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
	AL11968888	A. BUILDING: _____ B. WING _____	01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARLINGTON OF NAPLES, INC	8000 ARLINGTON CIR NAPLES, FL 34113

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A 000	Initial Comments An unannounced re-licensure, extended congregate care and emergency power plan monitoring survey was conducted on through at the Arlington of Naples, Inc., an assisted living facility in Naples, Florida. The following is a description of the deficiencies.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not	A 078		

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A 078	Continued From page 1 constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual	A 078		

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A 078	Continued From page 2 is free from signs/symptoms of communicable and evidence of freedom from . . . . . ( ) documented annually thereafter for 3 (Administrator, Resident Director of Assisted Living & Staff C) of 4 employee records reviewed. The findings included: On . . . . . a review of the Administrator's employee file revealed a hire date of . The Administrator's file contained documentation of a skin test read on with negative results. There was no documentation of a written statement from a health care provider indicating the Administrator was free from signs and symptoms of communicable . . . . . . On . . . . . a review of the Director of the Assisted Living's employee file revealed a hire date of . . . . . The Director of Assisted Living's file contained documentation of a ( ) skin test performed on . . . . . and read on with negative results. There was no documentation of a written statement from a health care provider indicating the Director of the Assisted Living was free from signs and symptoms of communicable . . . . . . On . . . . . a review of Staff C's employee file revealed a hire date of . Staff C's file contained documentation of a . . . . . skin test performed on and read on with negative results. There was no documentation of a written statement from a health care provider indicating Staff C was free from signs and symptoms of communicable	A 078		

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A 078	Continued From page 3 On . . . . . at 12:03 p.m., the Human Resource Director acknowledged the lack of a practitioner's assessment that the employee was free of communicable . .	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating 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	A 081		

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A 081	Continued From page 4 (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], 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	A 081		

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A 081	Continued From page 5 emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of 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.	A 081		

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A 081	Continued From page 6 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 pre-service Orientation training prior to interacting with residents, and 1 hour of in-service training each for Nutritional Safe Food Handling, Reporting Major Incidents, Reporting Adverse Incidents and Facility Emergency Procedures, Resident Rights, Recognizing/Reporting . . . . /Neglect, Incident Reporting, and Elopement Response training, as required by the Florida Administrative Code, within 30 days of employment for 2 employees (Staff C & D) out of 4 staff records reviewed. The findings included: On . . . . . review of Staff C's employee file revealed a hire date of as a Licensed Practical Nurse (LPN). Staff C's employee file contained no documented evidence of completing a 2 hour pre-service orientation prior to interacting with residents and a minimum 1 hour in-service training in Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Nutritional and Safe Food Handling, and Elopement Response training within 30 days of employment. On . . . . . review of Staff D's employee file revealed a hire date of as a Certified Nurse Assistant (CNA). Staff D's employee file contained no documented evidence of completing a 2 hour pre-service orientation prior to interacting with residents, and a minimum 1 hour in-service training in Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, and Elopement Response training within 30 days of employment. Staff D's employee	A 081		

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A 081	Continued From page 7 record contained a certificate documenting completion of 45 minutes of training in Understanding and Neglect completed on , though 1 hour of training is required by regulation. On at 1:15 p.m., the Director of Assisted Living said the training documentation provided is what the facility had for Staff C and Staff D. He said "There is no further training documentation, so if it is not there it is not done." On at 1:25 p.m., the Human Resource Director (HRD) confirmed the training documentation provided for Staff C and Staff D was all she had. The HRD stated, "If the documentation for the training completion is not in the file, there is no documentation, and the training was not completed." Class III	A 081		
A 082	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.	A 082		

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A 082	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees completed a one time education course on [redacted] and [redacted] (/) within 30 days of employment for 1 (Staff D) of 4 employee files reviewed for / training. The findings included: On record review of Staff D's employee file revealed a hire date of [redacted] as a Certified Nurse Assistant (CNA). Staff D's file contained no evidence of completing training for / within 30 days as required. On at 1:15 p.m., the Director of Assisted Living said the training documentation provided is what the facility had for Staff D. He said, "There is no further training documentation, so if it is not there it is not done." On at 1:25 p.m., the Human Resource Director (HRD) confirmed the training documentation provided for Staff D was all she had currently. The HRD stated, "If the documentation for the training completion is not in the file, there is no documentation, and the training was not completed." Class III	A 082		
A 086	59A-36.011(10) FAC Training - ADRD (10) [redacted] AND RELATED [redacted] ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that	A 086		

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A 086	Continued From page 9 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. (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	A 086		

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A 086	Continued From page 10 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 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.	A 086		

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A 086	Continued From page 11 (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 staff that care for residents with . . . . . or other related . . complete 4 hours of Level I in-service training within 3 months of hire, and 4 hours of Level II training within 9 months of hire developed or approved by the department for 3 (Administrator, Director of Assisted Living, Staff D) of 4 employee records reviewed. The findings included:	A 086		

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A 086	Continued From page 12 On review of the Administrator's employee record revealed a hire date of . Further review revealed a certificate of completion for 2 hour of in-service training for and related behavior management and activities completed on . There was no further documented evidence of completion of 4 hours of Level 1 and Level II training completed within 3 and 9 months of hire as required per regulations. On review of the Director of Assisted Living's employee record revealed a hire date of . Further review revealed a certificate of completion for 3 hour total of in-service training for and related behavior management and activities completed on and and and completed on . There was no further documentation of completion of 4 hours of Level 1 and Level II training completed within 3 and 9 months of hire as required per regulations. On review of Staff D's employee record revealed a hire date of . Further review revealed a certificate of completion for 3 hours total of in-service training for 's and related behavior management and activities completed on and and Communication and People with completed on . There was no further documentation of completion of 4 hours of Level 1 training completed within 3 months of hire as required per regulations. On at 12:46 p.m., during an interview with the Director of Assisted Living, he confirmed the facility is a memory unit and advertises that it	A 086		

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A 086	Continued From page 13 provides special care for persons with . He confirmed the training certificates did not meet the required standards, as they lacked the required hours of training. He did not know and had no documentation the instructor listed on the certificate is licensed or credentialed as an instructor to give the training. Class III	A 086		
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees completed at least 1 hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment and maintain documentation of completion for 2 (Staff C & D) of 4 employee files reviewed.	A 090		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 090	Continued From page 14 The findings included: On . . . . . a review of Staff C's employee file revealed a hire date of as a Licensed Practical Nurse (LPN). Staff C's file contained no documented evidence of completing training in the facility's policies and procedures for . . . On . . . . . a review of Staff D's employee file revealed a hire date of as a Certified Nurse Assistant (CNA). Staff D's file contained no documented evidence of completing training in the facility's policies and procedures for . . On . . . . . at 1:15 p.m., the Director of Assisted Living stated the training documentation provided is what the facility had for Staff C and Staff D. He said, "There is no further training documentation, so if is not there it is not done". On . . . . . at 1:25 p.m., the Human Resource Director (HRD) confirmed the training documentation provided for Staff C and Staff D are all she had currently. The HRD stated, "If the documentation for the training completion is not in the file, there is no documentation, and the training was not completed." Class III	A 090		
AE210	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility	AE210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968888	A. BUILDING: _____ B. WING _____	01/18/2023

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AE210	Continued From page 15 receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , , , shall not be required to take the assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , , or social needs of frail elderly and persons, or persons with 's or related . (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that 4 (Administrator, Director of Assisted Living, Extended Congregate Care Supervisor and Staff C) of 4 employee files reviewed lacked the extended congregate care training required. The findings included: Record review found the Administrator was hired on . The Administrator lacked the 4 hours of initial training in extended congregate care	AE210		

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AE210	Continued From page 16 (ECC) required to be completed within 3 months of employment. Record review found the Director of Assisted Living, a licensed practical nurse, was hired on . The Director of Assisted Living lacked the 2 hours of initial training in extended congregate care (ECC) provided by the facility's Administrator or ECC supervisor required to be completed within 6 months of employment. The ECC supervisor, a registered nurse, was hired on . The ECC supervisor lacked the 4 hours of initial training in extended congregate care (ECC) required to be completed within 3 months of employment. Record review found Staff C, a licensed practical nurse, was hired on . Staff C lacked the 2 hours of in-service training provided by the facility's Administrator or ECC supervisor within 6 months of beginning employment at the facility. Staff C is responsible for providing direct care to ECC residents. On at 10:18 a.m., during an interview the Director of Assisted Living said he acknowledged himself and all other staff lacked the required training. The Director said he was not aware of the regulatory requirements. He said he called a training provider and was planning on completing the training as soon as possible. Class III	AE210		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse	CZ814		

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CZ814	Continued From page 17 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the employment status of all employees within the Agency's Background Screening Clearinghouse and report any changes of status within 10 business days for 2 (Administrator, Staff D) of 4 employees reviewed for the Background Screening Clearinghouse. The findings included:	CZ814		

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CZ814	Continued From page 18 Review of the Administrator's file revealed a hire date of . Review of the Agency's clearinghouse employee roster revealed the Administrator was added to the clearinghouse roster on , 139 days after hire. Review of Staff D's employee file revealed a hire date of as a Certified Nurse Aide. Review of the Agency's clearinghouse employee roster revealed Staff D was not added to the clearinghouse. On at 12:03 p.m., the Human Resource Director reviewed the clearinghouse web site and confirmed the Administrator was added to the Agency's background screening roster after the 10 days required. Staff D had not been added to the Agency's background screen roster for the facility.	CZ814		