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
	AL11964437	A. BUILDING: _____ B. WING _____	04/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PUNTA GORDA ISLES	250 BAL HARBOR BLVD PUNTA GORDA, FL 33950

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the Level 2 background screening employment status was updated within 10 days of employment on the Agency for Healthcare of administration (AHCA) Background screening clearinghouse website pursuant to chapter 435 for 5 (Staff B, C, D, E and	CZ814		

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CZ814	Continued From page 1 Administrator) of 5 staff records reviewed. This had the potential for staff with disqualifying offenses to have access to [redacted] adults. The findings included: On [redacted] at 11:45 a.m., review of the Limited Nursing services (LNS) records revealed Registered Nurse (RN) Staff E is the LNS supervisor for the facility. Review of the AHCA background screen website revealed Staff E was not added to the facility's employee roster on the clearinghouse website. On [redacted] at 12:30 a.m., Health and Wellness Director (HWD) confirmed RN Staff E was the LNS supervisor for the facility and signs the resident assessments. Review of Staff B's employee file revealed a hire date of [redacted] as a Medication Technician. Staff B was not added to the facility clearinghouse roster until [redacted], 42 days after hire. Review of Staff C's employee file revealed a hire date of [redacted] as a Caregiver. Staff C was not added to the facility clearinghouse roster until [redacted], 9 months after hire. Review of Staff D's employee file revealed a hire date of [redacted] as a Medication Technician. Staff D was not added to the facility clearinghouse roster until [redacted], 73 days after hire. Review of Administrator's file revealed a hire date of [redacted]. Administrator was not added to the facility clearinghouse roster until [redacted], 33 days after hire. On [redacted] at 12:56 p.m., the Business Office	CZ814		

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CZ814	Continued From page 2 Manager acknowledged the findings that the facility roster on the clearinghouse website was not updated timely. Unclassified	CZ814		
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	CZ816		

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CZ816	Continued From page 3	CZ816		

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 [illegible]. 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 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 [illegible] for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(2) Processing Screening Requests, Required

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CZ816	Continued From page 4 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_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if . . . . . for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the . . . . report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to	CZ816		

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CZ816	Continued From page 5 disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain the signed background screen Attestation in the employee's personnel file for 1 (Administrator) of 5 personnel files reviewed. The findings included: Administrator's employee file revealed a hire date of . The Administrator's employee file failed to contain a signed background screen Attestation. On at 12:56 p.m., Business Office manager confirmed the lack of background screen Attestation for the Administrator. Unclassified	CZ816		

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A 000	Initial Comments An unannounced relicensure, limited nursing services and emergency power plan monitoring survey was conducted on through at Brookdale Punta Gorda Isles, an assisted living facility in Punta Gorda, Florida. The following is a 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 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 supervision as appropriate for each resident,	A 025		

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A 025	Continued From page 1 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 and interview, the facility failed to update the health assessment for one (Resident #4) of two resident records reviewed showing a significant change in his ability to perform his activities of daily living (ADLs). The findings included: A review of Resident #4's health assessment dated showed he requires total care with bathing, , self-care, toileting and transferring.	A 025		

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A 025	Continued From page 2 An interview was conducted with Staff B - med tech on ..... at 1:30 p.m. She said she cares for Resident #4. He does not require total assistance with any of his ADLs. He is able to participate in all ADLs. He does not need any help with transfer. He uses the bar by his bed independently. He does need some assistance with , ... after toileting. Resident #4 is able to move his when assisted with . He uses a walker to ambulate. He is able to wash the front part of his body during showers but needs help with his . . . and . . . . He has no hair but he brushes his by himself. An updated health assessment was not completed showing the resident does not require total care.	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	A 078		

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A 078	Continued From page 3 . . . . . 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 . . . . . . (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	A 078		

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A 078	Continued From page 4 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 and evidence of freedom from ( ) documented annually thereafter for 5 (Staff A, B, C, D, and Administrator) of 5 employee records reviewed. The findings included: Review of Staff A's file revealed a hire date of as a Medication Technician. Staff A's file contained documented evidence of tests completed on and read on , a second test was completed on and read on . Staff A's file contained no documentation of a statement from a healthcare provider indicating staff A was free from signs/symptoms of a communicable . Review of Staff B's employee file revealed a hire date of as a Medication Technician. Staff B's file contained documentation from a health care provider indicating Staff B was free of signs/symptoms of communicable dated . There was no further evidence of freedom from documented annually thereafter.	A 078		

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A 078	Continued From page 5 Review of Staff C's file revealed a hire date of as a Resident Aide. Staff C's file contained documentation of a statement from a healthcare provider indicating staff C was free from signs/symptoms of a communicable dated . There was no further evidence of freedom from communicable documented annually thereafter. Review of Staff D's file revealed a hire date of as a Medication Technician. Staff D's file contained documentation of a statement from a healthcare provider indicating staff D was free from signs/symptoms of a communicable dated . There was no further evidence of freedom from communicable documented annually thereafter. The Administrator's file revealed a hire date of . The Administrator's file contained documentation of a Resident/Employee screening Record and test given on . The Administrators file contained documentation of a statement signed by a healthcare provider indicating the Administrator was free form signs/symptoms of a communicable that was completed more than 6 months after the date of the test. On at 12:56 p.m., the Business Office Manager reviewed the employee files and acknowledged the lack of required documentation of health status. Class III	A 078		

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A 081	Continued From page 6	A 081		
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 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		

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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 borne , , 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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(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 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 ensure employees complete the in-service training required by Florida Administrative Code within 30 days of	A 081		

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	AL11964437	A. BUILDING: _____ B. WING _____	04/07/2022

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A 081	Continued From page 9 employment for 4 (Staff A, B, C, D) of 5 employee files reviewed. The findings included: On , record review of Medication Technician Staff A, Medication Technician Staff B, Caregiver Staff C and Medication Technician Staff D revealed the following: Staff A's file revealed a hire date of as a Medication Technician. Staff A's file did not contain documentation of completing a minimum 3-hour in-service training in ADL, and Behavioral Needs. There was no documentation of a minimum 1-hour in-service training for each of Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, and Incident Report training. Staff A completed 30 minutes of training on in Safe Food Handling which is less than the required 1 hour of training. On Staff A completed 30 minutes of training for Residents Rights, and 25 minutes each of Training, and training when 1 hour of training for each is required. Certificates of Completion did not contain instructor's name, credentials, signature, or agendas. Staff B's file revealed a hire date of as a Medication Technician. Staff B's file did not contain documentation of completing a minimum 3-hour in-service on ADL, and Behavioral Needs. There was no documentation of a minimum 1-hour in-service training for each of Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Incident Report training, and Nutritional and Safe Food Handling. On staff B completed 30 minutes of Control Training which is less than the required 1 hour of training. The Elopement	A 081		

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A 081	Continued From page 10 Response training, the training and Certificates of Completion did not contain instructor name, credentials, signature or agendas. Staff B's file contained a Certificate for completed online training, on , for Natural Disasters and Workplace Emergencies which were not specific to the facility emergency policies. Staff C's file revealed a hire date of as a caregiver. Staff C's file contained no documentation of completing a minimum 1-hour in-service training in Incident Reporting training, Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Nutritional and Safe Food Handling within 30 days of employment. The file has documentation of 30 minutes of in-service training for ADL, and Behavioral Needs completed on which is less than the required minimum 3-hour training. Elopement Response and training was completed on , however, the Certificates of Completion did not contain instructor name, credentials, signature or agendas. Staff C's file contained a Certificate for completed online training, on , for Natural Disasters and Workplace emergencies which were not specific to the facility emergency policies. Staff D's file revealed a hire date of as a Medication Technician. Staff D's file contained no documentation of completing a 2-hour pre-service orientation nor 1-hour in-service training for Nutritional and Safe Food Handling, and Elopement Response training. Staff D completed training on , however, the Certificate of Completion did not contain instructor name, credentials, signature or agenda. On , staff D completed 25 minutes of ADL, and Behavioral Needs training which is less than	A 081		

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A 081	Continued From page 11 the required minimum 3-hours training and completed 30 minutes of a required 1 hour training in Control. Staff D's file contained a Certificate for completed online training, on , for Fire Safety and Natural Disasters and Workplace Emergencies which were not specific to the facility emergency policies. On at 12:04 p.m., the Business Office Manager confirmed the lack of documented training and acknowledged the certificates are not valid as they did not meet the regulation requirements. Class III	A 081		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently	A 083		

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A 083	Continued From page 12 certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a staff member who has completed a course in - ( ) and First Aid and holds a currently valid card is in the facility at all times for 2 (staff D, F) of 4 employee records reviewed. The findings included: Staff D's employee file revealed a hire date of as a Medication Technician. Staff D's file contained documentation of certification completed online on for 5- hours of training in First Aid. Staff D file contained no documentation of current valid . Staff F's employee file revealed a hire date of as a Medication Technician. Staff F's file contained documentation of certification completed online on for Adult, child and baby - and First Aid card. In person training is required for . On at 1:15 p.m., the Health and Wellness Director (HWD) said she did not know the online class for - and First Aid was not acceptable and will set up a class for the employees. Class III	A 083		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt	A 084		

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A 084	Continued From page 13 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 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 fulfilment 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	A 084		

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A 084	Continued From page 14 accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, [illegible] dosage forms, and [illegible] and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with 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 [illegible] syringes that are prefilled with the proper dosage by a pharmacist and [illegible] 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 [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and,	A 084		

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A 084	Continued From page 15 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 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 to ensure unlicensed persons who provide assistance with self-administration of medications complete and obtain an initial 6-hour training	A 084		

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A 084	Continued From page 16 education and annual 2-hour training education on providing assistance with self-administered medications for 1 (Staff B) of 5 staff records reviewed. The findings included: Record review of Staff B's employee file revealed a hire date of [redacted] as a Medication Technician. Staff B's file contained documentation of completing 2.5 hours of continuing education for assistance with self-administration of medications on [redacted]. Staff B's file contained no documentation of completing the initial 6-hour education training for assistance with self-administration of medications. On [redacted] at 11:00 a.m., the Business Office Manager acknowledged the missing training for staff B for assistance with self-administration of medications. Class III	A 084		
A 086	59A-36.011(10) FAC Training - ADRD (10) [redacted] AND RELATED [redacted] ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide	A 086		

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A 086	Continued From page 17 direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 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,	A 086		

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A 086	Continued From page 18 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: 1. Have 1 year teaching experience as an educator of caregivers for persons with . . . . . or related . . . . . , or	A 086		

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A 086	Continued From page 19 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure 2 (Administrator and Staff D) out of 5 staff members reviewed completed 4-hour Level I 's training within 3 months of hire and 4-hour Level II 's and related training within 9 months of hire as required by the Florida Administrative Code. Findings included: Record review found Staff D was hired on 11/3/20 as a Medication Technician. Staff D's file contained documentation of a certificate for Care: Understanding on for 30 minutes. Staff D's file contained no documented evidence of completion of 4 hours of Level I 's training and Level II training. Administrators' employee file revealed a hire date	A 086		

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A 086	Continued From page 20 of . Administrator's file contained no documented evidence of completion of 4 hours of Level I training and Level II training. On at 1:04 p.m., Business Office Manager confirmed there was no further evidence of completion of training for staff D and the Administrator. 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 failed to maintain documentation of	A 090		

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A 090	Continued From page 21 completion for 4 (Staff A, B, C and D) of 5 employee files reviewed. The findings included: On review of Staff A's employee file revealed a hire date of as a Medication Technician. Staff A's file contained documentation of having completed an in service on on , the certificate contained no instructor signature and credentials. On review of Staff B's employee file revealed a hire date of as a Medication Technician. Staff B's file contained documentation of having completed an in service on on , the certificate contained no instructor signature and credentials. On review of Staff C's employee file revealed a hire date of as a caregiver. Staff C's file contained documentation of having completed an in service on on , the certificate contained no instructor signature and credentials. On review of Staff D's employee file revealed a hire date of as a Medication Technician. Staff D's file contained documentation of having completed an in service on on , the certificate contained no instructor signature and credentials. On at 11:00 a.m., the Business Office Manager confirmed the findings. Class III	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 091	Continued From page 22	A 091		
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, 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 4 (Staff A, B, C, D) of 5 employee records reviewed. The findings include:	A 091		

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	AL11964437	A. BUILDING: _____ B. WING _____	04/07/2022

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A 091	Continued From page 23 Record review for Staff A revealed a hire date of as a Medication Technician. Further review revealed certificates of completion dated for Control and Food Handling, Medication Overview, and . Training was completed on for , Elopement, Pre-service Orientation, and online training. Training was completed on for First aid. The certificates did not include, the agenda, trainers name, credentials, and signature. certification requires in-person training. Record review for Staff B revealed a hire date of as a Medication Technician. Further review revealed certificates of completion dated for Control, , Elopement, First Aid, Medication Overview, and Pre-service Orientation. Training was completed online on for . The certificates did not include, the agenda, trainers name, credentials, and signature. certification requires in-person training. Record review for Staff C revealed a hire date of as a caregiver. Further review revealed a certificate of completion dated for Medication Overview. Training was completed on for Pre-service Orientation, Elopement, and First aid. Training was completed online on for . The certificates did not include, the agenda, trainers name, credentials, and signature. certification requires in-person training. Record review for Staff D revealed a hire date of as a Medication Technician. Further review revealed a certificate of completion dated for control. Training was	A 091		

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A 091	Continued From page 24 completed on . . . . . for . . . . . , Pre-service Orientation, and online First Aid training. The certificates did not include, the agenda, trainers name, credentials, and signature. On . . . . . at 11:00 a.m., the Business Office Manager acknowledged the certificates do not meet regulation, as they do not include the trainers name, credentials, signature and an agenda. Class III	A 091		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the	A 093		

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A 093	Continued From page 25	A 093		

residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.
(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food

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A 093	Continued From page 26 choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for	A 093		

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A 093	Continued From page 27 obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on review of non-perishable food and interview, the facility failed to ensure they have an adequate supply of non-perishable food. The findings included: A review of the non-perishable food supply showed there was no dry milk. On at 1:00 p.m. the Dining Service Coordinator said he has no dry milk. Class III	A 093		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references	A 161		

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A 161	Continued From page 28 furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ,, to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain personnel records for each staff containing documentation required for	A 161		

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A 161	Continued From page 29 compliance with Florida Administrative Code for 1 (Staff C) of 5 employee files reviewed. The findings included: The facility employee list presents a hire date of . . . . for Staff C as a caregiver. A review of Staff C's employee file on revealed a job description for Housekeeper. Staff C's file failed to contain a copy of the job description for caregiver and documentation of several trainings required by Rule 58A-5.0191, F.A.C. On at 12:56 p.m., the Business Office Manger confirmed required documentation is missing from the employee file. Class III	A 161		
AN277	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing	AN277		

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AN277	Continued From page 30 services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide limited nursing services (LNS) according to the physician's order and facility contract for one (Resident #4) of one resident receiving LNS. The findings included: A review of Resident #4's signed contract dated showed the facility provides limited nursing services. In "Exhibit Y - Therapeutic Services List", the contract says " - " is a provided service. A review of Resident #4's clinical record showed a physician's order dated to admit him to "LNS for care." The is to be changed monthly and when needed. A review of the facility nursing notes showed the facility monitors the , provides , repositions the , and/or applies on the site. On at 12:50 p.m., the Health and Wellness	AN277		

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AN277	Continued From page 31 Director said the facility does not change . She said the facility nurse monitors the , reposition it and provide to the area. The facility has always had a home health agency change the . In an interview on at 12:25 p.m., Resident #4's family member said the home health agency comes to the facility and changes his monthly. She believes the home health agency bills Medicare. A review of the facility's "Limited Nursing Services (LNS) policy "FL-6" shows the facility provides LNS services. It shows "Limited nursing services shall be provided with consideration for the concept of shared responsibility and managed risk, and to allow residents to age in place while receiving necessary clinical/nursing services in a familiar environment based on his/her applicable medical condition." The policy shows the facility will obtain a physician order for the LNS care and the nurses will provide these services and document them on a progress note for the resident. A review of Resident #4's bills for the past three months showed the facility was billing for, "Help with routine , or ostomy care" at $867.00 each month. On at 9:10 a.m., the administrator said he does not know why the facility does not provide the LNS service to change Resident #4's . He confirmed they do have a LNS license but they do not provide the full LNS care for Resident #4. Class III	AN277		