

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/06/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NOBLE COVE ALF LLC

**110 WEST PALM AVENUE
LAKE WORTH, FL 33467**

(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 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c),	A 161		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 161	Continued From page 1 F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity providing direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the Administrator failed to ensure each person working in the Assisted Living Facility (ALF) who have direct contact with and who provide direct resident care and services, have the training and qualifications to do so for 1 of 5 staff members reviewed, specifically Person D, as evidenced by Person D did not have an employee personnel record available for review. The findings included: On 6/6/2023 at 9:15 AM, upon entrance to the facility, a woman, Person D, greeted this surveyor stating she is a friend of Caregiver Staff C. Person D stated she does not work here, she just stopped by today to visit with her friend Staff C, however Staff C had an emergency and had to leave abruptly. Person D proceeded to start calling on her phone and stated she would be right back. One resident was observed seated in a recliner chair asleep in the living room. On 6/6/2023 at 9:30 AM, the Assistant	A 161		

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A 161	Continued From page 2 Administrator Staff A arrived and stated Person D is here only to fix food and clean the facility. He stated Person D does not perform any resident care. An inquiry was made how many residents are living here, to which he stated 4 residents. The facility has a capacity for 6 residents. An inquiry was made to Person D about the resident's breakfast and medication pass to which Person D stated 3 of the 4 residents had their medications and breakfast before Staff C left. Person D confirmed only 1 resident, Resident #4 did not have her breakfast or medications yet. On at 10:20 AM, the Assistant Administrator further stated Person D does not work here, she only cleans around but has no involvement with the residents. On at 10:25 AM, a request was made to the Assistant Administrator for the employee personnel records and the Medication Observation Records (MOR) for . On at 10:30 AM, Person D reiterated she does not work here. She stated she was here on a Missionary trip, and she came to visit with her friend. She repeated that Resident #4 has not eaten breakfast or taken any medication yet. On at 10:35 AM, an interview was conducted with Resident #1 who stated Person D provided her with her medications yesterday, and again this morning on . On at 10:50 AM, the employee personnel records and Staffing Schedule was received from the Assistant Administrator. Person D was not listed on the Staffing Schedule and an employee personnel record was not provided with her name on it.	A 161		

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A 161	Continued From page 3 On _____ at 11:07 AM, a Registered Nurse (RN) from a Home Health Agency arrived at the facility to check on Resident #1. The RN asked Person D to assist her in turning Resident #1. On _____ at 11:10 AM, Person D was observed donning a pair of gloves and went into Resident #1's room to assist the Home Health RN turn Resident #1. On _____ at 11:45 AM, an interview was conducted with Person D and an inquiry made about who was preparing the lunch meal for the residents today. Person D stated Staff C usually prepares lunch, but she is not here right now, so she will ask the Assistant Administrator if she can prepare something for the residents. This surveyor heard Person D asking the Assistant Administrator if she could cook for the residents to which the Assistant Administrator stated "Yes, go ahead and fix lunch." Residents #1, #2 and #3 were provided with a lunch meal. On _____ at 12:00 PM, Person D was observed in Resident #4's room assisting Resident #4 to drink a container of Ensure supplement and then proceeded to assist Resident #4 with her personal care needs. Since the surveyor's arrival at 9:15 AM, this was the first time any care or attention had been provided to Resident #4. On _____ at 12:15 PM, Caregiver Staff C arrived at the facility stating she had to leave for an emergency. An inquiry was made about what time she left the facility to which she stated at 7:00 AM. A further inquiry was made to Staff C if she provided any medications to the residents	A 161		

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A 161	Continued From page 4 before she left to which she responded, "No, I didn't give any medications today." Caregiver Staff C asked Person D if she gave the medications to which Person D stated, "Yes, I gave the medications for you." During the interview conducted with Person D at approximately 9:30 AM, she had stated Staff C gave the medications before she left to 3 residents and that only Resident #4 had not received her medications. On at 12:38 PM, additional documentation was received from the Assistant Administrator related to the survey relicensure process. No employee personnel record was forthcoming for Person D who was observed having direct interaction with residents; providing personal resident care; and confirmed she administered resident medications. The Assistant Administrator could not produce any evidence of the required trainings to be an employee of an ALF to include medication training. Further, Person D did not have a Level 2 Background Screening conducted to ensure that she was eligible to work with the residents residing in the ALF and did not have any disqualifying events to restrict her from working in an ALF. On at 3:30 PM, during an interview conducted with the Assistant Administrator, he was unable to produce any documentation to show Person D was qualified or eligible to work in the ALF. Class III	A 161			
A 167	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts.	A 167			

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A 167	Continued From page 5 (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or responsibilities of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or _____ facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible	A 167			

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A 167	Continued From page 6 party to act on the resident's behalf; (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related to a properly executed DH Form 1896, (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge	A 167		

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A 167	Continued From page 7 for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and _____ of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not	A 167		

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A 167	Continued From page 8 require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract.	A 167		

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A 167	Continued From page 9 (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or ... imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's ... or relocation due to ... hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a contract executed between the resident or the legal representative and the	A 167		

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A 167	Continued From page 10 facility, before or at the time of admission for 1 out of 4 sampled residents, specifically Resident #1. The findings included: On a review of Resident #1's record indicated that the resident had no contract executed between the resident or their legal representative and the facility, before or at the time of their admission to the facility. Further review of the resident's record revealed the resident was admitted to the facility on In an interview conducted with the Assistant Administrator on at 3:30 PM, he confirmed that Resident #1 was admitted to the facility as a resident on He further confirmed that the facility does not yet have this resident's contract completed and executed. Class III	A 167			
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening	CZ814			

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CZ814	Continued From page 11 by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure persons providing personal resident on care were included and reflected in the Agency Background Screening Clearinghouse Roster for 1 of 5 persons observed providing resident care, specifically Staff D. The findings included: On a request was made to the Assistant Administrator Staff A for the current 24-hour facility staffing schedule. The Assistant Administrator provided a schedule and Staff D did not appear on this schedule. Further, the Agency Background Screening Clearinghouse Roster was reviewed with the Assistant Administrator at this time. The Roster revealed that the facility had not entered the initial employment status for Staff D who was observed performing direct on care to the residents during the survey.	CZ814			

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CZ814	Continued From page 12 On at approximately 10:00 AM, an interview was conducted with the Assistant Administrator who stated Staff D is not on the Background Screening Clearinghouse Roster because she does not work here, she only cleans around the house and has no involvement with the residents. On at 11:07 AM, Staff D was observed donning a pair of gloves to assist a Home Health Agency Registered Nurse provide turning assistance for Resident #1 in her bed. On at 11:45 AM, an interview was conducted with Staff D inquiring who was preparing lunch today. Staff D stated Caregiver Staff C usually prepares the lunch, but she is not here, so she will ask the Assistant Administrator if she can prepare something for the residents. Staff D asked the Assistant Administrator if she could cook for the residents and he stated 'Yes go ahead and fix lunch.' On at 12:00 PM, Staff D was observed assisting Resident #4 with drinking an Ensure supplement and providing personal care to the resident. On at 12:15 PM, Caregiver Staff C arrived to the facility stating she had to leave earlier this morning around 7:00 AM due to an emergency. An inquiry was made to Caregiver Staff C if she provided the residents their medications before she left to which she responded 'No, I did not give any medications today'. Caregiver Staff C asked Staff D if she had provided the residents with any medications this morning to which Staff D stated 'I gave the medications for you.' However, earlier in the	CZ814		

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CZ814	Continued From page 13 morning, Staff D had told this surveyor that Caregiver Staff C gave the residents their medications before she left to 3 residents only, Resident #1, Resident #2 and Resident #3 and stated Resident #4 did not receive her morning medications. At this time, Resident #4, who was observed in her bed in her room since the surveyor's observations commenced at approximately 9:30 AM, had not received her morning medications, had not received any morning personal care and had not been provided a lunch meal. On at 4:00 PM, during the exit conference conducted with the Assistant Administrator the above observations and findings were discussed. No documentation or further information was forthcoming from the Assistant Administrator at this time. Unclassified	CZ814			
CZ815	408.809(1)(); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.	CZ815			

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER NOBLE COVE ALF LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 110 WEST PALM AVENUE LAKE WORTH, FL 33467		
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CZ815	Continued From page 14 (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, _____ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or _____ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All _____ must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an _____ awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of	CZ815			

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CZ815	Continued From page 15 another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a _____ adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged	CZ815		

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CZ815	Continued From page 16 bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or _____ with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency	CZ815		

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CZ815	Continued From page 17 may grant an exemption from disqualification to a person who is subject to this section and who: - Does not have an active professional license or certification from the Department of Health; or - Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining _____ pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable	CZ815			

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CZ815	Continued From page 18 cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position	CZ815		

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CZ815	Continued From page 19 for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with _____ persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including _____ if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or _____ for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was _____, regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain the employment status of all employees by ensuring	CZ815		

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CZ815	Continued From page 20 a current and/or eligible Level II Background Screening was available for review, for 2 of 5 sampled employees reviewed, specifically the Owner/Administrator and Staff D. The finding included: 1) Review of the personnel record for the Owner/Administrator revealed a date of hire of . Further review of the personnel record revealed her Level II Background Screening expired on . Review of the Agency Background Screening website revealed the Owner/Administrator did not have an eligible Level II Background Screening conducted every 5 years as required and as such did not have a current eligible Level II Background Screening available for review. 2) Further, on at 10:00 AM, an interview was conducted with Staff A Assistant Administrator. He stated Staff D does not work at the facility, she only cleans around and has no involvement with the residents. On at 10:25 AM, a request was made to the Assistant Administrator for the employee personnel records. No personnel record was provided for Staff D who was observed providing direct personal care and services to the 4 residents residing in the facility. Staff D did not have a Level II Background Screening done and was providing direct resident care. On at 11:07 AM, Staff D was observed donning a pair of gloves to assist a Home Health Agency Registered Nurse provide turning assistance for Resident #1 in her bed. On at 11:45 AM, an interview was	CZ815		

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CZ815	Continued From page 21 conducted with Staff D inquiring who was preparing lunch today. Staff D stated Caregiver Staff C usually prepares the lunch, but she is not here, so she will ask the Assistant Administrator if she can prepare something for the residents. Staff D asked the Assistant Administrator if she could cook for the residents and he stated 'Yes go ahead and fix lunch.' On _____ at 12:00 PM, Staff D was observed assisting Resident #4 with drinking an Ensure liquid supplement and providing personal care to the resident. On _____ at 12:15 PM, Caregiver Staff C arrived to the facility stating she had to leave earlier this morning around 7:00 AM due to an emergency. An inquiry was made to Caregiver Staff C if she provided the residents their medications before she left to which she responded 'No, I did not give any medications today'. Caregiver Staff C asked Staff D if she had provided the residents with any medications this morning to which Staff D stated 'I gave the medications for you.' However, earlier in the morning, Staff D had told this surveyor that Caregiver Staff C gave the residents their medications before she left to 3 of the 4 residents only, Resident #1, Resident #2 and Resident #3 and stated Resident #4 did not receive her morning medications. During an interview conducted on _____ at 3:30 PM with the Assistant Administrator, he acknowledged the findings and no additional information was provided. Unclassified	CZ815		

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CZ816	Continued From page 22	CZ816		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's _____ to the Federal Bureau of Investigation for a national criminal history record check unless the person's _____ are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the _____ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit _____ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the _____ to the Federal Bureau of Investigation for a national criminal history record check. The _____ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person _____. The agency may accept as satisfying the requirements of this section proof of compliance	CZ816		

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CZ816	Continued From page 23 with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if _____ for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, _____, herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for	CZ816		

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CZ816	Continued From page 24 Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service/s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if _____ for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to _____ to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the _____ report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the signed Attestation of Compliance with Background	CZ816		

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CZ816	Continued From page 25 Screening Requirements form be in the employee's personnel file for 2 of 5 sampled employees reviewed, specifically Staff C and Staff D. The findings included: On at 10:00 AM, an interview was conducted with Staff A Assistant Administrator. He stated Staff D does not work at the facility, she only cleans around and has no involvement with the residents. On at 10:25 AM, a request was made to Staff A Assistant Administrator for the employee personnel files. No personnel file was provided for Staff D who was observed providing direct personal care and services to the 4 residents residing in the facility. As such, Staff D did not have an Attestation of Compliance with Background Screening Requirements form available for review. Review of the personnel file for Caregiver Staff C revealed a date of hire of to work the 7:00 AM to 7:00 PM shift Tuesdays through Thursdays. Further review of the employee personnel file did not contain an Attestation of Compliance with Background Screening Requirements form available for review. On at 3:40 PM, an interview was conducted with the Assistant Administrator who was provided with an opportunity to locate documentation. No documentation was forthcoming and he acknowledged the findings. Unclassified	CZ816		

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A 000	Continued From page 26	A 000		
A 000	Initial Comments An unannounced Relicensure and Generator Monitoring survey was conducted on _____ at Noble Cove ALF LLC. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 008	429.26() FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is	A 008		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/06/2023
NAME OF PROVIDER OR SUPPLIER NOBLE COVE ALF LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 110 WEST PALM AVENUE LAKE WORTH, FL 33467		
(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 008	Continued From page 27 performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident	A 008			

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A 008	Continued From page 28 which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of . . . require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or . . . services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of . . . or any other communicable . . . , which are likely to be	A 008		

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A 008	Continued From page 29 transmitted to other residents or staff. 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30	A 008			

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A 008	Continued From page 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the Resident Health Assessment (AHCA Form 1823) was accurate and reflective of the resident care and needs, for 1 of 4 sampled records reviewed, Resident #4.	A 008			

Agency for Health Care Administration

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A 008	Continued From page 31 The findings included: Review of the record for Resident #4 revealed a date of admission of _____ with diagnoses to include _____ and _____. Further review of the resident's record revealed she was admitted to Hospice services on _____. Review of the latest Resident Health Assessment (AHCA 1823 form) for Resident #4 dated _____, documented she requires _____ with all activities of daily living and requires assistance with the administration of medications. The Resident Health Assessment dated _____ did not document the significant change that Resident #4 was now under Hospice services as of _____, and had a _____. On _____ at 10:45 AM, Resident #4 was observed in her room in a hospital bed. An attempt was made to interview the resident who answered to her name, however her verbal responses were unclear. On _____ at 3:30 PM, an interview was conducted with the Assistant Administrator who was informed Resident #4's latest Resident Health Assessment did not document she was now receiving Hospice services and there was no documentation of the resident having a _____. The Assistant Administrator was provided an opportunity to locate an updated Resident Health Assessment (AHCA 1823 form), however no additional information was provided and he acknowledged the findings. Class III	A 008		

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A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known _____ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical _____, the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the Medication Observation Records (MORs) were signed immediately after medication assistance was	A 054	

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A 054	Continued From page 33 provided to residents for 4 of 4 sampled medication record reviews, specifically for Resident #1, Resident #2, Resident #3 and Resident #4. The findings included: On at 9:55 AM a review of the MORs was conducted. The review revealed several medications were not signed off by Caregiver Staff C and Staff D on the MORs. 1) Through review of the MORs dated to and record review, the following medications were not signed off on the MORs for Resident #1: A) 50 milligrams (MG), doses on were not signed in the MORs. B) ER 750 MG doses on were not signed in the MORs. C) 25 MG doses on were not signed in the MORs. D) 40 MG doses on were not signed in the MORs. E) Rosuvastatin 10 MG doses on were not signed in the MORs. F) 160-4.5 microgram (MCG) Inhalation doses on (8:00PM), and were not signed in the MORs. G) ER 150 MG doses on were not signed in the MORs. H) 5 MG doses on were not signed in the MORs. I) 50 MCG doses on were not signed in the MORs. J) 100 MG doses on were not signed in the MORs. K) lamoTrigine 100 MG doses on	A 054		

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A 054	Continued From page 34 were not signed in the MORs. L) 125 MCG doses on were not signed in the MORs. M) 300 MG doses on (7:00PM), ... were not signed in the MORs. 2) The following medications were not signed off on the MORs for Resident #2: A) 25 MG doses on were not signed in the MORs. B) 200 MCG doses on were not signed in the MORs. C) 8 MG doses on were not signed in the MORs. D) doses on were not signed in the MORs. E) 100 MG doses on (5:00), ... were not signed in the MORs. 3) The following medications were not signed off on the MORs for Resident #3: A) 81 MG doses on were not signed in the MORs. B) 20 MG dose on was not signed in the MORs. C) ER 10 milliequivalent (MEQ) dose on was not signed in the MORs. D) 50 MG doses on were not signed in the MORs. E) D3 5000 Units doses on were not signed in the MORs. 4) The following medications were not signed off on the MORs for Resident #4: A) 20 MG dose on was not signed in the MORs.	A 054		

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A 054	Continued From page 35 B) 160 MG doses on (8:00PM), ... were not signed in the MORs. C) 3 MG doses on were not signed in the MORs. D) -Plus 8. MG doses on (8:00PM), ... were not signed in the MORs. E) 0.25 MG doses on (8:00PM), ... were not signed in the MORs. F) 5 MG doses on were not signed in the MORs. G) 81 MG doses on were not signed in the MORs. H) 2% Solution doses on (5:00 PM), ... were not signed in the MORs I) Ensure Original supplement on (2:00 PM and 8:00 PM), ... were not signed in the MORs. J) 20 MG doses on were not signed in the MORs. On at 12:28 PM, Caregiver Staff C was observed assisting with the administration of medication for Resident #2. Caregiver Staff C was not observed to sign off the MOR immediately after administering the medication to Resident #2. No explanation from Caregiver Staff C was provided why she did not sign off the medication on the MOR immediately after it had been taken by Resident #2. During an interview conducted on at 3:45 PM, the Assistant Administrator was apprised of the medication pass observation with Caregiver Staff C and the MORs not being signed immediately after the medication was given for Residents #1 through #4. No additional	A 054		

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A 054	Continued From page 36 information was provided and the findings were acknowledged. Class III	A 054		
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 constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their	A 078		

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A 078	Continued From page 37 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 all staff provide documentation from a Health Care Provider they are free from a Communicable _____ () for 3 of 4 sampled employee records reviewed, specifically Staff A, Staff B and Staff C.	A 078		

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A 078	Continued From page 38 The findings included: 1) Review of the employee personnel record for Certified Nursing Assistant Staff A revealed a date of hire of to work the 7:00 AM to 7:00 PM shift Thursdays through Sundays. Further review of the personnel record revealed the latest annual examination the employee was free from signs and symptoms of was dated with no evidence of an annual examination conducted in 2022 or 2023. 2) Review of the employee personnel record for Caregiver Staff B revealed a date of hire of to work the 7:00 AM to 7:00 P shift Fridays through Sundays. Further review of the personnel record revealed the latest annual examination the employee was free from signs and symptoms of was dated with no evidence of an annual examination conducted in 2022 or 2023. 3) Review of the employee personnel record for Caregiver Staff A revealed a date of hire of to work the 7:00 AM to 7:00 PM shift Tuesdays through Thursdays. Further review of the personnel record revealed no evidence of the one time statement the employee was free from a Communicable since the date of hire. Additionally, there was no evidence of an annual examination the employee was free from signs and symptoms of from 2016 through 2023. On at 3:45 PM, an interview was conducted with the Assistant Administrator who acknowledged the findings. Class III	A 078		

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A 081	Continued From page 39	A 081			
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 (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the	A 081			

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A 081	Continued From page 40 employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne viruses, 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	A 081			

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NAME OF PROVIDER OR SUPPLIER NOBLE COVE ALF LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 110 WEST PALM AVENUE LAKE WORTH, FL 33467		
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A 081	Continued From page 41 following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the required mandatory in-services pertaining to providing care and services to residents in an Assisted Living Facility	A 081			

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A 081	Continued From page 42 (ALF) were available for review for 3 of 4 sampled employee personnel records reviewed, specifically Staff A, Staff B and Staff C. The findings included: 1) Review of the employee personnel record for Assistant Administrator Staff A revealed a date of hire of to work the 7:00 AM to 7:00 PM shift providing direct resident care. Further review of the employee personnel record revealed the following mandatory in-services were not available for review: the 2-hour Pre-Service Orientation training certificate required prior to interacting with residents; in-services pertaining to Incident Reporting; Reporting Major Incidents and Adverse Incidents; Facility Emergency Procedures; and Elopement Response Training. 2) Review of the employee personnel record for Caregiver Staff B revealed a date of hire of to work the 7:00 AM to 7:00 PM shift providing direct resident care. Further review of the employee personnel record revealed the following mandatory in-services were not available for review: the 2-hour Pre-Service Orientation training certificate required prior to interacting with residents; in-services pertaining to Incident Reporting; Resident Rights and Recognizing/Reporting and Neglect; Reporting Major Incidents/Reporting Adverse Incidents; Control training; Facility Emergency Procedures; Elopement Response training; and the 3-hour in-service training pertaining to Activities of Daily Living (ADL)/Behavioral Needs Training. 3) Review of the employee personnel record for Caregiver Staff C revealed a date of hire of	A 081		

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A 081	Continued From page 43 ... to work the 7:00 AM to 7:00 PM shift providing direct resident care. Further review of the employee personnel record revealed the following mandatory in-services were not available for review: in-service training pertaining to Incident Reporting; Resident Rights and Recognizing/Reporting ... and Neglect; Reporting Major Incidents/Reporting Adverse Incidents; Facility Emergency Procedures; Elopement Response training; and the 3-hour in-service training pertaining to Activities of Daily Living (ADL)/Behavioral Needs. On ... at 3:30 PM, an interview was conducted with the Assistant Administrator who acknowledged the findings. 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. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that 3 of 4 personnel records reviewed had evidence of completion of Human	A 082		

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A 082	Continued From page 44 training available for review, specifically the Owner/Administrator, Staff A, and Staff B. The findings included: Review of the Owner/Administrator's personnel record revealed a date of hire of Further review of the personnel record revealed no evidence of training as required. Review of Certified Nursing Assistant Staff A's personnel record revealed a date of hire of to work the 7:00 AM to 7:00 PM shift Thursdays through Sundays. Further review of the personnel record revealed no evidence of training as required. Review of Caregiver Staff B's personnel record revealed a date of hire of to work the 7:00 AM to 7:00 PM shift Fridays through Sundays. Further review of the personnel record revealed no evidence of training as required. In an interview conducted with Staff A Assistant Administrator on at 3:30 PM, he was informed of the missing training and given an opportunity to locate the documentation. No additional documentation was provided and he acknowledged the findings. Class III	A 082		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011	A 084		

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A 084	Continued From page 45 (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 fulfillment 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 084		

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A 084	Continued From page 46 a. Assist with oral dosage forms, _____ dosage forms, and _____ and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the 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.	A 084		

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A 084	Continued From page 47 (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 interview and record review, the facility failed to ensure unlicensed staff who assist residents with the self-administration of medications have the required medication training for 2 of 3 employee personnel records reviewed who assist with medications, specifically Staff A	A 084		

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A 084	Continued From page 48 and Staff B. The findings included: 1. Review of the employee personnel record for Assistant Administrator Staff A revealed a date of hire of to work the 7:00 AM to 7:00 PM shift Thursdays through Sundays. Staff A assists the residents with the self-administration of medications. Further review of the employee personnel record revealed the last training was 4 hours dated There was no evidence of the initial required 6 hours of medication training or the required 2 hours of annual training since 2015. 2. Review of the employee personnel record for Caregiver Staff B revealed a date of hire of to work the 7:00 AM to 7:00 PM shift Fridays through Sundays. Staff B assists the residents with the self-administration of medications. Further review of the employee personnel record revealed the last training was 2 hours dated There was no evidence of the initial required 6 hours of medication training or the required 2 hours of annual training for 2022 or 2023. On at 3:50 PM, an interview was conducted with the Assistant Administrator Staff A who acknowledged the findings. Class III	A 084		
A 090	59A-36.011(11) FAC Training - (11) TRAINING.	A 090		

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A 090	Continued From page 49 (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 complete at least 1 hour of training in the facility's Policies and Procedures regarding _____ () within 30 days after employment and maintain documentation of completion in their personnel records for 3 out of 4 sampled employee personnel records reviewed, specifically Staff A, Staff B and Staff C. The findings included: Review of Assistant Administrator Staff A's employee personnel record revealed a date of hire of _____ to work the 7:00 AM to 7:00 PM shift Thursdays through Sundays. Further review of the personnel record revealed no evidence of documentation of having completed an in-service on _____. Review of Caregiver Staff B's employee personnel record revealed a date of hire of _____ to work the 7:00 AM to 7:00 PM shift Fridays through Sundays. Further review of the personnel record revealed no evidence of	A 090		

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A 090	Continued From page 50 documentation of having completed an in-service on . Review of Caregiver Staff C's employee personnel record revealed a date of hire of to work the 7:00 AM to 7:00 PM shift Tuesdays through Thursdays. Further review of the personnel record revealed no evidence of documentation of having completed an in-service on . On at 3:50 PM, during an interview conducted with Staff A Assistant Administrator, he confirmed there was no documentation of the training. Class III	A 090		