

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968965	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/22/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BEST CARE SENIOR LIVING AT HERITAGE MANOR

**1908 E 131ST AVE
TAMPA, FL 33612**

(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 2021015939) was conducted at Best Care Senior Living at Heritage Manor Assisted Living Facility on The facility had deficiencies at the time of the survey.	A 000		
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	AL243		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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AL243	Continued From page 1 the Department of Children and Families and must be taken within 6 months of the facility's 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	AL243		

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NAME OF PROVIDER OR SUPPLIER BEST CARE SENIOR LIVING AT HERITAGE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1908 E 131ST AVE TAMPA, FL 33612		
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AL243	Continued From page 2 change employers provided they present a copy of their training certificate to the current employer 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 on record review and interviews, the facility failed to ensure that 3 of 3 Resident Direct Care staff reviewed (Staff A, Staff B, and Staff C) have completed 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of hire. Findings Included: Employee Record reviews conducted on -2 revealed the following: *Staff A was hired on to provide direct care to residents. Staff A's file did not contain evidence of 6 hours of specialized training in working with individuals with mental health diagnoses. *Staff B was hired on to provide direct care to residents. Staff B's file did not contain evidence of 6 hours of specialized training in working with individuals with mental health diagnoses. *Staff C was hired on to provide direct care to residents. Staff C's file did not contain evidence of 6 hours of specialized training in working with individuals with mental health diagnoses.	AL243			

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AL243	Continued From page 3 In an interview with the Assistant Administrator conducted on _____ at 1:49 PM she stated that the free class offered by another state agency was not offered at this time. The staff would have to self-pay for an on-line class and the staff have not been taking the class. In an interview with the Administrator conducted on _____ at 2:28 PM via telephone, she stated that she is asking the office if they will pay for the on-line training. She confirmed that the staff do not have the specialized training that is required. Class III	AL243		