A 090		
A 090 SS=D	59A-36.011(11) FAC Training -	A 090		

(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 record review, and interview, the facility failed to ensure facility employees complete at least one hour of in-service training in the facility's policies and procedures regarding ( ) within 30 days after employment and maintain documentation of completion for 5 (Staff D, E, F, G and H) of 6 employee files reviewed.

The findings included:

On , record review of Staff D's employee file revealed a hire date of as a Licensed Practical Nurse. Staff D's file contained no documentation of having completed an in-service on within 30 days of hire.

On , record review of Staff E's employee file revealed a hire date of as a Certified

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A 090	Continued From page 14 Nurse Aide. Staff E's file contained no documentation of having completed an in-service on [redacted] within 30 days of hire. On [redacted], record review of Staff F's employee file revealed a hire date of [redacted] as a Certified Nurse Aide. Staff F's file contained no documentation of having completed an in-service on [redacted] within 30 days of hire. On [redacted], record review of Staff G's employee file revealed a hire date of [redacted] as a Certified Nurse Aide. Staff G's file contained no documentation of having completed an in- service on [redacted] within 30 days of hire. On [redacted], record review of Staff H's employee file revealed a hire date of [redacted] as a Certified Nurse Aide. Staff H's file contained no documentation of having completed an in- service on [redacted] within 30 days of hire. Interview on [redacted] at 1:19 p.m., the Human Resources Director reviewed the employee files and acknowledged the findings of the missing in-service trainings required for [redacted]. Class III .	A 090		

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

AHCA Form 3020-0001

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

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CZ816	Continued From page 1 professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service	CZ816		

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CZ816	Continued From page 2 s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to maintain the signed Background Screening Attestation in the employee's personnel file for 1 (Staff F) of 6 personnel files reviewed.	CZ816		

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CZ816	Continued From page 3 The findings included: Review of Staff F's employee file revealed a hire date of [redacted] as a Certified Nurse Aide. Staff F's employee file failed to contain a signed Attestation. Interview on [redacted] at 1:19 p.m., the Human Resources Director confirmed Staff F's file did not contain a signed and dated Attestation. Unclassified .	CZ816		