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
	AL11968928	A. BUILDING: _____ B. WING _____	02/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF SARASOTA	5311 PROCTOR RD SARASOTA, FL 34233

(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 An unannounced Biennial Re-licensure and Complaint survey for complaint #2022009344 and 2022011587 were conducted at Harborchase of Sarasota on … . …. Complaint #2022009344 was substantiated without citations. Complaint #2022011587 was substantiated with citations. The following is a description of the deficiencies identified at the time of survey. .	A 000		
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. 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	A 078		

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A 078	Continued From page 1 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description 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,	A 078		

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A 078	Continued From page 2 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 assure 2 (Regional Registered Nurse (RN), and Staff D) of 4 sampled staff were free from communicable . . . . . and . . . . . ( ). Findings included: During a review of employee records conducted on . . . . . , the Regional RN, who had a hire date of , had no documentation assuring she was free from communicable . . . . . or . . During a review of employee records conducted on , Staff D, who had a hire date of . . . . . , had no documentation assuring she was free communicable . . . and . During an interview conducted on at 2:40 p.m., the Sales Director confirmed the employee records were missing free from communicable . . . . . and . . statements. Class III .	A 078		
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	A 081		

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A 081	Continued From page 3	A 081		

provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record.

(7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.

59A-36.011
(2) STAFF PRESERVICE ORIENTATION.
(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).
(b) New staff must complete the preservice orientation prior to interacting with residents.
(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.
(d) In addition to topics that may be chosen by 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

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A 081	Continued From page 4	A 081		

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 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

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A 081	Continued From page 5 within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure for 5 (Staff A, Staff D, Staff E, Staff F and Staff H) of 7 sampled staff, who performed direct care for residents, had all their required training completed. Findings included: 1. During a review of employee records conducted on , it was revealed that direct care Staff A who had a hire date of . . . . and was missing documentation for completing the 1 hour control, 1 hour resident rights, and the 3 hour activities of daily living and behavioral	A 081		

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A 081	Continued From page 6 needs trainings. During an interview conducted on at 11:00 a.m., Staff A, she stated she did not know what ( ) meant and she was unsure what she might do in the case of an emergency. 2. During a review of employee records conducted on , direct care Staff D, who had a hire date of , was missing documentation for completing the 1 hour resident rights, and the 3 hour activities of daily living and behavioral needs trainings. 3. During a review of employee records conducted on , direct care Staff E, who had a hire date of , was missing documentation for completing the 3 hour activities of daily living and behavioral needs training. 4. During a review of employee records conducted on , direct care Staff F, who had a hire date of , was missing documentation for completing the 1 hour resident rights, and the 3 hour activities of daily living and behavioral needs. 5. During a review of employee records conducted on , direct care Staff H, who had a hire date of , was missing documentation for completing the 1 hour resident rights, and the 3 hour activities of daily living and behavioral needs trainings. During an interview conducted on at 2:40 p.m., the Sales Director confirmed the employee records were missing trainings. (Photographic Evidence Obtained)	A 081		

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A 081	Continued From page 7 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) 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 ensure for 3 (Staff A, Staff D and Staff E) of 4 sampled staff hold a valid card documenting completion for First Aid and . . . . . (.). Findings included: During an employee record review conducted on	A 083		

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A 083	Continued From page 8 . . . . . , direct care Staff A, who had a hire date of , was missing documentation of completion of first aid and . training. During an employee record review conducted on , direct care Staff D, who had a hire date of . . . , was missing documentation of completion of first aid and . training. During an employee record review conducted on . . . . . , direct care Staff E, who had a hire date of , was missing documentation of completion of first aid and . training. During an interview conducted on . . . . . at 3:02 p.m., the Sales Director stated, "We do not have a nurse on every shift. We don't have one on second and third shift." On at 3:32 p.m., during an interview, the Sales Director verified she was unable to provide verification of a staff on each shift that currently holds a valid card documenting completetion for first aid training. 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.,	A 084		

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A 084	Continued From page 9 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 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	A 084		

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A 084	Continued From page 10 "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 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	A 084		

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A 084	Continued From page 11 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 2 (Staff D and Staff E) of 2 sampled staff, who assist with self-administration of medication, received the initial 6 hours of required training. Findings included: A review of employee records on revealed medication assistant Staff D, who had a hire date of , was missing documentation of completion of the initial 6 hours of required training for staff that assist with	A 084		

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A 084	Continued From page 12 self-administration of medications. A review of employee records on . . . . . revealed that Staff E, 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. A review of the schedule showed she was assigned as a Medication Tech. During an interview conducted on at 2:40 p.m., the Sales Director confirmed the employee records were missing trainings. Class III .	A 084		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment	A 162		

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A 162	Continued From page 13 form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging	A 162		

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A 162	Continued From page 14 to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C.,	A 162		

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	AL11968928	A. BUILDING: _____ B. WING _____	02/21/2023

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A 162	Continued From page 15 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility failed to update a Resident Health Assessment (RHA) Form 1823 upon a change in condition for 1 (Resident #12) out of 1 sampled resident. Findings included: A record review of Resident #12's medical chart conducted on . . . . . , revealed the RHA Form 1823 dated which was not updated to reflect Hospice status upon the resident's admission to Hospice on . During an interview on at 4:17 p.m., the Director of Resident Care confirmed that Resident #12's records were missing an updated RHA Form 1823 reflecting the resident's admission to hospice.	A 162		

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A 162	Continued From page 16 Class III	A 162		
AE205 SS=D	59A-36.021(5); 429.07(3)(b) ECC - Health Assessment 59A-36.021 (5) HEALTH ASSESSMENT. Before receiving extended congregate care services, all persons. including residents transferring within the same facility to that portion of the facility licensed to provide extended congregate care services, must be examined by a health care practitioner pursuant to rule 59A-36.006, F.A.C. A health assessment conducted no more than 60 days before receiving extended congregate care services meets this requirement. Once receiving services, a new health assessment must be obtained at least annually. 429.07 (3)(b), FS 6. Before the admission of an individual to a facility licensed to provide extended congregate care services, the individual must undergo a medical examination as provided in s. 429.26(5) and the facility must develop a preliminary service plan for the individual. 7. If a facility can no longer provide or arrange for services in accordance with the resident's service plan and needs and the facility's policy, the facility must make arrangements for relocating the person in accordance with s. 429.28(1)(k). This Statute or Rule is not met as evidenced by: Based on the extended congregate service (ECC) record review, and interview, the facility failed to	AE205		

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AE205	Continued From page 17 obtain the required health assessments within 60 days before receiving ECC services for five (Resident #11, #16, #17, #18 and #19) out of five sampled residents. Findings included: During a review of Resident #11's medical record conducted on . . . . . , revealed the last health assessment by a healthcare provider was conducted on . . . . . Resident #11 was admitted to ECC services on . During a review of Resident #16's medical record conducted on . . . . . , revealed the last health assessment by a healthcare provider was conducted on . . . . . Resident was admitted to ECC services on . During a review of Resident #17's medical record conducted on . . . . . , revealed the last health assessment by a healthcare provider was conducted on . . . . . Resident was admitted to ECC services on . During a review of Resident #18's medical record conducted on . . . . . , revealed the last health assessment by a healthcare provider was conducted on . . . . . Resident was admitted to ECC services on . During a review of Resident #19's medical record conducted on . . . . . , revealed the last health assessment by a healthcare provider was conducted on . . . . . Resident was admitted to ECC services on . . During an interview on at 4:15 p.m., the Director of Resident Care agreed that Residents #11, #16, #17, #18 and #19 did not have a health	AE205		

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AE205	Continued From page 18 assessment by a medical healthcare provider conducted within 60 days before receiving ECC services. Class III .	AE205		
AE206 SS=D	59A-36.021(6) FAC ECC - Service Plans (6) SERVICE PLANS. (a) Before receiving services, the extended congregate care administrator or manager must develop a preliminary service plan that includes an assessment of whether the resident meets the facility's residency criteria, an appraisal of the resident's unique physical, , , and social needs and preferences, and an evaluation of the facility's ability to meet the resident's needs. (b) Within 14 days of receiving services, the extended congregate care administrator or manager must coordinate the development of a written service plan that takes into account the resident's health assessment obtained pursuant to subsection (5); the resident's unique physical, , , and social needs and preferences; and how the facility will meet the resident's needs including the following if required: 1. Health monitoring, 2. Assistance with personal care services, 3. Nursing services, 4. Supervision, 5. Special diets, 6. Ancillary services, 7. The provision of other services such as transportation and supportive services; and, 8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences.	AE206		

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AE206	Continued From page 19 (c) Pursuant to the definitions of "shared responsibility" and "managed risk" as provided in section 429.02, F.S., the service plan must be developed and agreed upon by the resident or the resident's representative or designee, surrogate, guardian, or attorney-in-fact, and must reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident's service needs and preferences. (d) The service plan must be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident's physical or mental status, or pursuant to recommendations for modifications in the resident's care as documented in the nursing assessment. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to develop the required extended congregate care (ECC) preliminary service plans that included assessments of whether the resident met the Facility's residency criteria, an appraisal of the resident's unique physical, , and social needs or preferences, as well as an evaluation of the Facility's ability to meet the residents' needs, prior to receiving ECC services for 4 (Residents #16, #17, #18, and #19) out of 5 sampled residents. Findings included: During a review of Resident #16's record conducted on , revealed the facility did not develop a required preliminary ECC service plan prior to Resident #16's admission to ECC services on .	AE206		

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AE206	Continued From page 20 During a review of Resident #17's record conducted on , revealed the facility did not develop a required preliminary ECC service plan prior to Resident #17's admission to ECC services on . During a review of Resident #18's record conducted on , revealed the facility did not develop a required preliminary ECC service plan prior to Resident #18's admission to ECC services on . During a review of Resident #19's record conducted on , revealed the facility did not develop a required preliminary ECC service plan prior to resident #19's admission to ECC services on . During an interview on at 4:15 p.m., the Director of Resident Care agreed that no preliminary service plans were developed for Residents' #16, #17, #18 and #19 before the residents' admission to ECC services. Class III .	AE206		
AE208 SS=D	59A-36.021(8) FAC 429.07(3)(b)3, FS ECC - Records 59A-36.021(8) RECORDS. (8) RECORDS. In addition to the records required in rule 59A-36.015, F.A.C., a facility providing extended congregate care services must maintain the following: (a) The service plans for each resident receiving extended congregate care services; (b) The nursing progress notes for each resident receiving nursing services from the facility's staff;	AE208		

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AE208	Continued From page 21 (c) Nursing assessments; and, (d) The facility's extended congregate care policies and procedures. 429.07 (3)(b), FS 3. A facility that is licensed to provide extended congregate care services shall maintain a written progress report on each person who receives such nursing services from the facility's staff which describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse, or appropriate designee, representing the agency shall visit the facility at least twice a year to monitor residents who are receiving extended congregate care services and to determine if the facility is in compliance with this part, part II of chapter 408, and relevant rules. One of the visits may be in conjunction with the regular survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of the team that inspects the facility. The agency may waive one of the required yearly monitoring visits for a facility that has: a. Held an extended congregate care license for at least 24 months; b. No class I or class II violations and no uncorrected class III violations; and c. No ombudsman council complaints that resulted in a citation for licensure. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to maintain the required extended congregate care (ECC) services for 5 (# 11, #16,	AE208		

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	Continued From page 22 #17, #18, #19) out of 5 sampled residents admitted to ECC. Findings included: An ECC record review for Residents #11, #16, #17, #18 and #19 conducted on [redacted] revealed no evidence that the ECC records did include frequent nursing progress notes to describe the type, duration, amount or outcome of the ECC services provided after Residents #11, #16, #17, #18 and #19 were admitted to ECC services on [redacted]. Record review revealed 1 resident with [redacted] care, 2 residents [redacted] care and 2 residents receiving [redacted] care. During an interview on [redacted] at 4:15 a.m., the Director of Resident Care agreed that the ECC records of Residents' #11, #16, #17, #18 and #19 did not include nursing progress notes to describe the type of services, duration, amount or outcome of the ECC services provided. Class III .	AE208		
AE210 SS=D	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 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	AE210		

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AE210	Continued From page 23 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 interview, the facility failed to ensure 1 (Staff A) of 4 sampled staff, who provide direct care to residents in an ECC program, had completed 2 hours of extended congregate care (ECC) training within 6 months of hire. Finding included: Employee record review conducted on revealed direct care Staff A, who had a hire date of , did not have documentation of completion of the required 2-hour ECC training. During an interview on at 2:40 p.m., the Sales Director confirmed the employee records	AE210		

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AE210	Continued From page 24 were missing trainings. Class III .	AE210		