

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/13/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MARKET STREET EAST LAKE

**833 EAST LAKE ROAD N
TARPON SPRINGS, FL 34688**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to complaint investigation (complaint numbers: 2023005276 and 2023006349) and a complaint investigation (complaint number: 2023009775) were conducted at Market Street Memory Care on Deficiencies were identified at the time of survey.	{A 000}		
{A 008} SS=D	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}		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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{A 008}	Continued From page 1 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 2 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 3 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 4 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 record review and interview, the facility failed to obtain a health assessment form with the date of the examination for one Resident (#8) of four sampled residents. Findings Included:	{A 008}			

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{A 008}	Continued From page 5 A record review for Resident #8, conducted on _____, revealed that Resident #8 was admitted to the facility on _____. Resident #8's health assessment form had no date of the examination. During an interview with the Wellness Director, conducted on _____ at 04:20pm, the Wellness Director agreed that Resident #8's health assessment form did not include the date of the examination. Class III	{A 008}			
{A 053} SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including _____ testing, must be in compliance with the federal Clinical	{A 053}			

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{A 053}	Continued From page 6 Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have licensed Nurses administer medications to three Residents (#5, #7, and #8) of three sampled residents that required medication administration. Findings Included: A record review for Resident #5, conducted on . . . , revealed that Resident #5 required medication administration according to Resident #5's health assessment form dated Resident #5's and medication observation records (MORs) had medications documented as given to the resident by Staff A and D. A record review for Resident #7, conducted on , revealed that Resident #7 required medication administration according to Resident #7's health assessment form dated Resident #7's and MORs had	{A 053}	

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{A 053}	Continued From page 7 medications documented as given to the resident by Staff A and D. A record review for Resident #8, conducted on, revealed that Resident #8 required medication administration according to Resident #8's undated health assessment form. Resident #8's and MORs had medications documented as given to the resident by Staff A and D. A review of the staffing list, conducted on, revealed that Staff A and D were employed as unlicensed Medication Technicians. During an interview with the Executive Director, conducted on at 05:20pm, the Executive Director agreed that Staff A and D were unlicensed Medication Technicians and both assisted residents with their medication. The Executive Director agreed that in and, Staff A and D documented medications as given to Residents #5, #7, and #8. The Executive Director agreed that according to Residents #5, #7, and #8's health assessment forms, the residents required medication administration. Class III	{A 053}			
{A 054} SS=D	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	{A 054}			

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{A 054}	Continued From page 8 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, record review, and interview, the facility failed to immediately update Medication Observation Records (MORs) each time a medication was offered to five Residents (#1, #3, #5, #6, and #7) of five sampled residents that required assistance with self-administration of medications or medication administration. Findings Included: A _____ MORs review for Resident #1, conducted on _____, revealed that Resident #1 had prescribed medications that were not documented as given or offered to the resident	{A 054}			

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{A 054}	Continued From page 9 which included 20mg on , , & at 05:00pm; 50mcg on at 06:00am; and 50mg on , , and at 06:00pm. Resident #1's prescribed 5% cream was not documented as applied on and was not documented as rinsed off on A MORs review for Resident #3, conducted on , revealed that Resident #3 had prescribed medications that were not documented as given or offered to the resident which included 125mg on , at 05:00pm; 5-325mg on , , and 112mcg on at 06:00am; and 25mg on , and at 05:00pm. A MORs review for Resident #5, conducted on , revealed that Resident #5 had prescribed 5% cream to apply from to soles of with a focus on the webs of the , in between the , and skin folds for one dose to be rinsed of in twelve hours and repeated in seven days. The cream was applied on There was no documentation that the cream was rinsed off after twelve hours. There was no documentation that the medication was reapplied seven days later. A record review for Resident #5, conducted on , revealed that Resident #5 was admitted on According to Resident #5's health assessment form dated , the resident required medication administration.	{A 054}		

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{A 054}	Continued From page 10 A MORs review for Resident #6, conducted on _____, revealed that Resident #6 had prescribed _____ 5% cream to apply from _____ to soles of _____ with a focus on the webs of the _____, in between the _____, and skin folds for one dose to be rinsed of in twelve hours and repeated in seven days. The cream was applied on _____. There was no documentation that the cream was rinsed off after twelve hours. There was no documentation that the medication was reapplied seven days later. According to Resident #7's _____ MORs, the _____ was reordered and applied on _____. There was no evidence that the cream was rinsed off after twelve hours. A record review for Resident #6, conducted on _____, revealed that Resident #6 was admitted on _____. According to Resident #6's health assessment form dated _____, the resident required assistance with self-administration of medications. A MORs review for Resident #7, conducted on _____, revealed that Resident #7 had prescribed _____ 5% cream to apply from _____ to soles of _____ with a focus on the webs of the _____, in between the _____, and skin folds for one dose to be rinsed of in twelve hours and repeated in seven days. The cream was applied on _____. There was no documentation that the cream was rinsed off after twelve hours. There was no documentation that the medication was reapplied seven days later. A record review for Resident #7, conducted on _____, revealed that Resident #7 was admitted on _____. According to Resident #7's health assessment form dated _____, the resident required medication administration.	{A 054}		

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{A 054}	Continued From page 11 During an interview with the Executive Director, conducted on _____ at 04:00pm, after reviewing Resident #1, #3, #5, #6, and #7's MORs, the Executive Director agreed that the residents' MORs had medications that were not documented as given or offered to the residents. Class III	{A 054}			
A 058 SS=D	429.42() FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening.	A 058			

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A 058	Continued From page 12 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure documented Class III deficiencies	A 058			

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A 058	Continued From page 13 regarding medicinal drugs were corrected as required (Cross Reference: A0053 and A0054). Findings Included: Due to the uncorrected Class III deficiencies concerning the facility's medication practices, the facility shall be required to employ the consultation services of a licensed Pharmacist Consultant or a Registered Nurse Consultant. The Consultant shall at a minimum, provide onsite quarterly consultation until the inspection team from the Agency determines that such consultation services are no longer required. This written statement serves as notification of the above stated requirement. During an interview with the Executive Director, conducted on _____ at 05:20pm, the Executive Director verbalized understanding that the facility was required to employ or contract with a licensed Pharmacist Consultant or Registered Nurse Consultant due to the facility's uncorrected medication Class III deficiencies. Class III	A 058			
(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 14 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	{A 081}			

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{A 081}	Continued From page 15 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	{A 081}	

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{A 081}	Continued From page 16 within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide direct care staff with in-service trainings, which included incident reporting, safe food handling, and activities of daily living and behavioral needs within thirty days of employment for one employee (Staff A) of three sampled employees. Findings Included: A record review for Staff A, conducted on _____, revealed that Staff A's employee record did not contain evidence that the employee received trainings regarding incident reporting.	{A 081}			

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{A 081}	Continued From page 17 safe food handling, and activities of daily living and behavioral needs within thirty days of employment. Staff A was hired on During an interview with the Business Office Manager, conducted on at 02:03pm, the Business Office Manager agreed that Staff A's employee record did not contain evidence that the employee received trainings regarding incident reporting, safe food handling, and activities of daily living and behavioral needs within thirty days of employment. Class III	{A 081}		
{A 086} SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between and shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training,"	{A 086}		

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{A 086}	Continued From page 18 must address the following subject areas: 1. Understanding 's and related 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related , dated , incorporated by	{A 086}		

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{A 086}	Continued From page 19 reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with _____ or related _____, or 2. Three years of practical experience in a program providing care to persons with _____ or related _____, or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with _____ or related _____. (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college	{A 086}	

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{A 086}	Continued From page 20 or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide four hours of training regarding _____ and related _____ level-I within three months of employment for one employee (Staff A) of three sampled employees. Furthermore, the facility failed to provide a four-hour annual continuing education regarding _____ and related _____ for one employee (Staff G) of three sampled employees. Findings Included: A record review for Staff A, conducted on _____ revealed that Staff A's employee record did not contain evidence that the employee obtained four hours of training regarding _____ and related _____ level-I within three months of employment. Staff A was hired on _____. A record review for Staff G, conducted on _____ revealed that Staff G's employee record did not contain evidence that the employee obtained four hours of continuing education annually regarding _____'s _____ and related _____. Staff G obtained _____ and related _____ level one training on _____ and level two training on _____. There were no other _____'s _____ and related _____ trainings in Staff G's employee record. Staff G was hired on _____.	{A 086}		

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{A 086}	Continued From page 21 During an interview with the Business Office Manager, conducted on _____ at 02:03pm, the Business Office Manager agreed that Staff A had not obtained _____'s _____ and related _____ level one training. The Business Office Manager was unable to provide evidence that Staff G had obtained four hours annual continuing education regarding _____'s _____ and related Class III	{A 086}		