

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968977	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/23/2022
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT BONITA SPRINGS			STREET ADDRESS, CITY, STATE, ZIP CODE 27221 BAY LANDING DR BONITA SPRINGS, FL 34135		
(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 _____ 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 _____ 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; _____; 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 5 (Staff C, D, E, Health and Wellness Director, and Executive Director) of 5 staff records reviewed, had the Level 2 background screening employment status updated within 10 days of hire on the Agency for Healthcare of Administration (AHCA) Background	CZ814			

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 screening clearinghouse website pursuant to chapter 435. This had the potential for staff with disqualifying offenses to have access to adults. The findings included: Review of Staff C's employee file revealed a hire date of as a care partner. Staff C was not added to the facility clearinghouse roster until , 85 days after hire. Review of Staff D's employee file revealed a hire date of as a care partner. Staff D was not added to the facility clearinghouse roster until , 109 days after hire. Review of Staff E's employee file revealed a hire date of as a care partner. Staff E was not added to the facility clearinghouse roster until , 113 days after hire. Review of the Health and Wellness Director's file revealed a hire date of The Health and Wellness Director was not added to the facility clearinghouse roster until , 77 days after hire. Review of the Executive Director's employee file revealed a hire date of The Executive Director was not added to the facility clearinghouse roster until , 190 days after hire. On at 3:35 p.m., the Executive Director confirmed the findings. Unclassified	CZ814		

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CZ830	Continued From page 2	CZ830		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.	CZ830		

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CZ830	Continued From page 3 (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.	CZ830			

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CZ830	Continued From page 4 (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to submit annually and maintain documentation of a current Comprehensive Emergency Management Plan (CEMP), approved by the local emergency management agency to ensure the safety and welfare of all residents. The findings include: On the Executive Director provided a binder with documentation of the CEMP/EPP. Review of the facility's CEMP/EPP binder showed no documentation of approval. An approval letter was requested from the Executive Director. On at 11:20 a.m., review of the 2020 CEMP approval letter provided by the executive director dated , shows the 2020 Plan was approved through , and indicated the facility needed to resubmit the plan with updated agreements and the fire approval letter for the 2020 approval. The Executive Director provided an approval letter for the facility's CEMP dated . This letter from the County Emergency Management agency indicated the submitted facility CEMP does not meet the criteria requirements set forth by the Agency for Health Care Administration. The letter also requested the facility to provide the corrected plan within 30 days. On at 3:04 p.m., the Executive Director	CZ830		

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CZ830	Continued From page 5 provide an approval letter for the CEMP dated _____, the letter indicated the facility's CEMP does not currently meet the Emergency Management criteria requirements set forth by the Agency for Health Care Administration. The letter from the county also requested the facility to provide the corrected plan within 30 days. The Executive Director said he received the approval letter today and saw that it shows a deficiency. He said the approval letter was with the corporate office and he did not know the CEMP plan was rejected due to missing information. The Executive Director confirmed the plan has not been resubmitted and the facility does not have an approved CEMP/EPP. Unclassified	CZ830		

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A 000	Initial Comments An unannounced relicensure, limited nursing services, emergency power plan monitoring, complaint #2021015624, #2022000011, #2022003247, #2022004136 and #2022010986 survey was conducted through at Inspired Living at Bonita Springs, an assisted living facility in Bonita Springs, Florida. Complaint #'s 2021015624, 2022000011, 2022003247, 2022004136 were substantiated without citation. Complaint #2022010986 was unsubstantiated. The following is description of the deficiencies.	A 000			
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	A 093			

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A 093	Continued From page 1 habits, preferences, and physical abilities of the 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.	A 093			

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A 093	Continued From page 2 1. Facilities that offer residents a variety of food 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	A 093			

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A 093	Continued From page 3 also be stored, or the facility must have a plan for 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 observation and interview the facility failed to ensure menus were dated and planned at least 1 week in advance and conspicuously posted or available for residents. The findings included: On at 11:55 a.m., during an observation of lunch service, no menus were found posted. An empty menu board was observed in the hallway next to the dining room. On at 12:06 p.m., the Charge Nurse pointed out areas next to both dining rooms where the menus used to be posted. He agreed none were posted. On at 8:25 a.m., during an observation of breakfast, again no menus were found posted anywhere in the facility. On at 1:00 p.m., the Administrator said he was not aware the menus weren't posted, and he would get it fixed. Class III	A 093			
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	AN277			

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AN277	Continued From page 4 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 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 observation, record review, and interview the facility failed to provide limited nursing services in accordance with the residency agreement for 3 (Resident #3, 4 and 5) of 3 sampled residents receiving care through an outside agency. The findings included: On at 9:25 a.m., the Health and Wellness	AN277			

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AN277	Continued From page 5 Director (HWD) said no residents were receiving Limited Nursing Services (LNS) at the facility. On _____, HWD provided a list of residents being treated for _____ care at the facility. Three of these residents were receiving the _____ care through a home health agency. On _____ at 12:00 p.m., the Administrator said the facility did not charge an additional fee for LNS services but was unable to explain why _____ care for Resident's #3, 4, and 5 was not being provided by facility nursing staff. On _____ 12:56 p.m., the Regional Director of Clinical Operations referred to page 6 of the residency agreement. On Page 6, Bullet G listed supplies or services the community shall not be responsible for. The sentence included the statement: "... or any other care or equipment beyond the scope of the Community's license ...". The facility holds a Limited Nursing Service license making _____ care within the scope of the facility license. Regional Director of Operations said they were not providing the _____ care. He said he understood the facility has a LNS license which allowed for _____ care but said the company stance was they would rather have the third party come in and provide the service and they would follow. He said the corporate plan is to not renew LNS specialty license when the time comes. 1. Record review of Resident #3's chart revealed an order dated _____ for _____ care to right _____, mid, and _____ Further documentation showed this was being provided by an outside agency. On _____ 11:10 a.m., Resident #3's spouse	AN277		

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AN277	Continued From page 6 said the facility did not offer to do the care. She said she was not offered a choice, they just had home health do it. She said if she knew the facility could do it, she would have allowed it. 2. Record review of Resident #4's chart revealed an order dated for evaluate and treat on right. Further documentation showed this was being provided by an outside agency. On at 12:00 p.m., Resident #4's son said he didn't know the facility could provide care. He said they just set it up with the outside agency. He said he wasn't sure the facility would have the expertise for what she needed. 3. Record review of Resident #5's chart revealed an order dated to treat left lower hematoma and left lower hematoma. Further documentation showed this was being provided by an outside agency. On at 1:00 p.m., Resident #5's daughter said she did not know who was caring for the as the facility set it up. She said she was not aware the facility could provide the service. Class III	AN277		

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A 077	429.176 FS; 429.52(), 59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must:	A 077		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968977	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/23/2022
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT BONITA SPRINGS			STREET ADDRESS, CITY, STATE, ZIP CODE 27221 BAY LANDING DR BONITA SPRINGS, FL 34135		
(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 077	Continued From page 1 - Be at least _____; - If employed on or after have, at a minimum, a high school diploma or G.E.D.; - Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; - Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule; and, - Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: - Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, - Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of	A 077			

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A 077	Continued From page 2 facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to provide documentation the newly hired Administrators had completed core training	A 077			

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A 077	Continued From page 3 and passed the exam and completed 12 hours of continuing education every 2 years to maintain a current and valid license. The findings included: Review of the Executive Director's employee file revealed a hire date of _____. The Executive Director's employee file contained no documented evidence of completion of core training and passing the exam, and no documentation of 12 hours of continuing education every 2 years. On _____ at 1:50 p.m., in an interview the Executive Director said he started in the position of Executive Director for the facility in _____ of this year 2022. He said he took core training in 2015 and passed the exam. He said he took the job as Executive Director directly from a position in sales and marketing. He confirmed he has no documentation of taking the core training and passing the exam. On _____ at 2:15 p.m., the Executive Director stated he has no training certificates for the 12 hours of continuing education every 2 years as required. He stated he only worked in sales and marketing and did not know he needed to have 12 hours of continuing education to keep his core licenses up to date. The Executive Director confirmed he has no continuing education since taking core training in 2015, and he can offer no excuse for not doing the refresher course or retaking the core training. The Administrator acknowledged that currently, according to the regulations, he is not a qualified administrator. Class III	A 077			

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

INSPIRED LIVING AT BONITA SPRINGS

**27221 BAY LANDING DR
BONITA SPRINGS, FL 34135**

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A 080	429.52() FS; 59A-36.011(1) FAC Training - Core & Competency Test 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting neglect, and (c) Special needs of elderly persons, persons with mental illness, and persons with and how to meet those needs. (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication. (f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures. (g) Care of persons with 's and related 59A-36.011 (1) ASSISTED LIVING FACILITY CORE	A 080		

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A 080	Continued From page 5 TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to _____, and managers who attended the core training program prior to _____, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and, 2. Retake and pass the competency test. (e) The fees for the competency test shall not	A 080			

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A 080	Continued From page 6 exceed \$200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure and maintain documentation of completion of core training and exam for newly hired Administrator. The facility failed to ensure and maintain documentation of 12 hours of continuing education every 2 years for facility Administrators. The findings included: Review of the Executive Director's employee file revealed a hire date of . The Executive Director's employee file contained no documented evidence of completion of core training and passing the exam, and no documentation of 12 hours of continuing education every 2 years. On at 1:50 p.m., in an interview the Executive Director stated he took the core training in 2015 and passed the exam but took a job directly after in sales and marketing. He confirmed he has no documentation of taking the core training and passing the exam. Class III	A 080			
A 081	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52(1)	A 081			

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A 081	Continued From page 7 (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 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	A 081			

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A 081	Continued From page 8 the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood-borne pathogens, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and abuse. The facility must use its	A 081			

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A 081	Continued From page 9 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 staff interview, the facility failed to ensure employees complete 2 hours of Preservice orientation training for 5 (Staff C, D, E., Health and Wellness Director, and Executive Director) out of 5 staff records reviewed prior to interacting with residents as required by Florida Administrative Code .	A 081			

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A 081	Continued From page 10 The findings included: Review of Staff C's employee file revealed a hire date of _____ as a care partner. Staff C's employee file contained no documented evidence of completion of 2-hour training for preservice orientation prior to interacting with residents. Review of Staff D's employee file revealed a hire date of _____ as a care partner. Staff D's employee file contained no documented evidence of completion of 2-hour training for preservice orientation prior to interacting with residents. Review of Staff E's employee file revealed a hire date of _____ as a care partner. Staff E's employee file contained no documented evidence of completion of 2-hour training for preservice orientation prior to interacting with residents. Review of the Health and Wellness Director's file revealed a hire date of _____. The Health and Wellness Director's employee file contained no documented evidence of completion of 2-hour training for preservice orientation prior to interacting with residents. Review of the Executive Director's employee file revealed a hire date of _____. The Executive Director's employee file contained no documented evidence of completion of 2-hour training for preservice orientation prior to interacting with residents. On _____, at 3:35 p.m., the Executive Director confirmed the findings. Class III	A 081		

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A 086	Continued From page 11	A 086			
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," 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	A 086			

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A 086	Continued From page 12 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 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	A 086			

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A 086	Continued From page 13 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 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 1 out of 5 staff (Executive Director) completed 4-hour Level I _____'s training within 3 months of hire as required by the Florida Administrative code. Findings included:	A 086		

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A 086	Continued From page 14 Review of the Executive Director's employee file revealed a hire date of _____. The Executive Director's file contained no documented evidence of completion of 4 hours of _____ training within 3 months of hire as required. On _____ at 3:35 p.m., the Executive Director confirmed the findings Class III	A 086		