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 _____	C 03/26/2023

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
A 000	Initial Comments A complaint (complaint numbers 2023003705, 2023003805, 2023004106 and 2023004467) in conjunction with a generator monitoring survey was conducted at Central Tampa Assisted Living on and . Deficiencies were identified at the time of survey.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident,	A 010		

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A 010	Continued From page 1 additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the	A 010		

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A 010	Continued From page 2 applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's	A 010		

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A 010	Continued From page 3 record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities	A 010		

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A 010	Continued From page 4 holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 (Resident #14 and Resident #19) of 9 sampled residents had a . . .-to-. . . medical examination by a health care practitioner at least every 3 years after the initial assessment. Findings Included: A resident record review conducted on . . . revealed Resident #14's last . . .-to-. . . was completed on . . . . . . A resident record review conducted on . . . revealed Resident #19's last . . .-to-. . . was completed on . . . . . . During an interview conducted on . . . . . at 5:52pm with the Resident Care Coordinator she stated she was aware that some of the 1823's needed updated a year ago but have not been. (Photographic evidence obtained) Class III	A 010		
A 079 SS=J	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168	A 079		

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A 079	Continued From page 5 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.	A 079		

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A 079	Continued From page 6 b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident	A 079		

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A 079	Continued From page 7 care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that	A 079		

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A 079	Continued From page 8 resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure there was adequate staff to meet the needs of 43 residents who were a full code out of 50 residents that resided at the facility. Furthermore, the facility failed to ensure a First Aid and [redacted] ( ) trained staff member was in the facility at all times, resulting in an incident where Resident #1 choked on non-pureed food and subsequently . Findings Included: An observation of the facility conducted on [redacted] at 9:30am revealed the main assisted living unit housed 37 residents and the memory care unit housed 13 residents. The memory care unit was separated by secured double doors. To enter and exit the memory care unit required a numeric keypad entry. Record review of the facility's self-reported	A 079		

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A 079	Continued From page 9 document dated . . . . . conducted on . . . . . revealed an incident with Resident #1 occurred on . . . . . at 12:16pm. "[Resident #1] ate doughnuts in a dining room while staff were preparing for dining services. [Resident #1] choked; emergency services was called when staff found resident unresponsive. [Resident #1] was pronounced unresponsive at the hospital." During a review of the facility's surveillance camera footage conducted on . . . . . at 12:52 pm of the event involving Resident #1 on . . . . . revealed the following: "12:00pm: 10 residents were in the memory care dining room. "12:04pm: Resident #1 entered the view of the camera with a bag of doughnuts in his and had a mouthful of doughnuts, stumbled, and backwards to the floor. Resident #1 attempted to get up on his own but was unable to do so and remained laying on his motion less. "12:04pm after a few seconds: Staff A, medication technician (med tech), saw Resident #1 on the floor and ran over to him. She then grabbed Resident #1's arm and tried to pull him up but failed. Staff A then left the dining room at 12:05pm. Resident #1 remained on his while there were 11 other residents in the dining room alone with no staff in the room. "12:05pm: Staff A returned shortly after and went straight to Resident #1. Staff A rolled Resident #1 onto his right side. Staff B, med tech, arrived within 10 seconds to assist with Resident #1. Resident #1 was observed laying on his right side while Staff A was in front of him, and Staff B was behind Resident #1. "12:05pm after a few seconds: Staff B was observed grabbing her phone and making a phone call. Staff B was observed rolling Resident	A 079		

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A	Continued From page 10 #1 onto his . . . . Staff B then started to push on Resident #1's abdomen area for about 30 seconds. Then Staff A and Staff B were observed exiting the dining room leaving Resident #1 alone along with 9 residents sitting and walking around the dining room. "12:06pm: Staff A was observed returning to Resident #1 and for about 15 seconds pushing on his abdomen area and proceeded to leave the dining room again. Resident #1 and other residents were left alone. "12:07pm: Staff A peeked in dining room and went . . . out of dining room. "12:07pm: after about 30 seconds Staff A returned to the dining room and was observed talking on the phone, she pushed on Resident #1's area with two . . . . "12:08pm: Staff A left Resident #1 and exited the dining room again. Resident #1 remained on the floor and other residents were left alone. "12:08pm: Staff A and Staff B returned to the dining room after a few seconds, and both were observed . . . . providing /abdomen , to Resident #1. "12:09pm: Staff B was observed rolling Resident #1 onto his and pressed down on Resident #1 between the blades. "12:09pm after about 30 seconds Staff A and Staff B left the dining room. Staff A returned after a few seconds talking on the phone. "12:10pm Staff A was observed rubbing Resident #1's in an upwards motion for about 10 seconds and then exited the dining room. Resident #1 and other residents were left alone. "12:10pm Staff A and Staff B observed at dining room door and pointed local law enforcement to Resident #1. "12:11pm: Local law enforcement turned Resident #1 to his . . . , checked for a , . . . and started .	A 079		

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A 079	Continued From page 11 "12:13pm Another local law enforcement arrived, took over , and fire rescue arrived after a few seconds. Staff A and Staff B started to remove the other 10 residents out of the dining room. "During the time from 12:00pm to 12:13pm the 37 residents on the assisted living unit were left unattended. A record review conducted on . . . . . of Resident #1's hospital autopsy records dated . . . . . revealed that Resident #1 . . from . . . after choking. During an observation conducted on at 12:05pm of the facility, only Staff A and Staff G, med tech, were identified in the building. Staff B arrived at 12:59pm. An interview with Staff A conducted on at 12:43pm, Staff A stated "I was bringing residents down for lunch, it was around twelve. I made a mistake and left my purse, and [Resident #1] went to my bag and grabbed doughnuts. I saw him lying on the floor and saw doughnuts around him. I started . . . . , and then I had to run and get [Staff B], she called 911, I called my boss. We were trying to pick him up and grab him from the to make the food come up. We couldn't do it. After that the paramedics arrived really quick and started . ." During an interview with Staff B conducted on at 12:52pm, Staff B stated "basically it was so fast. In less than 30 minutes everything happened. We have two nurses here, I was doing something and heard [Staff A] call me that [Resident #1] is choking, I see him on the floor, he had a bunch of doughnuts in his , [Staff A] told me that he grabbed her doughnuts. I	A 079		

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A 079	Continued From page 12 called 911, I called the administrator. His mom told us that she gives him regular food, we give him pureed. He shovels food, he does not know when to stop. [...] We started doing what the dispatcher told me, turned him over and pushed him. I told [Staff A] to stay with him and I went and let . . . (Emergency Medical Services) and the firefighters in." Staff B stated that after the incident the administrator did a one-on-one with her and told her that she did a good job. No type of education was provided. She also stated that she did not have a /First Aid certificate. An interview with Staff G conducted on . . . . . at 1:18pm, Staff G stated that Resident #1 was known for choking. Staff G stated that no training had been done since the incident with Resident #1 on . Staff G stated that Resident #12 also had a choking incident at the end of last year. A record review of the facility's incident log conducted on . . . . . revealed that Resident #12 had a choking incident on . Resident #12 was accidentally served a regular diet tray and had to be sent to a local hospital for treatment. A record review of Resident #12's most recent Health Assessment (AHCA Form 1823), was dated . . . . . stated that Resident #12 required a regular diet with chopped meat and required assistance with eating. Further review of facility provided documentation for residents with modified diets revealed that Resident #12 required a pureed diet. A record review conducted on of Resident #1's medical records revealed Resident #1 was admitted to the facility on with	A 079		

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A 079	Continued From page 13 the diagnosis [redacted], and [redacted]. Resident #1 was identified to have special precautions for fixating on food, drinks and electronics. Resident #1's diet order dated [redacted] was regular diet with pureed texture. Resident #1 had a ([redacted]) in place dated [redacted]. During a record review of the facility's schedule and timecards conducted on [redacted] revealed Staff A and Staff B were the only care staff in the facility from 10:00am to 1:15pm on when the census of the facility was 54. Record review conducted on [redacted] revealed that on [redacted] there were 6 residents in Memory Care that required a pureed diet and in Assisted Living there was 1 resident who required [redacted] foods, 3 required cut-up diets and 2 required mechanical soft diets. Employee record review conducted on [redacted] revealed that Staff A, Staff B, Staff E and Staff F did not have First Aid and [redacted] training or significant change and adverse incident training. During an interview with Staff A conducted on [redacted] at 11:15am, she stated she did not have first aid training. During an interview conducted on [redacted] at 3:21pm with the Administrator she stated no First Aid or [redacted] training was currently set up. The Administrator was unable to provide documentation for weekend staff verifying they had a current [redacted] /Fist aid certificate. A record review conducted on [redacted] of	A 079		

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A 079	Continued From page 14 resident records revealed 43 of 50 residents that resided at the facility were listed as a full code and required . . in an emergency situation where a resident's stopped beating and/or the resident stopped breathing. A record review conducted on . . . . . of an undated policy titled, "Policy and Procedures for . . . . . (. . .)" revealed the following procedure: Procedure: "If a resident does not have a . . , facility staff will provide and call 911 for medical assistance and advanced life saving measures. "If a resident has a signed , and the resident should become unresponsive, Facility staff will NOT start , but rather call 911 for medical assistance and provide comfort care (stay with resident, offer reassurance, provide first aid as needed, etc.) until EMT arrive and can make decisions related to further care and treatment. (Photographic evidence obtained) Class I	A 079		
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	A 081		

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A 081	Continued From page 15 employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by 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	A 081		

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A 081	Continued From page 16 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 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:	A 081		

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A 081	Continued From page 17 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure for 3 (Staff A, Staff E and Staff F) of 4 sampled staff, who performed direct care for residents, had all their required training completed. Findings Included: A review of employee records conducted on [redacted] revealed that Staff A who had a hire date of [redacted] and was a direct care staff, was missing documentation for completing 1-hour of significant changes and adverse incident training.	A 081		

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A 081	Continued From page 18 A review of employee records conducted on revealed that Staff E who had a hire date of and was a direct care staff, was missing documentation for completing 1-hour of resident rights, 1-hour control and 1-hour of significant changes and adverse incident training. A review of employee records conducted on revealed that Staff F who had a hire date of and was a direct care staff, was missing documentation for completing 1-hour of significant changes, and adverse incident training. During an interview conducted on at 11:54am with the Administrator she confirmed trainings were missing from the employee records. (Photographic Evidence Obtained) Class III	A 081		
A 082 SS=D	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 19 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to assure 3 (Staff A, Staff E and Staff F) of 4 sampled staff had completed a one-time education course on , and acquired , (and), within 30 days of employment. Findings Included: Employee record review conducted on revealed Staff A who had a hire date of was missing documentation of completing a one-time education course on and . Employee record review conducted on revealed Staff E who had a hire date of was missing documentation of completing a one-time education course on and . Employee record review conducted on revealed that Staff F who had a hire date of was missing documentation of completing a one-time education course on and . During an interview conducted on at 11:54am with the Administrator she confirmed trainings were missing from the employee records. Class III	A 082		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt	A 084		

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A 084	Continued From page 20 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for . . . . control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in	A 084		

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A 084	Continued From page 21 accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, [illegible] dosage forms, and [illegible] and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with [illegible] syringes that are prefilled with the proper dosage by a pharmacist and [illegible] that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and,	A 084		

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A 084	Continued From page 22 n. Measurement of . . . . , ... , ... rate, temperature, and , , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 (Staff A) of 3 sampled staff, who assist with self-administration of medication, received the initial 6 hours of required training.	A 084		

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A 084	Continued From page 23 Findings Included: During a review of employee records conducted on revealed Staff A who had a hire date of was missing documentation of completion of the initial 6 hours of required training for staff that assist with self-administration of medications. During a review of the staff schedule conducted on revealed Staff A was scheduled on all shifts as a medication technician. During an interview conducted on at 11:54am with the Administrator she confirmed trainings were missing from the employee records. Class III	A 084		