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
	AL11965230	A. BUILDING: _____ B. WING _____	03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN OF CYPRESS COVE AT HEALTH PARK	10300 CYPRESS COVE DRIVE FORT MYERS, FL 33908

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, extended congregate and emergency power plan monitoring survey was conducted on through at Inn of Cypress Cove at Health Park, an assisted living facility in Fort Myers, Florida. The following is description of the deficiencies.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal	A 025		

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A 025	Continued From page 1 supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to document and notify health care provider and responsible party of one (Resident #7) of two residents reviewed when there was a significant decline in her activities of daily living (ADLs). The findings included: A review of Resident #7's health assessment dated showed she required assistance	A 025		

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A 025	Continued From page 2 with all of the ADLs except eating. It showed she is independent with eating. On from 12:30 p.m. to 1:00 p.m., observation of Resident #7 showed she was sitting in a wheelchair. Her private duty brought her to her room. An assessment was conducted with some of her ADLs. Resident #7 was unable to manipulate her wheelchair. Her private duty had to move her wheelchair for her. Her private duty also had to change her adult brief. Resident #7 was able to transfer from her wheelchair to stand holding on a grab bar in the bathroom. Her private duty had to pull her pants down, change her adult brief, provide , , change her adult brief and pull her pants up. Resident #7 did not participate in any of these activities. Her private duty also handed her a brush. Resident #7 held the brush but could not brush her hair. Her private duty also tried to have Resident #7 put on a jacket and she could not participate in this activity also. Resident #7's private duty said she requires total care with many of her ADLs including eating. She has to feed Resident #7 by putting the food in her with a fork and putting the glass up to her , in order for her to drink. On at 1:00 p.m., in an interview Staff D -CNA said Resident #7 is total care to eat. Resident #7 will do some ADLs with assistance on occasion. Most of the time Staff D has to do everything for Resident #7. On at 4:45 p.m., observation of Resident #7 showed a staff member feeding her dinner. Both arms of Resident #7 were on her , with a napkin draped over them. There was no documentation in Resident #7's	A 025		

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A 025	Continued From page 3 record of an updated health assessment showing her decline in these ADLs and no documentation showing her physician and responsible party were notified of this significant change in her ADLs. Class III	A 025		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	A 078		

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A 078	Continued From page 4 . . . . . . (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, 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	A 078		

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A 078	Continued From page 5 . . . . . and evidence of a negative . . . . . examination documented annually thereafter for 4 (Administrator, Staff A, B, & C) of 4 employee records reviewed. The findings include: Administrator's employee file revealed a hire date of . . . . . Administrator's file contained documentation of a negative test completed on . . . . and a statement indicating Administrator was free of signs and symptoms of communicable . . . . . dated . . . . . Administrator's file contained no evidence of a written statement from a health care provider indicating the administrator was free from communicable . . . . . completed within 30 days of hire. Staff A's employee file revealed a hire date of . . . . as a Certified Nurse Assistant (CNA). Staff A's file contained documentation of a . . . . . skin testing questionnaire completed on . There was no evidence of a written statement signed by a health care provider indicating staff A was free of signs and symptoms of communicable . . . . . . Staff B's employee file revealed a hire date of as a Certified Nurse Assistant. Staff B's file contained documentation of a . . . . . skin testing questionnaire completed on . There was no evidence of a written statement signed by a health care provider indicating staff B was free of signs and symptoms of communicable . Staff C's filed revealed a hire date of as a Household Assistant. Staff C's file contained documentation of a negative test on	A 078		

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A 078	Continued From page 6 . . . . and . . . . . with written statement signed by the health care provider indicating staff C was free of signs and symptoms of a communicable . Staff C's file contained no further documentation staff C was free from signs and symptoms of communicable annually thereafter. On . . . . . at 3:58 p.m., the Administrator confirmed the findings. Class III	A 078		
A 081	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	A 081		

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A 081	Continued From page 7 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 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	A 081		

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A 081	Continued From page 8 , 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 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	A 081		

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A 081	Continued From page 9 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 staff interview, facility failed to ensure facility employees complete 1 hour of training for Safe food handling, Resident rights, Incident reporting, Adverse incidents, Elopement, and Neglect, and 3 hour training for Resident behavior and needs, and Providing assistance with the activities of daily living (ADL) within 30 days of hire for 2 (Staff B, & C) out of 4 staff records reviewed. The findings included: Record review for Staff B revealed a hire date of as a Certified Nurse Assistant. Further review revealed certificates for Safe Food Handling, Resident Rights, Incident Reporting, Adverse incidents, and Neglect, and Elopement. The certificates did not include, the employees name, the trainers name, credentials or license, and date the training was provided and completed. Record review for Staff C revealed a hire date of as a Household Assistant. There was no documented evidence of completion of 3-hour ADL, and Resident behavior and needs training. On at 3:58 p.m., the Administrator	A 081		

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A 081	Continued From page 10 confirmed the findings and acknowledged as there is no date of completion on the certificates there is no proof the training was completed. Class III	A 081		
A 082	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 2 (Staff B, & C) of 4 employee files reviewed for / training. The findings included: On record review of Staff B's employee file revealed a hire date of as a Certified Nurse Assistant. Staff B's file contained no evidence of training being completed within 30 days of employment for / .	A 082		

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A 082	Continued From page 11 On record review of Staff C's employee file revealed a hire date of as a Household Assistant. Staff C's file contained no evidence of training being completed within 30 days of employment for / . On at 3:58 p.m., the Administrator confirmed staff B and staff C's filed contained no documentation of the / training being completed. Class III	A 082		
A 086	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,"	A 086		

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A 086	Continued From page 12 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 13 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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	AL11965230	A. BUILDING: _____ B. WING _____	03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN OF CYPRESS COVE AT HEALTH PARK	10300 CYPRESS COVE DRIVE FORT MYERS, FL 33908

(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 086	Continued From page 14 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 staff interview facility failed to ensure 3 (Staff A, B, & C) out of 4 staff members reviewed completed 4 hour Level I training within 3 months and 4 hour Level II training within 9 months as required per regulations for facilities advertising special care to resident with 's . The findings included: Record review found Staff A was hired on as a Certified Nurse Assistant (CNA). Initial record review found no documentation of Level I training completed within 3 months of hire as is required. Record review found Staff B was hired on as a Certified Nurse Assistant. Initial record review found no documentation of Level I training completed within 3 months of hire as is required. Record review found Staff C was hired on as a Household Assistant. Initial record review found documented evidence of Level I training completed on . There was no documentation of Level II training completed within 9 months as is required. On at 3:58 p.m., the Administrator	A 086		

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A 086	Continued From page 15 confirmed the findings. Class III	A 086		
A 090	59A-36.011(11) FAC Training - (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 training in the facility's policies and procedures regarding . . . . . ( ) within 30 days after employment and maintain documentation of completion for 1 (Staff B) of 4 employee files reviewed. The Findings Include On a review of Staff B's employee file revealed a hire date of . . as a Certified Nurse Assistant (CNA). Staff B's file contained documentation of a certificate for . . . policies	A 090		

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A 090	Continued From page 16 and Procedures. The certificate did not contain the date of completion. On at 3:58 p.m., the Administrator confirmed the findings and acknowledged as there is no date of completion on the certificate there is no proof the training was completed. Class III	A 090		
A 091	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training,	A 091		

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A 091	Continued From page 17 which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to appropriately document required training for 2 (Staff B, C) of 4 staff record reviewed. The findings include: Record review for Staff B revealed a hire date of as a Certified Nurse Assistant. Further review revealed certificates for Extended Congregate Care (ECC) training, Safe Food Handling, Resident Rights, Incident Reporting, Adverse Incidents, and Neglect, and Elopement, and ( ) Policies and Procedures. The certificates did not include, the employees name, the trainers name, credentials or license, and date the training was provided and completed. Record review for Staff C revealed a hire date of as a Household Assistant. Further review revealed certificates of completion dated for Extended Congregate Care (ECC) training with a post test, 1- hour training for Emergency Procedures and Workplace safety with a post test, 1 hour Elopement and training with a post test. The certificates did not include, the agenda, the trainers name, credentials or license, and location where the training was provided. Staff C's file contained a certificate for Polices and Procedures and training. The certificate did not include, the agenda, the trainers name, credentials or license, and location where the training was provided. Staff C's file contained certificates for Adverse Incident Reporting, Residents Rights, and and	A 091		

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A 091	Continued From page 18 Neglect, the certificates did not include, the agenda, hours, the trainers name, credentials, or license, and location where the training was provided. On at 3:58 p.m., the Administrator confirmed the findings and acknowledged the training documentation did not include all required information. The administrator acknowledged as there is no date of completion on the certificates there is no proof the training was completed. Class III	A 091		
AE204	429.26(9); 429.07(3)b ; 59A-36.021(4) ECC - Admissions & Continued Residency 429.26(9) Facilities licensed to provide extended congregate care services shall promote aging in place by determining appropriateness of continued residency based on a comprehensive review of the resident's physical and functional status; the ability of the facility, family members, friends, or any other pertinent individuals or agencies to provide the care and services required; and documentation that a written service plan consistent with facility policy has been developed and implemented to ensure that the resident's needs and preferences are addressed. 429.07(3)b ... The primary purpose of extended congregate care services is to allow residents the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency as they become more . A	AE204		

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AE204	Continued From page 19 facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a facility with a standard license, if he or she is determined appropriate for admission to the extended congregate care facility. 59A-36.021 (4) ADMISSION AND CONTINUED RESIDENCY. (a) An individual must meet the following minimum criteria in order to receive extended congregate care services: 1. Be at least ; 2. Be free from signs and symptoms of a communicable that is likely to be transmitted to other residents or staff; however, an individual who has may be admitted to a facility, provided that he or she would otherwise be eligible for admission according to this rule; 3. Be able to transfer, with assistance if necessary. The assistance of more than one individual is permitted; 4. Not be a danger to self or others as determined by a health care practioner or mental health practitioner licensed under chapter 490 or 491, F.S.; 5. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 6. Not have any or 4 ; 7. Not require any of the following nursing services: a. airway management of any kind except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine, b.	AE204		

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AE204	Continued From page 20 c. Monitoring of gases, d. Management of post-surgical drainage tubes or vacuums, e. Skilled rehabilitative services as described in rule 59G-4.290, F.A.C., or f. Treatment of a surgical , unless the surgical and the condition that caused it have been stabilized and a plan of care developed. The plan of care must be maintained in the resident's record at the facility. 8. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; and, 9. Have been determined to be appropriate for admission to the facility by the facility administrator or manager. The administrator or manager must base his or her decision on: a. An assessment of the strengths, needs, and preferences of the individual, the health assessment required by subsection (6) of this rule, and the preliminary service plan developed in subsection (7), b. The facility's residency criteria, and services offered or arranged for by the facility to meet resident needs; and, c. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule chapter 69A-40, F.A.C. 10. Notwithstanding any other provisions of this rule, an individual enrolled and receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. may be admitted and receive extended congregate care services. (b) Criteria for continued residency in an extended congregate care services must be the same as the criteria for admission, except as specified below. 1. A resident may be bedridden for up to 14	AE204		

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AE204	Continued From page 21 consecutive days. 2. 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: a. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice that coordinates and ensures the provision of any additional care and services that may be needed, b. Continued residency is agreeable to the resident and the facility, c. An interdisciplinary care plan, which specifies the services being provided by hospice and those being provided by the facility, is developed and implemented by a licensed hospice in consultation with the facility; and, d. Documentation of the requirements of subparagraph (5)(b)2., is maintained in the resident's file. 3. The extended congregate care administrator or manager is responsible for monitoring the appropriateness of continued residency of a resident in extended congregate care services at all times. 4. A hospice resident that meets the qualifications of continued residency pursuant to this rule may only receive services from the assisted living facility's staff within the scope of the facility's license. 5. 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. Staff may not exceed the scope of their professional licensure or training in any licensed assisted living facility.	AE204		

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AE204	Continued From page 22 This Statute or Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to admit Resident #7 on the facility's extended congregate care (ECC) when she required total care with her activities of daily living (ADLs). The findings included: A review of Resident #7's health assessment dated ..... showed she required assistance with all of the ADLs except eating. It showed she is independent with eating. On ..... from 12:30 p.m. to 1:00 p.m., observation of Resident #7 showed she was sitting in a wheelchair. Her private duty brought her to her room. An assessment was conducted with some of her ADLs. Resident #7 was unable to manipulate her wheelchair. Her private duty had to move her wheelchair for her. Her private duty also had to change her adult brief. Resident #7 was able to transfer from her wheelchair to stand holding on a grab bar in the bathroom. Her private duty had to pull her pants down, change her adult brief, provide , ... , change her adult brief and pull her pants up. Resident #7 did not participate in any of these activities. Her private duty also handed her a brush. Resident #7 held the brush but could not brush her hair. Her private duty also tried to have Resident #7 put on a jacket and she could not participate in this activity also. Resident #7's private duty said she requires total care with many of her ADLs including eating. She has to feed Resident #7 by putting the food in her ..... with a fork and putting the glass up to her , . in order for her to drink.	AE204		

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AE204	Continued From page 23 On at 1:00 p.m., in an interview Staff D -CNA said Resident #7 is total care to eat. Resident #7 will do some ADLs with assistance on occasion. Most of the time Staff D has to do everything for Resident #7. On at 4:45 p.m., observation of Resident #7 showed a staff member feeding her dinner. Both arms of Resident #7 were on her , with a napkin draped over them. There was no documentation in Resident #7's record of an updated health assessment showing her decline in these ADLs. The resident required more care than assistance with ADLs and facility staff were providing total care for some ADLs without the resident being placed in the facility's ECC service. Class III	AE204		
AE210	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , , , , , shall not be required to take the	AE210		

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AE210	Continued From page 24 assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, [illegible], or social needs of frail elderly and persons, or persons with 's or related . (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure facility employees complete and maintain documentation of 2 hour training for Extended Congregate Care (ECC) within 6 months of hire as required per regulations. The finding include: On record review of Staff B's employee file revealed a hire date of as a Certified Nurse Assistant. Staff B's file contained documentation of a certificate for ECC training, with no date of completion. On at 3:58 p.m., the Administrator confirmed the findings and acknowledged as there is no date of completion on the certificate there is no proof the training was completed. Class III	AE210		

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A 000	Initial Comments An unannounced relicensure, extended congregate and emergency power plan monitoring survey was conducted on through at Inn of Cypress Cove at Health Park, an assisted living facility in Fort Myers, Florida. The following is description of the deficiencies.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal	A 025		

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A 025	Continued From page 1 supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to document and notify health care provider and responsible party of one (Resident #7) of two residents reviewed when there was a significant decline in her activities of daily living (ADLs). The findings included: A review of Resident #7's health assessment dated showed she required assistance	A 025		

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(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 025	Continued From page 2 with all of the ADLs except eating. It showed she is independent with eating. On from 12:30 p.m. to 1:00 p.m., observation of Resident #7 showed she was sitting in a wheelchair. Her private duty brought her to her room. An assessment was conducted with some of her ADLs. Resident #7 was unable to manipulate her wheelchair. Her private duty had to move her wheelchair for her. Her private duty also had to change her adult brief. Resident #7 was able to transfer from her wheelchair to stand holding on a grab bar in the bathroom. Her private duty had to pull her pants down, change her adult brief, provide , , change her adult brief and pull her pants up. Resident #7 did not participate in any of these activities. Her private duty also handed her a brush. Resident #7 held the brush but could not brush her hair. Her private duty also tried to have Resident #7 put on a jacket and she could not participate in this activity also. Resident #7's private duty said she requires total care with many of her ADLs including eating. She has to feed Resident #7 by putting the food in her with a fork and putting the glass up to her , in order for her to drink. On at 1:00 p.m., in an interview Staff D -CNA said Resident #7 is total care to eat. Resident #7 will do some ADLs with assistance on occasion. Most of the time Staff D has to do everything for Resident #7. On at 4:45 p.m., observation of Resident #7 showed a staff member feeding her dinner. Both arms of Resident #7 were on her , with a napkin draped over them. There was no documentation in Resident #7's	A 025		

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	AL11965230	A. BUILDING: _____ B. WING _____	03/17/2022

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A 025	Continued From page 3 record of an updated health assessment showing her decline in these ADLs and no documentation showing her physician and responsible party were notified of this significant change in her ADLs. Class III	A 025		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	A 078		

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A 078	Continued From page 4 . . . . . . (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, 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	A 078		

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A 078	Continued From page 5 . . . . . and evidence of a negative . . . . . examination documented annually thereafter for 4 (Administrator, Staff A, B, & C) of 4 employee records reviewed. The findings include: Administrator's employee file revealed a hire date of . . . . . Administrator's file contained documentation of a negative test completed on . . . . and a statement indicating Administrator was free of signs and symptoms of communicable . . . . . dated . . . . . Administrator's file contained no evidence of a written statement from a health care provider indicating the administrator was free from communicable . . . . . completed within 30 days of hire. Staff A's employee file revealed a hire date of . . . . as a Certified Nurse Assistant (CNA). Staff A's file contained documentation of a . . . . . skin testing questionnaire completed on . There was no evidence of a written statement signed by a health care provider indicating staff A was free of signs and symptoms of communicable . . . . . . Staff B's employee file revealed a hire date of as a Certified Nurse Assistant. Staff B's file contained documentation of a . . . . . skin testing questionnaire completed on . There was no evidence of a written statement signed by a health care provider indicating staff B was free of signs and symptoms of communicable . Staff C's filed revealed a hire date of as a Household Assistant. Staff C's file contained documentation of a negative test on	A 078		

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A 078	Continued From page 6 . . . . and . . . . . with written statement signed by the health care provider indicating staff C was free of signs and symptoms of a communicable . Staff C's file contained no further documentation staff C was free from signs and symptoms of communicable annually thereafter. On . . . . . at 3:58 p.m., the Administrator confirmed the findings. Class III	A 078		
A 081	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	A 081		

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A 081	Continued From page 7 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 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	A 081		

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A 081	Continued From page 8 , 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 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	A 081		

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A 081	Continued From page 9 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 staff interview, facility failed to ensure facility employees complete 1 hour of training for Safe food handling, Resident rights, Incident reporting, Adverse incidents, Elopement, and Neglect, and 3 hour training for Resident behavior and needs, and Providing assistance with the activities of daily living (ADL) within 30 days of hire for 2 (Staff B, & C) out of 4 staff records reviewed. The findings included: Record review for Staff B revealed a hire date of as a Certified Nurse Assistant. Further review revealed certificates for Safe Food Handling, Resident Rights, Incident Reporting, Adverse incidents, and Neglect, and Elopement. The certificates did not include, the employees name, the trainers name, credentials or license, and date the training was provided and completed. Record review for Staff C revealed a hire date of as a Household Assistant. There was no documented evidence of completion of 3-hour ADL, and Resident behavior and needs training. On at 3:58 p.m., the Administrator	A 081		

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A 081	Continued From page 10 confirmed the findings and acknowledged as there is no date of completion on the certificates there is no proof the training was completed. Class III	A 081		
A 082	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 2 (Staff B, & C) of 4 employee files reviewed for / training. The findings included: On record review of Staff B's employee file revealed a hire date of as a Certified Nurse Assistant. Staff B's file contained no evidence of training being completed within 30 days of employment for / .	A 082		

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A 082	Continued From page 11 On record review of Staff C's employee file revealed a hire date of as a Household Assistant. Staff C's file contained no evidence of training being completed within 30 days of employment for / . On at 3:58 p.m., the Administrator confirmed staff B and staff C's filed contained no documentation of the / training being completed. Class III	A 082		
A 086	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,"	A 086		

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A 086	Continued From page 12 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 13 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 14 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 staff interview facility failed to ensure 3 (Staff A, B, & C) out of 4 staff members reviewed completed 4 hour Level I training within 3 months and 4 hour Level II training within 9 months as required per regulations for facilities advertising special care to resident with 's . The findings included: Record review found Staff A was hired on as a Certified Nurse Assistant (CNA). Initial record review found no documentation of Level I training completed within 3 months of hire as is required. Record review found Staff B was hired on as a Certified Nurse Assistant. Initial record review found no documentation of Level I training completed within 3 months of hire as is required. Record review found Staff C was hired on as a Household Assistant. Initial record review found documented evidence of Level I training completed on . There was no documentation of Level II training completed within 9 months as is required. On at 3:58 p.m., the Administrator	A 086		

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A 086	Continued From page 15 confirmed the findings. Class III	A 086		
A 090	59A-36.011(11) FAC Training - (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 training in the facility's policies and procedures regarding . . . . . ( ) within 30 days after employment and maintain documentation of completion for 1 (Staff B) of 4 employee files reviewed. The Findings Include On a review of Staff B's employee file revealed a hire date of . . as a Certified Nurse Assistant (CNA). Staff B's file contained documentation of a certificate for . . . policies	A 090		

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(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 090	Continued From page 16 and Procedures. The certificate did not contain the date of completion. On at 3:58 p.m., the Administrator confirmed the findings and acknowledged as there is no date of completion on the certificate there is no proof the training was completed. Class III	A 090		
A 091	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training,	A 091		

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	AL11965230	A. BUILDING: _____ B. WING _____	03/17/2022

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A 091	Continued From page 17 which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to appropriately document required training for 2 (Staff B, C) of 4 staff record reviewed. The findings include: Record review for Staff B revealed a hire date of as a Certified Nurse Assistant. Further review revealed certificates for Extended Congregate Care (ECC) training, Safe Food Handling, Resident Rights, Incident Reporting, Adverse Incidents, and Neglect, and Elopement, and ( ) Policies and Procedures. The certificates did not include, the employees name, the trainers name, credentials or license, and date the training was provided and completed. Record review for Staff C revealed a hire date of as a Household Assistant. Further review revealed certificates of completion dated for Extended Congregate Care (ECC) training with a post test, 1- hour training for Emergency Procedures and Workplace safety with a post test, 1 hour Elopement and training with a post test. The certificates did not include, the agenda, the trainers name, credentials or license, and location where the training was provided. Staff C's file contained a certificate for Polices and Procedures and training. The certificate did not include, the agenda, the trainers name, credentials or license, and location where the training was provided. Staff C's file contained certificates for Adverse Incident Reporting, Residents Rights, and and	A 091		

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A 091	Continued From page 18 Neglect, the certificates did not include, the agenda, hours, the trainers name, credentials, or license, and location where the training was provided. On at 3:58 p.m., the Administrator confirmed the findings and acknowledged the training documentation did not include all required information. The administrator acknowledged as there is no date of completion on the certificates there is no proof the training was completed. Class III	A 091		
AE204	429.26(9); 429.07(3)b ; 59A-36.021(4) ECC - Admissions & Continued Residency 429.26(9) Facilities licensed to provide extended congregate care services shall promote aging in place by determining appropriateness of continued residency based on a comprehensive review of the resident's physical and functional status; the ability of the facility, family members, friends, or any other pertinent individuals or agencies to provide the care and services required; and documentation that a written service plan consistent with facility policy has been developed and implemented to ensure that the resident's needs and preferences are addressed. 429.07(3)b ... The primary purpose of extended congregate care services is to allow residents the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency as they become more . A	AE204		

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AE204	Continued From page 19 facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a facility with a standard license, if he or she is determined appropriate for admission to the extended congregate care facility. 59A-36.021 (4) ADMISSION AND CONTINUED RESIDENCY. (a) An individual must meet the following minimum criteria in order to receive extended congregate care services: 1. Be at least ; 2. Be free from signs and symptoms of a communicable that is likely to be transmitted to other residents or staff; however, an individual who has may be admitted to a facility, provided that he or she would otherwise be eligible for admission according to this rule; 3. Be able to transfer, with assistance if necessary. The assistance of more than one individual is permitted; 4. Not be a danger to self or others as determined by a health care practioner or mental health practitioner licensed under chapter 490 or 491, F.S.; 5. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 6. Not have any or 4 ; 7. Not require any of the following nursing services: a. airway management of any kind except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine, b.	AE204		

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AE204	Continued From page 20 c. Monitoring of gases, d. Management of post-surgical drainage tubes or vacuums, e. Skilled rehabilitative services as described in rule 59G-4.290, F.A.C., or f. Treatment of a surgical , unless the surgical and the condition that caused it have been stabilized and a plan of care developed. The plan of care must be maintained in the resident's record at the facility. 8. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; and, 9. Have been determined to be appropriate for admission to the facility by the facility administrator or manager. The administrator or manager must base his or her decision on: a. An assessment of the strengths, needs, and preferences of the individual, the health assessment required by subsection (6) of this rule, and the preliminary service plan developed in subsection (7), b. The facility's residency criteria, and services offered or arranged for by the facility to meet resident needs; and, c. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule chapter 69A-40, F.A.C. 10. Notwithstanding any other provisions of this rule, an individual enrolled and receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. may be admitted and receive extended congregate care services. (b) Criteria for continued residency in an extended congregate care services must be the same as the criteria for admission, except as specified below. 1. A resident may be bedridden for up to 14	AE204		

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AE204	Continued From page 21 consecutive days. 2. 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: a. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice that coordinates and ensures the provision of any additional care and services that may be needed, b. Continued residency is agreeable to the resident and the facility, c. An interdisciplinary care plan, which specifies the services being provided by hospice and those being provided by the facility, is developed and implemented by a licensed hospice in consultation with the facility; and, d. Documentation of the requirements of subparagraph (5)(b)2., is maintained in the resident's file. 3. The extended congregate care administrator or manager is responsible for monitoring the appropriateness of continued residency of a resident in extended congregate care services at all times. 4. A hospice resident that meets the qualifications of continued residency pursuant to this rule may only receive services from the assisted living facility's staff within the scope of the facility's license. 5. 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. Staff may not exceed the scope of their professional licensure or training in any licensed assisted living facility.	AE204		

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AE204	Continued From page 22 This Statute or Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to admit Resident #7 on the facility's extended congregate care (ECC) when she required total care with her activities of daily living (ADLs). The findings included: A review of Resident #7's health assessment dated ..... showed she required assistance with all of the ADLs except eating. It showed she is independent with eating. On ..... from 12:30 p.m. to 1:00 p.m., observation of Resident #7 showed she was sitting in a wheelchair. Her private duty brought her to her room. An assessment was conducted with some of her ADLs. Resident #7 was unable to manipulate her wheelchair. Her private duty had to move her wheelchair for her. Her private duty also had to change her adult brief. Resident #7 was able to transfer from her wheelchair to stand holding on a grab bar in the bathroom. Her private duty had to pull her pants down, change her adult brief, provide , ... , change her adult brief and pull her pants up. Resident #7 did not participate in any of these activities. Her private duty also handed her a brush. Resident #7 held the brush but could not brush her hair. Her private duty also tried to have Resident #7 put on a jacket and she could not participate in this activity also. Resident #7's private duty said she requires total care with many of her ADLs including eating. She has to feed Resident #7 by putting the food in her ..... with a fork and putting the glass up to her , . in order for her to drink.	AE204		

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AE204	Continued From page 23 On at 1:00 p.m., in an interview Staff D -CNA said Resident #7 is total care to eat. Resident #7 will do some ADLs with assistance on occasion. Most of the time Staff D has to do everything for Resident #7. On at 4:45 p.m., observation of Resident #7 showed a staff member feeding her dinner. Both arms of Resident #7 were on her , with a napkin draped over them. There was no documentation in Resident #7's record of an updated health assessment showing her decline in these ADLs. The resident required more care than assistance with ADLs and facility staff were providing total care for some ADLs without the resident being placed in the facility's ECC service. Class III	AE204		
AE210	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , , , , , shall not be required to take the	AE210		

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AE210	Continued From page 24 assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, [illegible], or social needs of frail elderly and persons, or persons with 's or related . (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure facility employees complete and maintain documentation of 2 hour training for Extended Congregate Care (ECC) within 6 months of hire as required per regulations. The finding include: On record review of Staff B's employee file revealed a hire date of as a Certified Nurse Assistant. Staff B's file contained documentation of a certificate for ECC training, with no date of completion. On at 3:58 p.m., the Administrator confirmed the findings and acknowledged as there is no date of completion on the certificate there is no proof the training was completed. Class III	AE210		

Agency for Health Care Administration

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