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
	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL TAMPA ASSISTED LIVING	5010 N 40 STREET NORTH TAMPA, FL 33610

(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
{AL243} SS=D	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and	{AL243}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{AL243}	Continued From page 1 managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the . . . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.	{AL243}		

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{AL243}	Continued From page 2 This Statute or Rule is not met as evidenced by: Based upon record review and interview, the facility failed to ensure that employees had received the required 6-hours of limited mental health (LMH) training provided and approved by a State Agency within six months of employment for five employees (Staff A, B, C, D, E, and F) of five sampled employee. Findings Included: A record review for Staff B, conducted on , revealed that Staff B obtained 8-hours of LMH training on . Staff B's record did not contain evidence that the employee had completed 3-hours of LMH updates bi-annually as required. Staff B was hired on . Record reviews for Staff C, E, and F, conducted on , revealed that Staff C, E, and F's employee records did not contain evidence that the employees received the required 6-hours of LMH training provided and approved by a State Agency within six months of their employment. Staff C was hired on . Staff E was hired on . Staff F was hired on . A record review for Staff D, conducted on , revealed that Staff D obtained 8-hours of LMH training on . Staff D's record did not contain evidence that the employee had completed 3-hours of LMH updates bi-annually as required. Staff D was hired on . During an interview with the Administrator, conducted on at 05:30pm, the	{AL243}		

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{AL243}	Continued From page 3 Administrator agreed that Staff C, E, and F's employee records did not contain evidence that the employees had received the required 6-hours LMH training that was provided and approved by a State Agency. The Administrator agreed that Staff B and D's employee records did not contain evidence that the employees obtained 3-hours LMH updates bi-annually as required. Class III	{AL243}		
{CZ841} SS=C	408.823( ) FS In-person Visitation (1) This section applies to , ... centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the , , licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any	{CZ841}		

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{CZ841}	Continued From page 4 . . . . . or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care. (c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects: 1. End-of-life situations. 2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support. 3. The resident, client, or patient is making one or more major medical decisions. 4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . . . 5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident, client, or patient who used to talk and interact with others is seldom speaking. 7. For hospitals, childbirth, including labor and delivery. 8. patients. (d) The policies and procedures may require a	{CZ841}		

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{CZ841}	Continued From page 5 visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section, providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an in-person visitation policy and procedure has been established and publish within the facility Findings Included: A review for the facility's in-person visitation policy and procedures revised , conducted on , revealed there was no reference to allowing in-person visitation for the following circumstances: " End-of-life situations " A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support " The resident, client, or patient is making one or more major medical decisions " A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend	{CZ841}		

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{CZ841}	Continued From page 6 or family member who recently . . . . " A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver " A resident, client, or patient who used to talk and interact with others is seldom speaking During an interview conducted on . . . . . at 5:47pm with the Administrator she confirmed the visitation policy did not identify the listed circumstances. (photo evidence) Class III	{CZ841}		
{A 000}	Initial Comments A revisit to complaint investigation (complaint numbers: 2022011975 and 2022012381) and a complaint investigation (complaint numbers: 2022015313 and 2022015657) were conducted at Central Tampa Assisted Living on . Deficiencies were identified at the time of survey.	{A 000}		
{A 025} SS=G	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	{A 025}		

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{A 025}	Continued From page 7 facility must notify the resident's representative or designee of the need for health care services and must assist in making [redacted] 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, 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	{A 025}		

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{A 025}	Continued From page 8 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 observation, record review and interview, the facility failed provide supervision to meet the needs of residents with inappropriate behaviors and at risk for elopements for five Residents (#1, #2, #25, #26, and #27) which place all 54 in danger of harm or injury from accidents, incidents, injuries, and elopements and resulted in actual two elopements. Furthermore, the facility failed to assist in obtaining appropriate health care for dental services and failed to notify primary care physician and responsible parties of the need of dental services which resulted in consistent and significant loss for one Resident (#2) of one sampled resident. Findings Included: Observations, conducted on from 09:15am through 08:15pm, there were no activities that were provided to residents. Residents were observed roaming the hallways, watching television, pacing, sitting in common areas, going in and out to the courtyard, and talking with each other. Staff appeared task bound and not actively engaging residents in anything. In the memory care unit, Resident #25 (a male) crawled in bed with Resident #26 (a female). Staff D did not respond until Surveyor brought this to their attention. In the assisted living unit, Resident #27 was yelling, cursing, and threatening other residents in the hallway. None of the staff intervened.	{A 025}		

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{A 025}	Continued From page 9 During an interview with Staff D, an unlicensed Medication Technician, conducted on at 11:48am, Staff D stated that when the electricity goes out, the electric doors will not lock and that someone should sit at the exit doors to ensure residents do not get out of the facility. During an interview with Resident #1 family member, conducted on . . . . . at 02:50pm, Staff C notified him that Resident #1 was missing from the facility on . . . . . around 04:30pm and had been missing for about 45 minutes to an hour. The family member stated that later, he saw a video on a social media page that had Resident #1 trying to get into someone's home and that he notified law enforcement. The family member stated that he called the facility every hour or so trying to figure out what was going on. The family member stated that the facility did not notify him that Resident #1 was returned to the facility until he and his spouse called, and that the facility only told him that she was . The family member stated that the facility did not send Resident #1 to the hospital to be assessed when she was returned on . . . . . between 08:00pm - 09:00pm. A record review for Resident #1, conducted on . . . . . , revealed that Resident #1 was admitted to the facility on . According to Resident #1's health assessment dated , Resident #1 had diagnoses that included . . . . . disturbances, major , ... , and was an elopement risk with exit seeking behaviors. A change of condition report dated at 05:30pm noted that Resident #1 eloped from the facility from the short hall exit door and that the exit doors were unlocked due to a power outage. A law enforcement investigation was conducted. There	{A 025}		

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{A 025}	Continued From page 10 were no interventions identified to prevent reoccurrence of elopements when the exit doors were unlocked due to power outages. A review of the list of residents that received in-house dental services on , conducted on . . . . . , revealed that Resident #2 was not on the list of residents that received dental services. During an interview with Resident #2, conducted on at 04:03pm, Resident #2 stated that the facility's front door was not locked, and she ran. Resident #2 stated that the facility would not bring her to the dentist. During an interview with Resident #2's Guardian, conducted on at 12:10pm, the Guardian stated that the facility notified her that Resident #2 eloped from the facility on . . . . . at approximately 09:00pm through the gate and was missing for about 20-25 minutes when staff found the resident at a nearby bus stop. The Guardian stated that Resident #2 . . . . . from . . . . one year ago. The Guardian stated that she was never notified of Resident #2's . loss and that the resident was losing . because of the inability to wear her . . . . . to eat. The Guardian stated that the facility continued not to help with Resident #2 in obtaining dental services even though the resident had dental insurance coverage since 2019 and qualified for new every five years. The Guardian stated that the facility did not have enough staff and did not provide activities for residents. A record review for Resident #2, conducted on . . . . . , revealed that Resident #2 was admitted on . According to Resident	{A 025}		

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{A 025}	Continued From page 11 #2's health assessment dated [redacted], Resident #2 had diagnoses of [redacted] and was an elopement risk. Resident #2 had a regular diet ordered without chopped or pureed foods which was renewed on [redacted]. A change of condition report dated [redacted] noted that Resident #2 eloped from the facility out of a side gate that was left unopened and unlocked. Resident #2 was seen sitting at the bus stop by an employee that was returning to the facility from her lunch break. A hospital visit report dated [redacted], noted that Resident #2 was seen due to refusals to take her [redacted] medications several days prior to the elopement and [redacted]. Resident #2 had active dental coverage since 2019. Resident #2 [redacted] and [redacted]. There was no evidence that Resident #2's Guardian or primary care physician were notified regarding the resident's [redacted] loss. During an interview with a Representative from the electrical company that provided the quote to wire the mag-lock doors into the generator, conducted on [redacted] at 03:02pm, the Representative stated that the quote was approved by the facility and that the work had not begun yet. During an interview with Staff H, an unlicensed Medication Technician, conducted on [redacted] at 01:36pm, Staff H stated that she worked all three shifts when Resident #1 eloped from the facility. Staff H stated that Resident #1 was self-care, and the employee did not remember seeing the resident during the shifts. During an interview with Staff A, an unlicensed Medication Technician, conducted on [redacted] at 04:33pm, Staff A stated that she provided care	{A 025}		

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{A 025}	Continued From page 12 to Resident #1 on [redacted] when the resident eloped from the facility and that the resident was going home. Staff A stated that she was working on /20222 when Resident #2 eloped from the facility. Staff A stated that when the gate was checked it was open and that the staff performed a [redacted] count and realized that Resident #2 was missing and called law enforcement. During a review of the facility's elopement drills, conducted on [redacted], revealed that there were no documented elopement drills. During an interview with the Administrator, conducted on [redacted] from 12:49pm through 08:15pm, the Administrator stated agreed that there were no elopement drills conducted since his date of hire and was unable to provide previous elopement drills conducted prior to his hire date. During an interview with Staff B, the Wellness Coordinator, conducted on [redacted] at 02:21pm, Staff B stated that Staff A notified her on [redacted] when Resident #1 eloped from the facility and that the staff could not find the resident. Staff B stated that the mag-lock doors were not functioning because of the power outage. Staff B stated that Staff F notified her when Resident #2 eloped from the facility and was told that the employee was returning from her shift break off property and saw Resident #2 sitting at the bus stop. A review of the video camera for [redacted] with the Administrator, conducted on from 07:00pm through 07:23pm, revealed that there were no activities provided to residents throughout the day. Resident #2 exited from the courtyard through an unlocked gate at 09:20pm.	{A 025}		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 025}	Continued From page 13 At 10:15pm, Resident #returned . . . to the facility from off of the property, in a vehicle with two other persons in the vehicle. During an interview with the Administrator, conducted on from 12:49pm through 08:15pm, the Administrator stated that the mag-lock doors were not wired into the generator system and an electical company was supposed to begin work soon to wire the mag-lock doors into the generator so that when the facilty lost power, the doors would remain locked and secures and agreed that the work had not begun. There were no videos for , when Resident #1 eloped from the facilty because the video cameras did not function when there was a power outage. Stated that the facility was supposed to place a staff member at each exit in the event of a power outage. During an interview with Resident #1, 7, and 8, conducted on at 11:50am through 11:55am, the residents stated that there were no activities offered to residents. Resident #7 stated that all they have is bingo and television and some of the residents hog the television remote control. During an interview with Resident #22, conducted on at 12:00pm, Resident #22 stated that there were no activities provided since the former activity's person left employment. During an interview with Staff E, conducted on . . . . . at 02:45pm, Staff E stated that activities were no provided to residents. During an interview with the Administrator, conducted on from 12:49 through 08:15pm, the Adminsitrator agreed that there	{A 025}		

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	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/24/2022

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CENTRAL TAMPA ASSISTED LIVING	5010 N 40 STREET NORTH TAMPA, FL 33610

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{A 025}	Continued From page 14 were no activities provided to residents on . A review of employee records the Administrator and Staff A, B, C, D, E, F, G, H, I, J, L, and M, conducted on , revealed that the Administrator and Staff A, B, C, D, E, F, G, H, I, J, L, and M did not have evidence of required trainings which include but not limited to trainings for first and , , , pre-service orientation, incident reporting, emergency procedures, assistance with self-administration of medications and annual updates, and related level-I and II and annual updates, and limited mental health and bi-annual updates (Reference citations: A0081, A0083, A0084, A0086, and L243). A review of the staffing schedule, conducted on , revealed that on on the 11:30pm through 07:30am shift, Staff F (a Resident Care Aide) and Q (a Resident Care Aide) worked together in the building. On and on the 11:30pm through 07:30am shift, Staff F, a Resident Care Aide worked alone in the building. There were no Medication Technicians working on , , or on the 11:30pm through 07:30am to provide residents' unscheduled medication needs. On on the 03:30pm through 11:30pm shift Staff A, F, L, and O worked together. There was no staff trained in first aid and , on on the 03:30pm through 11:30pm and and on the 11:30pm through 07:30am shifts. The Administrator was hired on . Staff A was hired as an unlicensed Medication	{A 025}		

Agency for Health Care Administration

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{A 025}	Continued From page 15	{A 025}		

Technician on . Staff B was hired as the Wellness Coordinator on . Staff C was hired as the Wellness Coordinator on . Staff D was hired as an unlicensed Medication Technician on . Staff E was hired as an unlicensed Medication Technician on . Staff F was hired as an unlicensed Medication Technician on . Staff J was hired as an unlicensed Medication Technician on . Staff G was hired as a Resident Care Aide on . Staff H was hired as an unlicensed Medication Technician on . Staff I was hired as an unlicensed Medication Technician on . Staff L was hired as a Resident Care Aide on . Staff M was hired as an Administrative Assistant on .

During an interview with the Administrator, conducted on from 12:49pm through 08:15pm, the Administrator agreed that employee records were missing evidence of all required trainings which included first aid and , rescusitation, assistance with self-administration of medications, and related , and limited mental health.

During an interview with Staff C, the Wellness Coordinator, conducted on at 02:23pm, Staff C stated that Resident #1 eloped on when the power was out during the hurricane and the mag-lock doors do not work when the power is out. Staff C stated that she was on duty with the Business Office Manage and Staff A, L, and M. Staff C stated that Resident #1 did not elope on but did elope on . Staff C stated that the Business Office Manager should have guarded the exit doors but did not and remained in the front office

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	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/24/2022

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{A 025}	Continued From page 16 during the shift. At 04:50pm, Staff C stated that there were days when there was no Medication Technician on duty for the 11:30pm through 07:30am shift. Staff C agreed that Staff G worked alone in the building to care for 54 residents in the memory care and assisted living units on [redacted] and [redacted] when Staff Q did not show up for work. At 05:18, Staff C stated that she was told by staff that Resident #2 had walked out of the front of the building but never left the parking lot on [redacted]. Staff C agreed that there was no incident report or investigation conducted when Resident #2 eloped from the facility on [redacted]. During an interview with the Administrator, conducted on [redacted] from 12:49pm through 08:15pm, the Administrator stated that Resident #1 slipped out of an unlocked door on [redacted] during the hurricane when the facility lost power and there was no contact information for the law enforcement officer that investigated Resident #1's elopement on [redacted]. The Administrator did not provide the investigation case number. The Administrator stated that there was no investigation and that he did not review the video cameras. The Administrator stated that the gates should never be unlocked. During an interview with the Administrator, conducted on [redacted] from 12:49pm through 08:15pm, the Administrator stated that an adverse incident report was not submitted to the Agency because the staff had told him that Resident #2 did not leave the premises. Agreed that there was no investigation of Resident #1 and #2's elopements. Agreed that there was no incident report created for Resident #2's elopement.	{A 025}		

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{A 025}	Continued From page 17 Class II	{A 025}		
{A 026} SS=D	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an	{A 026}		

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{A 026}	Continued From page 18 excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide an ongoing activities program, which encouraged all residents to participate in social, recreational, education, and other activities within the Facility. Findings Included: Observations throughout survey, conducted on from 09:15am through 8:15pm, residents were , about the facility. Some residents were in bed. Some residents were gathered in television rooms watching television. Some residents were outside in the gazebo or other smoking areas. During observations, conducted on from 09:15am through 08:15pm, revealed that there were no activities offered or provided to residents. Residents were observed sitting in common areas, laying in beds, , the hallways, and watching television throughout the survey. During a review of facilities surveillance cameras conducted on revealed there were no activities offered to residents on from 12:00am to 10:30pm. During an interview conducted on at 11:50am with Resident #1, she stated there were no activities to participate in. During an interview conducted on at 11:54am with Resident #7 she stated all the facility is offering is bingo and television, and	{A 026}		

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{A 026}	Continued From page 19 some of the other residents hog the remote. During an interview conducted on at 11:51 am with Resident #8 she stated there were no activities offered. During an interview with Resident #22, conducted on at 12:00pm, Resident #22 stated that the facility had not provided activities since the former activity personnel left employment. A review of the posted Activity Calendar, conducted on , revealed that the facility was supposed to offer residents Arts and Crafts at 10:00am, Morning Jazz at 11:00am, Noodle Hockey at 02:00pm, and Bowling at 03:00pm. During an interview with Staff E, conducted on at 02:45pm, Staff E stated that the facility sometime did not have activities. Class III	{A 026}		
{A 078} SS=D	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.	{A 078}		

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{A 078}	Continued From page 20 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (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	{A 078}		

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{A 078}	Continued From page 21 agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a statement from a health care provider that employees were free from . . . . . ( ) annually and a one-time statement that employees were free from communicable . . . . . for eleven employees (Administrator and Staff A, B, C, D, E, F, G, H, L, and M) of eleven sampled employees. Findings Included: A record review for the Administrator, conducted on , revealed that the Administrator's employee record did not have statements from a health care provider that the employee was free from and communicable . . . . . within thirty days of employment. The administrator was hired on . . . . . . A record review for Staff A, conducted on , revealed that Staff A's employee record did not contain evidence from a health care provider that the employee was free from and communicable . . . . . within thirty days of employment. Staff A was hired on . A record review for Staff B, conducted on	{A 078}		

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{A 078}	Continued From page 22 , revealed that Staff B's employee record did not contain evidence from a health care provider annually that the employee was free from . The last negative statement was dated . Staff B was hired on . A record review for Staff C, conducted on , revealed that Staff C's employee record did not contain evidence from a health care provider that the employee was free from and communicable within thirty days of employment. Staff C was hired on . A record review for Staff D, conducted on , revealed that Staff D's employee record did not contain evidence from a health care provider annually that the employee was free from . The last negative statement was dated . Staff D was hired on . A record review for Staff E, conducted on , revealed that Staff E's employee record did not contain evidence from a health care provider annually that the employee was free from . The last negative statement was dated . Staff E's employee record did not contain evidence from a health care provider that the employee was free from communicable within thirty days of employment. Staff E was hired on . A record review for Staff F, conducted on , revealed that Staff F's employee record did not contain evidence from a health care provider that the employee was free from and communicable within thirty days of employment. Staff F was hired on .	{A 078}		

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{A 078}	Continued From page 23 A record review for Staff G, conducted on , revealed that Staff G's employee record did not contain evidence from a health care provider that the employee was free from and communicable within thirty days of employment. Staff G was hired on . A record review for Staff H, conducted on , revealed that Staff H's employee record did not contain evidence from a health care provider that the employee was free from and communicable within thirty days of employment. Staff H was hired on . A record review for Staff L, conducted on , revealed that Staff L's employee record did not contain evidence from a health care provider that the employee was free from and communicable within thirty days of employment. Staff L was hired on . A record review for Staff M, conducted on , revealed that Staff M's employee record did not contain evidence from a health care provider that the employee was free from and communicable within thirty days of employment. Staff M was hired on . During an interview with the Administrator, conducted n at 05:30pm, the Administrator agreed that himself and Staff A, B, C, D, E, F, G, H, L, and M did not have evidence in their employee records that they had obtained a statement from a health care provider that employees were free from annually and a one-time statement that the employees were free from communicable . Class III	{A 078}		

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{A 081}	Continued From page 24	{A 081}		
{A 081} SS=D	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 25	{A 081}		

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

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CENTRAL TAMPA ASSISTED LIVING	5010 N 40 STREET NORTH TAMPA, FL 33610

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{A 081}	Continued From page 26 following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . . , neglect, and , . The facility must use its . . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide direct care staff with the required in-service trainings for incident reporting and emergency procedures within thirty days of	{A 081}		

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	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/24/2022

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{A 081}	Continued From page 27 employment. Furthermore, the facility failed to provide direct care staff with a 2-hours pre-service orientation regarding the facility's license type, the service it provided, and an overview of resident rights prior to working with residents for twelve employees (Staff A, B, C, D, E, F, G, H, I, J, L, and M) of twelve sampled employees. Findings Included: A record review for Staff A, conducted on [redacted], revealed that Staff A's record did not contain evidence that the employee had trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff A had a 2-hour pre-service orientation certificate dated [redacted] that was not signed by the employee and the training did not include the facility license type or the services it provided. Staff A was hired on [redacted]. A record review for Staff B, conducted on [redacted], revealed that Staff B's record did not contain evidence that the employee trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff B had a 2-hour pre-service orientation certificate from an online training company and was not facility specific dated [redacted]. Staff B had an emergency procedures training certificate dated [redacted] from an online training company and was not facility specific. Staff B was hired on [redacted]. A record review for Staff C, conducted on [redacted], revealed that Staff C's record did not contain evidence that the employee had trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff	{A 081}		

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	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/24/2022

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{A 081}	Continued From page 28 C was hired on . A record review for Staff D, conducted on , revealed that Staff D's record contained a 2-hour pre-service orientation certificate dated that was not signed by the employee and the training did not include the facility license type or the services it provided. Staff D was hired on . A record review for Staff E, conducted on , revealed that Staff E's record did not contain evidence that the employee had trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff E had a 2-hour pre-service orientation certificate dated that was not signed by the employee and the training did not include the facility license type or the services it provided. Staff E was hired on . A record review for Staff F, conducted on , revealed that Staff F's record did not contain evidence that the employee had trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff F had an undated 2-hour pre-service orientation certificate that was not signed by the employee and the training did not include the facility license type or the services it provided. Staff F was hired on . A record review for Staff G, conducted on , revealed that Staff G's record did not contain evidence that the employee had trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff G had a 2-hour pre-service orientation certificate dated that was not signed by the employee and the training did not include the	{A 081}		

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{A 081}	Continued From page 29 facility license type or the services it provided. Staff G was hired on . A record review for Staff H, conducted on ., revealed that Staff H's record did not contain evidence that the employee had trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff H had a 2-hour pre-service orientation certificate dated that was not signed by the employee and the training did not include the facility license type or the services it provided. Staff H was hired on . A record review for Staff I, conducted on , revealed that Staff I's record did not contain evidence that the employee received a 2-hours pre-service orientation regarding the facility's license type, the services it provided, and an overview of resident rights prior to providing direct care. Staff I was hired on . A record review for Staff J, conducted on , revealed that Staff J's record did not contain evidence that the employee had trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff J's record did not contain evidence that the employee received 2-hours pre-service orientation regarding the facility's license type, the services it provided, and an overview of resident rights prior to providing direct care. Staff J was hired on . A record review for Staff L, conducted on , revealed that Staff L's record did not contain evidence that the employee had trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff L had a 2-hour pre-service orientation certificate	{A 081}		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{A 081}	Continued From page 30 dated . . .. that was not signed by the employee and the training did not include the facility license type or the services it provided. Staff L was hired on . A record review for Staff M, conducted on . . . . . ., revealed that Staff M's record did not contain evidence that the employee had trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff M had a 2-hour pre-service orientation certificate dated . . that was not signed by the employee and the training did not include the facility license type or the services it provided. Staff M was hired on . . . . . . During an interview with the Administrator, conducted on , the Administrator agreed that the facility did not have evidence that Staff A, B, C, D, E, F, G, H, I J, L, and M received adequate and appropriate trainings for incident reporting and emergency procedures within thirty days of employment. The Administrator agreed that the facility's had evidence that the employees received a 2-two hours pre-service orientation training regarding the facility's license type, the services it provided, and an overview of resident rights prior to interacting with residents. Class III	{A 081}		
{A 083} SS=D	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 083}		

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{A 083}	Continued From page 31 (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 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 provide staff on each shift with training in , , ( ) and first aid as required. Findings Included: Record reviews for Staff A, F, G, J, L, and O, conducted on , revealed that Staff A, F, G, J, L, and O did not have evidence of first aid and training. Staff A was hired on . Staff F was hired on . Staff G was hired on . Staff J was hired on . Staff L was hired on . Staff O's date of hire was not provided. A review of the staffing schedule for , conducted on , revealed that on the 03:30pm through 11:30pm shift Staff A, L, and O worked together. There was no staff during that	{A 083}		

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	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/24/2022

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{A 083}	Continued From page 32 shift which had evidence of first aid and training. On and on the 11:30pm through 07:30am shifts, Staff F worked alone. There was no other staff present during those shifts. During an interview with Staff C, the Wellness Coordinator, conducted on at 05:20pm, Staff C agreed that Staff A, F, G, J, L, and O did not have current and valid first aid and training. Staff C agreed that Staff F worked alone in the facility on and on the 11:30pm through 07:30am shifts. During an interview with the Administrator, conducted on at 05:30pm, the Administrator agreed that Staff A, F, G, J, L, and O did not have current and valid first aid and training. The Administrator was unaware that Staff F worked alone in the facility on and on the 11:30pm through 07:30am shifts. Class III	{A 083}		
{A 084} SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in 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 084}		

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	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL TAMPA ASSISTED LIVING	5010 N 40 STREET NORTH TAMPA, FL 33610

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{A 084}	Continued From page 33 (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with 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	{A 084}		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL TAMPA ASSISTED LIVING	5010 N 40 STREET NORTH TAMPA, FL 33610

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{A 084}	Continued From page 34	{A 084}		

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

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	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL TAMPA ASSISTED LIVING	5010 N 40 STREET NORTH TAMPA, FL 33610

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{A 084}	Continued From page 35 (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed ensure that employees assisting residents with medications had the required 6-hours of training for assistance with self-administration of medications or the required 2-hours of annual continuing education training for four unlicensed Medication Technicians (Staff B, D, E, and F) of eight sampled unlicensed Medication Technicians. Findings Included: A record review for Staff B, conducted on , revealed that Staff B's record did not contain evidence of 6-hours training for assistance with self-administration of	{A 084}		

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	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL TAMPA ASSISTED LIVING	5010 N 40 STREET NORTH TAMPA, FL 33610

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{A 084}	Continued From page 36 medications. Staff B was hired on . . . . . as the Wellness Director and assisted residents with medications. A record review for Staff D, conducted on . . . . . , revealed that Staff D obtained 6-hours training for assistance with self-administration of medications on . There was no evidence of 2-hours annual continuing education for assisting with medications. Staff D was hired as an unlicensed Medication Technician on . A record review for Staff E, conducted on . . . . . , revealed that Staff E certificate for 6-hours of training for assistance with self-administration of medications dated was for course study. There was no indication that Staff E completed an in-person training for assisting with medications. Staff E was hired as an unlicensed Medication Technician on . A record review for Staff F, conducted on . . . . . , revealed that Staff F's record did not contain evidence of 6-hours training for assistance with self-administration of medications. Staff F was hired as an unlicensed Medication Technician on . . . . . . During an interview with the Administrator, conducted on at 05:30pm, the Administrator agreed that Staff B, D, E, and F assisted residents with medications. The Administrator agreed that Staff B, D, E, and F did not have evidence of adequate and appropriate training for assistance with self-administration of medications in the employee records. Class III	{A 084}		

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	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL TAMPA ASSISTED LIVING	5010 N 40 STREET NORTH TAMPA, FL 33610

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{A 086} SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) 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 Level I Training.	{A 086}		

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	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL TAMPA ASSISTED LIVING	5010 N 40 STREET NORTH TAMPA, FL 33610

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{A 086}	Continued From page 38 (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 interacting with such residents, as required under	{A 086}		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{A 086}	Continued From page 39 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 interview, the facility failed to provide the four-hours required training regarding . . . . . 's . . . . . and related . . . . . level-I and level-II trainings (ADRD-I and ADRD-II) for five employees (Administrator and Staff D, E, F, and G) of ten sampled employees.	{A 086}		

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	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/24/2022

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{A 086}	Continued From page 40 Findings Included: A record review for the Administrator, conducted on , revealed that there was no evidence that Administrator obtained 4-hours of ADRD-I training within three months of employment. The Administrator was hired on . A record review for Staff D, conducted on , revealed that there was no evidence that Staff D obtained 4-hours of ADRD-II training within nine months of employment. Staff D was hired on . A record review for Staff E, conducted on , revealed that there was no evidence that Staff E obtained 4-hours of ADRD-II training within nine months of employment. Staff E was hired on . A record review for Staff F, conducted on , revealed that there was no evidence that Staff F obtained 4-hours of ADRD-I training within three months of employment. Staff F was hired on . A record review for Staff G, conducted on , revealed that there was no evidence that Staff G obtained 4-hours of ADRD-I training within three months of employment. Staff G was hired on . During an interview with the Administrator, conducted on 10/ at 05:30pm, the Administrator agreed that himself and Staff F and G did not have evidence in their employee records that they received 4-hours ADRD-I training within three months of employment. The	{A 086}		

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{A 086}	Continued From page 41 Administrator agreed that Staff D and E did not have evidence in their employee records that they received 4-hours ADRD-II training within nine months of employment. Class III	{A 086}		
{A 152} SS=G	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [illegible] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.	{A 152}		

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{A 152}	Continued From page 42 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interview, the facility failed to maintain all existing mechanical and electrical systems in good working order and free of hazards which included but was not limited to portions of the air conditioning system, the internet system, cracked tiles and caulking, broken fixtures, broken furniture, burnt out light bulbs, disrepair of walls and handrails, and cracked or missing outlet or switch plate covers. Furthermore, the facility failed to maintain a clean and homelike environment which affected 54 of 54 residents. Findings Included: Observations of the assisted living unit's hallways, conducted on at 11:30am, revealed the residential entry alcove room between two sets of double doors, there was a hole in the wall that appeared to be a switch or outlet with no cover and exposed electrical wires. There were black marks and stains toward the bottom of the dining room door. There outer panel of the door was peeling away from the wood. The handrail had chunks of wood missing. There were five of eighteen overhead lights burnt out down one hallway. Another hallway had three of fifteen overhead lights burnt out. The light in the hallway by room C2 (Podiatry Room) was burnt out. The light in C2 was not functioning, had	{A 152}		

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{A 152}	Continued From page 43 exposed electrical wires, and no cover. The hall by the Staff Room had one ceiling panel missing and a florescent ceiling light when it was turned on, it kept flickering. The metal air vent by this Staff Room was rusted and caked on dust. There was a dent in the alcove by room N-14. One exit door with the paint chipping/peeling away from door and appeared unsightly. Observations of the assisted living unit's resident bedrooms and bathrooms, conducted on at 11:45am, revealed that the following observations: C-4: The wall at the entry had chunk of sheet rock and plaster missing from the bottom of the wall/hole in the wall. C-5: There was no light switch cover. Below the light switch, there was a hole in the wall with exposed electrical wires. There were two outlets with broken covers and one outlet that did not have a cover. There was no toilet paper in the bathroom. There toilet paper holder was broken and non-functional. C3A: The bathroom had no toilet paper. There was no cover for the toilet tank. N-5: The wall in the corner at the entry by the bathroom had no baseboard trim. There was metal sticking out of two prong holes in the outlet plugs by the first bed. The air conditioning vent was full of dust/debris and was not functional. There was no toilet paper in the bathroom. N-9: There was chipped and cracked floor tiles in the bedroom. The bathroom had cracked tile by the toilet.	{A 152}		

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{A 152}	Continued From page 44 N-14: There was no cover for one of two overhead lights. The first bed had a bottom bed sheet that appeared worn, yellowish, and stained. NE-1: The paint was peeling from the wall just above the baseboard trim. One outlet cover was twisted sideways which exposed electrical wires. NE-2: The toilet paper holder was broken and non-functional. NE-3: The air conditioning unit was non-functional. NE-4: On one of two beds, the bottom bed sheet was smeared with a brownish substance consistent with feces. This room shared the bathroom with NE-6. NE-6: The wall at the entry had no baseboard trim and there were chunks of sheet rock missing/hole and shared bathroom with NE-4. NE-4 and NE-6 bathroom: Had a broken and non-functional toilet paper holder. There were two of three lights burnt out. NE-7 bathroom: Had one of three light bulbs burnt out. Observations of the yard, conducted on at 11:20am, revealed cigarette butts on the ground of the gazebo, grounds, and sidewalks. The outside trash can was overflowing from trash. Observations of the memory care unit's hallways and residents' rooms and bathrooms, conducted on at 11:24am revealed the following observations:	{A 152}		

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{A 152}	Continued From page 45 S-7: The paint was peeling away from the wall at the . . . of one of two beds. The bathroom sink had caulking that was dried, cracking, and peeling away. The toilet seat was broken. S-5: There was one outlet that did not have a plate cover. The metal door frame was rusted. SE-3: The wall at the entry by the bathroom that had no baseboard trim. SE-9: The wall at the entry by the bathroom had no baseboard trim piece. There were two nightstands in the room. Both nightstands were missing two of two drawers. The wardrobe cabinet was missing two of two drawers. During an interview with Resident #22, conducted on at 12:00pm, Resident #22 stated that the air conditioning and heating unit in the room continued not functioning and the resident was afraid that the room would get too . . . because the heater portion of the unit was not functioning. During a review of the complaint investigation, conducted on , Resident #22 resided in room N-5 and the air conditioning unit was not functioning at that time. During an observation of the medication pass, conducted on .. . . at 01:00pm, revealed that the computer screen kept flickering and Staff N was unable to bring up resident medications for the medication pass. During an interview with Staff N, a Medication Technician, conducted on . . . . at 01:00pm, Staff N stated that the computer keeps	{A 152}		

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{A 152}	Continued From page 46 glitching and the Medication Technician was not always able to sign residents' medications as given because the computer goes down. A review of Resident #1, #3, #5, and #25 Medication Observation Records, conducted on [redacted], revealed that Residents #1, #3, #5, and #25 had medications that were not documented as given to the residents on various dates and times during the months of [redacted] and [redacted]. A review of the local health department's inspection reports dated [redacted], conducted on [redacted], revealed that the inspection reports noted a violation that the facility did not have adequate lighting. A review of the facility's visitation policy and procedures, conducted on [redacted], the facility's visitation policy and procedures noted on page 2 section 3f that the facility would clean and [redacted] high frequency touched surfaces often. During an interview with Staff C, the Wellness Coordinator, conducted on [redacted] at 05:18pm, Staff C stated that the internet Wi-Fi does not work, and unlicensed Medication Technicians were unable to document medications as given. Staff C stated that this happened all the time. During an interview with the Administrator, conducted on [redacted] at 5:30pm, the Administrator stated that a local internet company was called for the facility to purchase Wi-Fi boosters, but the work had not been performed yet. The Administrator agreed that unlicensed Medication Technicians were unable to document residents' medications as given with the internet	{A 152}		

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{A 152}	Continued From page 47 went down. The Administrator confirmed that the maintenance work for the previous citation for physical environment had not performed yet. The Administrator stated that Staff P, Maintenance, was rehired but had not repaired or replaced the physical environment issues yet. Class II	{A 152}		