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
	AL11965596	A. BUILDING: _____ B. WING _____	11/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAINES MANOR ALF	301 SOUTH 10TH STREET HAINES CITY, FL 33844

(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 A complaint investigation (complaint numbers: 20210011588 and 2021014619) was conducted at Haines Manor Assisted Living Facility on [redacted]. Deficiencies were identified at the time of survey.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice,	A 010		

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A 010	Continued From page 1 and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and,	A 010		

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A 010	Continued From page 3 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are	A 010		

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A 010	Continued From page 4 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to determine the continued appropriateness of residency and failed to meet continued residency criteria for one Resident (#3) of one sampled resident admitted to hospice services. Findings Included: A record review for Resident #3, conducted on , revealed that Resident #3's most recent health assessment form dated did not state on page one that she required nursing services of hospice or that she was a risk. Resident #3 was admitted to hospice services on and there was not a new health assessment obtained for Resident #3. There were no orders from Resident #3's primary care provided that she may be admitted to hospice services. There was no interdisciplinary care plan in place describing the care and services that hospice would provide and those that the facility would provide. Further record review conducted on revealed Resident #3 incurred on at 10:40pm, at 05:50am, (no time noted), and at 08:30pm. There was no evidence in Resident #3's record that described the care and services that the resident required for frequent . There was no evidence found that appropriate interventions were implemented with each occurrence. The incident reports were not complete and did not state the "steps taken to prevent recurrence" for the that occurred on , , and . The incident report stated that the facility would keep	A 010		

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A 010	Continued From page 5 a closer [illegible] on the resident and implement 30-minute checks on the resident. There was no evidence provided that every 30-minute checks were completed. The incident reports did not have any signature of the management team that reviewed the reports. There was no [illegible] risk assessment or individualized plan or service to be provided and frequency with each [illegible]. There was no [illegible] prevention follow up or recommendations made and implemented with each [illegible], Resident #3 was admitted on [illegible]. A review of the facility's [illegible] policy and procedures, conducted on [illegible], the policy and procedures stated that a [illegible] risk assessment and individualized plan and a prevention follow up with recommendations made and implemented were to be completed with each [illegible] occurrence. The documents were to be signed by the [illegible]'s incident reviewer. During an interview with the Administrator, conducted on [illegible] at 03:00pm, the Administrator stated that the management team reviewed the incident reports to ensure that it was documented in the residents' records. The Administrator stated that there was no committee to review [illegible] occurrences and that the care staff filled in the "steps taken to prevent recurrence" and not the management. The Administrator stated that residents that have [illegible] were placed on every 30-minute checks for the remainder of the shift that the resident [illegible] on. The Administrator was unable to provide evidence that Resident #3 had a [illegible] risk assessment and individualized plan and a [illegible] prevention follow up with recommendations that were made and implemented for each [illegible] occurrence for her. The Administrator was unable to provide evidence that Resident #3 was placed on every 30-minute	A 010		

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A 010	Continued From page 6 checks. The Administrator was unable to provide an order that Resident # , be admitted to hospice services and agreed that there was no updated health assessment obtained for her. The Administrator was unable to provide an interdisciplinary care plan that described the care and services that hospice provided or those that the facility provided to Resident #3. Class III	A 010		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.	A 081		

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A 081	Continued From page 7 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in . . . . 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	A 081		

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A 081	Continued From page 8 must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , ... The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an	A 081		

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A 081	Continued From page 9 understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that newly hired employees had a 2-hour pre-services orientation and control training prior to providing personal care to residents for 3 (Staff A, Staff B and Staff C) of 3 staff sampled. Furthermore, the facility failed to ensure that newly hired employees had obtained all of the required staff in-service trainings within thirty days of employment for three employees (Staff A, B, and C) of three sampled employees. Findings Included: An employee record review for Staff A, conducted on , revealed that Staff A's employee record did not contain evidence that the employee had obtained a two-hour pre-service orientation training prior to interacting with residents. The certificate in Staff A's employee record was dated and was not signed by the employee. There was no evidence in Staff A's employee record that the employee had a three-hours training regarding activities of daily living and behavioral needs within thirty days of employment. Staff A was hired on . An employee record review for Staff B, conducted on , revealed that Staff B's employee record did not contain evidence that the employee had obtained a two-hour pre-service orientation prior to interacting with residents. The certificate in Staff B's employee record was dated	A 081		

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A 081	Continued From page 10 and was not signed by the employee. Staff B was hired on . An employee record review for Staff C, conducted on , revealed that Staff C's employee record did not contain evidence that the employee had obtained a two-hour pre-service orientation or control training prior to interacting with residents. There was no evidence in Staff C's employee record that the employee had obtained three hours training regarding activities of daily living and behavioral needs or trainings regarding reporting adverse incidents or incident reporting, emergency procedures, resident rights, recognizing and reporting , neglect, and , , or elopement response within thirty days of employment. Staff C was hired on . During an interview with the Administrator, conducted on at 04:00pm, the Administrator agreed that Staff A and B had not signed the certificates that they had attended a two-hour pre-service orientation training. The Administrator agreed that Staff A and C did not have evidence that they had completed a 3-hours training regarding activities of daily living and behavioral needs. The Administrator agreed that Staff C did not have evidence that the employee had completed control training prior to interacting with residents and had not completed trainings regarding reporting adverse incidents or incident reporting, emergency procedures, resident rights, recognizing and reporting , neglect, and , , or elopement response within thirty days of employment. Class III	A 081		

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A 082	Continued From page 11	A 082		
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 that newly hired employees had the required one-time education course on . . . . . / . . . . . (/) for one employee (Staff C) of three sampled employees within thirty-days of employment. Findings Included: A record review for Staff C, conducted on . . . . . , revealed that there was no evidence in Staff C's employee record that the employee had completed the required one-time education on / training within thirty days of employment. Staff C was hired on . . . . . . During an interview with the Administrator, conducted on at 04:00pm, the Administrator agreed that Staff C's employee record did not contain evidence that the employee had completed the required / . . training within thirty days of employment.	A 082		

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A 082	Continued From page 12 Class III	A 082		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND [illegible] ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide staff on each shift with training in [illegible] ( ) and first aid as required. Findings Included: A record review for the Administrator and Staff A, B, and C, conducted on , revealed that	A 083		

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A 083	Continued From page 13 the Administrator's [redacted] and first aid training had expired on [redacted] and Staff A, B, and C did not have [redacted] or first aid training certificates in their employee records. During an interview with the Administrator, conducted on [redacted] at 04:00pm, the Administrator agree that her [redacted] and first aid training had expired and that Staff A, B, and C did not have [redacted] and first aid training. There were no other [redacted] and first aid training certificates provided. Class III	A 083		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) [redacted] AND RELATED [redacted] ("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 [redacted] and [redacted] 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 "[redacted] and Related [redacted] Level I Training,"	A 086		

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	AL11965596	A. BUILDING: _____ B. WING _____	11/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAINES MANOR ALF	301 SOUTH 10TH STREET HAINES CITY, FL 33844

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A 086	Continued From page 14 must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 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	A 086		

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A 086	Continued From page 15 reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with . . . . . or related . . . . . , or 2. Three years of practical experience in a program providing care to persons with . . . . . 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	A 086		

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A 086	Continued From page 16 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 record review and interview, the facility failed to provide the four-hours of required training regarding 's and related level one training (ADRD), within three months of employment, for one employee (Staff C) of three sampled employees that interacted daily with residents with and . Findings Included: A record review for Staff C, conducted on , revealed that there was no evidence in Staff C's employee record that the employee had completed a four-hours of training for ADRD Level-1 within three months of employment. Staff C was hired on . During an interview with the Administrator, conducted on at 04:00pm, the Administrator agreed that Staff C's employee record did not contain evidence that she had completed four-hours of training for ADRD Level-1 within three months of employment. Class III	A 086		
A 090 SS=D	59A-36.011(11) FAC Training -	A 090		

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A 090	Continued From page 17 (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 provide the one-hour required training regarding the Facility's policy and procedures for . . . . . (. .) within 30-days of hire for one employee (Staff C) of three sampled employees. Findings Included: A record review for Staff C, conducted on . . . . . , revealed that there was no evidence in Staff C's employee record that the employee had completed one-hour of the required training for the facility's policy and procedures for . . within 30-days of employment. Staff C was hired on . . . . . . During an interview with the Administrator, conducted on . . at 04:00pm, the Administrator agreed that Staff C's employee record did not have evidence that she had completed a one-hour training for the facility's policy and procedures for . . within 30-days	A 090		

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A 090	Continued From page 18 of employment. Class III	A 090		
AL243 SS=D	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's	AL243		

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AL243	Continued From page 19 receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the . . . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer	AL243		

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AL243	Continued From page 20 for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files. This Statute or Rule is not met as evidenced by: Based upon record review and interview, the facility failed to ensure that employees had received the required 6-hours of limited mental health (LMH) training within six months of employment for two employees (Staff B and C) of three sampled employees. Findings Included: A record review for Staff B, conducted on , revealed that Staff B's employee record did not contain evidence that the employee had completed the required 6-hours of LMH training within six months of employment. Staff B was hired . A record review for Staff C, conducted on , revealed that Staff C's employee record did not contain evidence that the employee had completed the required 6-hours of LMH training within six months of employment. Staff C was hired on . During an interview with the Administrator, conducted on at 04:00pm, the Administrator agreed that Staff B and C's employee records did not contain evidence that they had obtain 6-hours of LMH training within six months of employment. Class III	AL243		