

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932515	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OAKVIEW TERRACE

**7220 BAILLIE DRIVE
NEW PORT RICHEY, FL 34653**

(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	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

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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.sht ml. 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 ensure that an Attestation of Compliance was signed every five years with background screenings for two employees (Staff I and J) of two sampled employees.	CZ816			

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CZ816	Continued From page 3 Findings Included: A record review for Staff I, conducted on _____, revealed that Staff I signed an Attestation of Compliance on _____. There was no other signed Attestation of Compliance signed by the employee in her record. Staff I was hired on _____. A record review for Staff J, conducted on _____, revealed that Staff J did not have a signed Attestation of Compliance accompanying his eligible background screening in his employee record. Staff J was hired on _____. During an interview with the Director of Nursing (DON), conducted on _____ at 04:30pm, the DON agreed that Staff I's Attestation of Compliance was signed greater than five years ago. The DON agreed that Staff J's employee record did not have a signed Attestation of Compliance from the employee. Unclassified	CZ816		

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{A 000}	Initial Comments A revisit to complaint investigation (complaint numbers: 2021015724 and 2021015358) and a second revisit to complaint investigation (complaint number: 2021011492) were conducted at Oakview Terrace on Deficiencies were identified at the time of survey	{A 000}		
{A 052} SS=D	429.256(); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her (d) Applying medications. (e) Returning the medication container to proper	{A 052}		

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{A 052}	Continued From page 1 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____. (h) Using a _____ to perform _____ level checks. (i) Assisting with putting on and taking off _____ stockings. (j) Assisting with applying and removing an _____ but not with titrating the prescribed _____ settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with _____ bags. (4) Assistance with self-administration does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with _____, or _____ preparations.	{A 052}			

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{A 052}	Continued From page 2 (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self-administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.	{A 052}			

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{A 052}	Continued From page 3 (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility. 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record. 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean	{A 052}			

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{A 052}	Continued From page 4 interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure proper assistance with self-administration of medications according to the required steps in 429.256 Florida Statutes for three Residents (#4, #7, and #8) of three sampled residents that required assistance with self-administration of medication. Findings Included: During a medication pass observation for memory care Residents #4, #7, and #8 with Staff A, conducted on _____ between 04:08pm and 04:14pm, revealed the following: -At 04:08pm, Staff A popped pills from Resident #4's medication packs at the medication cart for _____ 135milligrams (mg) and _____ 5mg. Staff A did not compare the medication labels to the medication observation records (MORs). Resident #4 was not present at the medication cart. Staff A carried the pills in a plastic medication cup to Resident #4 sitting in the dining room and stated the medication names by memory and there were no medication labels present. Staff A left Resident #4's MORs open while away from the medication cart. -At 04:11pm, Staff A popped pill from Resident	{A 052}			

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{A 052}	Continued From page 5 #8's medication pack at the medication cart for 10mg. Staff A did not compare the medication label to the MORs. Resident #8 was not present at the medication cart. Staff A carried the pill in a plastic medication cup to Resident #8 sitting in the dining room and stated the medication name by memory and there were no medication label present. Staff A left Resident #8's MORs open while away from the medication cart. -At 04:14pm, Staff A popped pill from Resident #7's medication pack at the medication cart for 400mg. Staff A did not compare the medication label to the MORs. Resident #7 was not present at the medication cart. Staff A carried the pill in a plastic medication cup to Resident #7 sitting in the dining room and stated the medication name by memory and there were no medication label present. Staff A left Resident #7's MORs open while away from the medication cart. During an interview with the Director of Nursing (DON), conducted on at 04:30pm, the DON agreed that unlicensed Medication Technicians were to follow their training when assisting residents with their medications. The DON agreed that the unlicensed Medication Technicians were supposed to compare medication labels to residents' MORs and that the resident must be present when popping the pills from the medication packs. The DON agreed that leaving residents' MORs open could lead to violations of Health Insurance Portability and Accountability Act (HIPPA). Class III	{A 052}			

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{A 081} {A 081} SS=D	Continued From page 6 429.52(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 (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	{A 081} {A 081}			

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{A 081}	Continued From page 7 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 blood borne pathogens, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the	{A 081}			

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{A 081}	Continued From page 8 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to provide direct care staff with the required in-service trainings for a two-hours pre-service orientation and control training prior to	{A 081}			

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{A 081}	Continued From page 9 providing care and interacting with residents. Furthermore, the facility failed to provide direct care staff with training regarding incident reporting, resident rights, recognizing and reporting _____, neglect, and _____ within thirty-days of hire for seven employees (Staff B, E, F, G, H, I, and J) of seven sampled employees. Findings Included: An employee record review for Staff B, conducted on _____, revealed that Staff B's employee record did not contain evidence that the employee had completed trainings regarding a two-hours pre-service orientation and _____ control prior to interacting with residents. There was no evidence in Staff B's employee record that the employee completed trainings regarding incident reporting and resident rights and recognizing and reporting _____, neglect, and _____ within thirty days of employment. Staff B was hired on _____. An employee record review for Staff G, conducted on _____, revealed that Staff G's employee record had a certificate for a two-hours pre-service orientation dated _____ that was not signed by the employee as required. There was no evidence in Staff G's employee record that the employee completed trainings regarding incident reporting and resident rights and recognizing and reporting _____, neglect, and _____ within thirty days of employment. Staff G was hired on _____. An employee record review for Staff E, F, H, I, and J, conducted on _____, revealed that Staff E, F, H, I, and J's employee records did not contain evidence that the employees had	{A 081}			

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{A 081}	Continued From page 10 completed training regarding a two-hours pre-service orientation prior to interacting with residents. There was no evidence in Staff E, F, H, I, or J's employee records that the employees completed trainings regarding incident reporting and resident rights and recognizing and reporting _____, neglect, and _____ within thirty days of their employment. Staff E was hired on _____. Staff F was hired on _____. Staff H was hired on _____. Staff I and J were hired on _____. During an interview with the Director of Nursing (DON), conducted on _____ at 04:30pm, the DON agreed that Staff B, E, F, H, I, and J's employee records did not have evidence that they had completed a two-hour pre-service orientation and that Staff G had not completed training in _____ control prior to interacting with residents. The DON agreed that Staff B, E, F, G, H, I, and J employee records did not have evidence that the employees completed trainings in incident reporting and resident rights and recognizing and reporting _____, neglect, and _____ within thirty days of their employment. The DON agreed that Staff G had not signed the training certificate for two-hours pre-service orientation. Class III	{A 081}			
{A 084} SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in	{A 084}			

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{A 084}	Continued From page 11 rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with	{A 084}			

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{A 084}	Continued From page 12 prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing; k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate, temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of	{A 084}			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OAKVIEW TERRACE

**7220 BAILLIE DRIVE
NEW PORT RICHEY, FL 34653**

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{A 084}	Continued From page 13 continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed ensure that employees assisting residents with medications had the required six-hour training regarding assistance with self-administration of medications prior to assisting residents with their medications for four unlicensed Medication Technicians (Staff B, G, I, and J) of seven sampled employees that assisted residents with medications. Findings included:	{A 084}		

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{A 084}	Continued From page 14 A review of the Staff B, G, I, and J's employee records, conducted on _____, revealed that Staff B, G, I, and J were employed as unlicensed Medication Technician and assisted residents with their medications. Staff B, G, I, and J's employee records did not have evidence that they had completed a six-hours training regarding assistance with self-administration of medications. Staff B was hired on _____, Staff G was hired on _____, Staff I was hired on _____, Staff J was hired on _____. During an interview with the Director of Nursing (DON), conducted on _____ at 01:00pm, the DON stated that Staff I and J were unlicensed Medication Technician and assisted residents with their medications. At 01:30pm, the DON stated that Staff B and G were unlicensed Medication Technicians and assisted residents with their medication. At 04:30pm, the DON agreed that Staff B, G, I, and J's employee records did not have evidence that they had completed six-hours training regarding assistance with self-administration of medications. Class III	{A 084}			
{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 086}			

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{A 086}	Continued From page 15 (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 _____; 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	{A 086}			

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{A 086}	Continued From page 16 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 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:	{A 086}			

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{A 086}	Continued From page 17 - Have 1 year teaching experience as an educator of caregivers for persons with _____, or related _____, or - Three years of practical experience in a program providing care to persons with _____, or related _____, or - Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with _____, or related _____. (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have employees trained with four-hours training regarding _____'s _____ and related _____ (ADRD) level-I within three months of employment for seven employees (Staff B, E, F, G, H, I, and J) of seven sampled employees that interacted daily with residents with _____ and _____. Findings Included: A record review for Staff B, E, F, G, H, I, and J, conducted on _____, revealed that there was no evidence in Staff B, E, F, G, H, I, and J's employee records that the employees completed four-hour of required training for ADRD level-I within three months of employment. Staff B was hired on _____. Staff E was hired on _____.	{A 086}			

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{A 086}	Continued From page 18 Staff F was hired on Staff G was hired on Staff H was hired on Staff I was hired on Staff J was hired on During an interview with the Director of Nursing (DON), conducted on at 04:30pm, the DON agreed that Staff B, E, F, G, H, I, and J did not have evidence in their employee records that they had completed the required ADRD level-I training within three months of their employment. Class III	{A 086}			
{A 160} SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a; and, 2. Date of discharge, reason for discharge, and	{A 160}			

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{A 160}	Continued From page 19 identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food	{A 160}			

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{A 160}	Continued From page 20 services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log with all required admission and discharge data for five Residents (#12, #13, #14, #15, and #16) of five sampled current and former residents. Findings Included: A review of the admission and discharge log, conducted on _____, revealed that it was not up to date and was missing required admission	{A 160}			

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{A 160}	Continued From page 21 and discharge data for Residents #12, #13, #14, #15, and #16. -Resident #12 was admitted on _____ with no year noted of her admission or the hospital name that she was admitted from. -Former Resident #13 had no date or place of her admission and was discharged on _____ with no year noted. There was no place noted of where Resident #13 was discharged to. -Resident #14 was admitted on _____ with no year noted of her admission or the hospital name that she was admitted from. -Former Resident #15 was admitted on _____ with no year noted of his admission or the place he was admitted from. Resident #15 was discharged on _____ with no year noted. There was no place where Resident #15 was discharged to or the reason of his discharge. -Former Resident #16 was admitted on _____ with no year noted of her admission or the hospital that she was admitted from. There was no place where Resident #16 was discharged to or the reason of her discharge. A review of the current resident list, conducted on _____, revealed that Residents #13, #14, and #15 were not listed as current in-house residents. During an interview with the Director of Nursing (DON), conducted on _____ at 01:00pm, the DON agreed that the admission and discharge log was not up to date and was missing required admission and discharge data for Residents #12, #13, #14, #15, and #16. The DON stated that the admission and discharge log was a work in progress. Class III	{A 160}			

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