Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	C 08/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 Three (3) Complaint Investigations #2023001796, #2023002999, and #2023008114 and a generator monitoring was conducted at Brookdale Lake Orienta Assisted Living Facility & Memory Care with Limited Nursing Services (LNS) on . . . . . The facility had deficiencies at the time of the survey.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is	A 010		

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

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

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

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A 010	Continued From page 4 (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, resident record review and interview, the facility failed to obtain a new 1823 Health Assessment completed by a healthcare provider for 2 of 6 sampled residents (#4, #6) to reflect a significant change that occurrred as required. Findings: 1. Resident #4's record review revealed an admission date of . The last 1823 Health Assessment dated listed medical history of , B cell Lymphoma, , with recurrent at , Stage D , and . He needs nursing treatment on care for and . He needs assistance with activities of daily living in ambulation, bathing, , toileting, and transferring and independent with eating and grooming. He needs assistance with self-administration of medications. Observation on at 2:56 PM in resident #4's room he had prescription and over the counter medications in his room. During an interview with resident #4 at this time, he said that he can do his own medications and that he has a doctor's order. He further stated that he only have physical ailments but nothing is wrong with his mind to do his own medications. On at 4:10 PM, an interview with the	A 010		

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A 010	Continued From page 5 Health Wellness Director (HWD) confirmed that he was able to do his own medications and have been doing them on his own since he moved in. The HWD provided me a doctor's order dated [redacted] (today) from his healthcare provider that resident #4 can administer his own medications without assistance. (Photographic Evidence Obtained) There was no new 1823 Health Assessment completed by the healthcare provider before today's date [redacted] that resident #4 could administer his own medications. 2. Resident #6's record review revealed admission date [redacted]. The last 1823 Health Assessment dated [redacted] listed medical history of unwitnessed [redacted], right [redacted], [redacted], multiple [redacted], and [redacted]. She needs supervision with all activities of daily living except independent with eating. She needs assistance with self-administration of medications. In further review, resident #6 was admitted on Hospice care on [redacted] and now an elopement risk resident. A hospice interdisciplinary care plan and hospice certification was completed on [redacted] was in the file. A facility note dated [redacted] at 6:36 PM by nurse E documented approximately at 4:50 PM during dinner, alarm went off. Resident #6 was down the hallway by the kitchen area. Resident #6 appeared agitated and refused to return to the area. After multiple attempts of re-orientation, resident #6 was escorted via walker to her apartment. She stated she was trying to her	A 010		

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A 010	Continued From page 6 daughter and that "you guys are keeping us separated". Resident #6 was given a scheduled medication and assisted to bed. The daughter, Hospice, and physician notified. (Photographic Evidence Obtained) There was no new 1823 Health Assessment completed to reflect new Hospice admission and identifying resident #6 as an elopement risk. On at 5:30 PM, an interview with the Health Wellness Director and Assistant Administrator confirmed the findings. Class III	A 010		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the	A 025		

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A 025	Continued From page 7 necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on facility's documentation, resident record review and interview, the facility failed to provide appropriate supervision for 3 of 6 sampled	A 025		

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A 025	Continued From page 8 residents (#3, #5, #6) to prevent elopement in a secured memory facility as required. Findings: 1. Resident #3's record review revealed an admission date of [redacted] and discharged from the facility on [redacted]. The last 1823 Health Assessment dated [redacted] stated that resident #3 needs a secured memory care unit and listed medical history of [redacted], and [redacted]. She needs assistance with activities of daily living bathing and [redacted]. Supervision with grooming and toileting. Independent with ambulation, eating and transferring. She needs assistance with self-administration of medications and identified as an elopement risk. An elopement incident occurred on [redacted] at 10:50 PM, resident #3 eloped from the secured memory care unit and was found in the unsecured Assisted Living side by staff about 30 minutes later with no injuries. A facility note dated [redacted] at 4:10 PM by nurse E documented that approximately at 10:50 PM on [redacted] (night before) while doing wellness check on all residents, resident #3 was missing from [redacted] (memory care). It took a half an hour to find her located on the 2nd floor of the Assisted Living. Resident #3 was okay and stated she wanted to visit her sister. The physician and power of attorney were notified. The power of attorney was grateful for the update and resident's safety. Vitals checked, normal. 2. Resident #5's record review revealed an	A 025		

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A 025	Continued From page 9 admission date of . The last 1823 Health Assessment dated listed the medical history of , , Diverticulosis, , localized , and . She needs assistance with activities of daily living with and grooming. Supervision with ambulation, bathing, eating, toileting and transferring and identified as an elopement risk an elopement occurred on and again on . A facility note dated at 5:53 PM by nurse H documented that resident #5 attempted to push exit door to the Memory Care at approximately 1:15 PM earlier today, the alarm went off and was stopped by staff. Resident #5 was exhibiting exit seeking behaviors and has been very hard to redirect and comfort and console when crying more frequently than usual. An elopement incident occurred on at 4:05 PM made it out of the Memory Care to the unsecured Assisted Living dining room before staff found her. A facility note dated at 4:49 PM by nurse F documented resident #5 was brought to Memory Care from the Assisted Living dining room. Resident #5 stated "I was hungry and was going to the dining room to eat". The nurse attempted to contact daughter, but the phone line was down at the moment. The physician was notified. Observation on at 11:35 AM, while resident #5 was in dining room eating her meal, there was no identification bracelet with her name, name of facility, address of the facility, and	A 025		

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A 025	Continued From page 10 telephone of the facility on her persons. 3. Resident #6's record review revealed an admission date of . The last 1823 Health Assessment dated listed medical history of unwitnessed , right , multiple , and . She needs supervision with all activities of daily living except eating. She needs assistance with self-administration of medications. In further review, resident #6 was admitted to Hospice care on and now an elopement risk. An elopement incident occurred on at 4:50 PM. Resident #6 was found outside of Memory Care secured unit door near the kitchen. Resident #6 was trying to find her daughter and told staff that they were trying to keep her, and her daughter separated. A facility note dated at 6:36 PM by nurse E documented approximately at 4:50 PM during dinner, alarm went off. Resident #6 was down the hallway by the kitchen area. Resident #6 appeared agitated and refused to return to the area. After multiple attempts of re-orientation, resident #6 was escorted via walker to her apartment. She stated she was trying to see her daughter and that "you guys are keeping us separated". Resident #6 was given a scheduled medication and assisted to bed. The daughter, Hospice, and physician notified. Observation on at 11:40 AM, resident #6 was lying in her bed resting in her room. There was no identification bracelet on her persons with her name, name of the facility, address of the facility and telephone number of facility.	A 025		

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A 025	Continued From page 11 (Photographic Evidence Obtained) The facility did not complete elopement risk assessments for the three residents that had eloped. The facility did not put any elopement risk interventions in place. On [redacted] at 5:30 PM, an interview with the Health Wellness Director and Assistant Administrator confirmed the findings. Class II	A 025		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. 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 this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons	A 032		

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A 032	Continued From page 12	A 032		

that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.
2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.
(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:
1. An immediate search of the facility and premises,
2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,
3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,
4. The continued care of all residents within the facility in the event of an elopement.
(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.

This Statute or Rule is not met as evidenced by:

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A 032	Continued From page 13	A 032		

Based on observation, resident record review and interview, the facility failed to make a daily effort to check if 2 of 6 sampled residents (#5 & #6) had the identification bracelet on their person that includes the resident's name, facility's name, facility's address, and facility's telephone number as required for residents at risk for elopement.

Findings:

1. Resident #5's record review revealed admission date . The last 1823 Health Assessment dated listed the medical history of , , Diverticulosis, , localized , , and . She needs assistance with activities of daily living with and grooming. Supervision with ambulation, bathing, eating, toileting and transferring and identified as an elopement risk resident as an elopement occurred on and again on .

A facility note dated at 5:53 PM by nurse H documented that resident #5 attempted to push exit door to the Memory Care at approximately 1:15 PM earlier today, the alarm went off and was stopped by staff. Resident #5 was exhibiting exit seeking behaviors and has been very hard to redirect and comfort and console when crying more frequently than usual.

An elopement incident occurred on at 4:05 PM made it out of the Memory Care to the unsecured Assisted Living dining room before staff found her.

A facility note dated at 4:49 PM by nurse F documented resident #5 was brought

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A 032	Continued From page 14 . . . to Memory Care from the Assisted Living dining room. Resident #5 stated "I was hungry and was going to the dining room to eat". The nurse attempted to contact daughter, but the phone line was down at the moment. The physician was notified. Observation on at 11:35 AM, while resident #5 was in dining room eating her meal, there was no identification bracelet with her name, name of facility, address of the facility, and telephone of the facility on her persons. 2. Resident #6's record review revealed admission date . . . . . The last 1823 Health Assessment dated listed medical history of unwitnessed , right . . . . . , ... , multiple . . . . . , and . . . . . . She needs supervision with all activities of daily living except independent eating. She needs assistance with self-administration of medications. In further review, resident #6 was admitted to Hospice care on . . . . . and is now an elopement risk resident. An elopement incident occurred on at 4:50 PM. Resident #6 was found outside of Memory Care secured unit door near the kitchen. Resident #6 was trying to find her daughter and told staff that they were trying to keep her, and her daughter separated. A facility note dated at 6:36 PM by nurse E documented approximately at 4:50 PM during dinner, alarm went off. Resident #6 was down the	A 032		

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A 032	Continued From page 15 hallway by the kitchen area. Resident #6 appeared agitated and refusing to return to the area. After multiple attempts of re-orientation, resident #6 was escorted via walker to her apartment. She stated she was trying to her daughter and that "you guys are keeping us separated". Resident #6 was given a scheduled medication and assisted to bed. The daughter, Hospice, and physician notified. Observation on [redacted] at 11:40 AM, resident #6 was lying in her bed resting in her room. There was no identification bracelet on her persons with her name, name of the facility, address of the facility and telephone number of facility. A review of the facility's elopement policies and procedures on page 1, section 2a states that residents assessed at risk for elopement, or any history of elopement should have an identification on their persons that includes their name, the facility's name, facility's address and facility's telephone number and the facility had not been checking for bracelets for all three residents every day. (Photographic Evidence Obtained) On [redacted] at 5:30 PM, an interview with the Health Wellness Director and Assistant Administrator confirmed the findings. Class III	A 032		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011([redacted]) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee	A 081		

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A 081	Continued From page 16 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 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	A 081		

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A 081	Continued From page 17 orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to 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 [illegible], neglect, and [illegible]. The facility must use its [illegible] prevention policies and procedures when	A 081		

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A 081	Continued From page 18 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 personnel record review and interview, the facility failed to ensure that 3 of 7 sampled staff (A, B, D) completed the required staff in-service training. Findings: 1. Caregiver A's personnel record revealed hire date . There was no documented	A 081		

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A 081	Continued From page 19 evidence that the 2-hour pre-service orientation training was completed prior to interacting with the residents; and no 1-hour elopement training completed within 30 days of employment. 2. Caregiver B's personnel record revealed hire date . . . . . There was no documented evidence that 1 hour elopement training completed within 30 days of employment along with 3 hours of Activities of Daily Living and behavioral training completed in the file. 3. Med Tech D's personnel record revealed hire date . There was no documented evidence that the 3 hours of Activities of Daily Living and behavioral training were completed within 30 days of employment. On . . . . at 5:45 PM, an interview with the Assistant Administrator confirmed the findings. 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	A 086		

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A 086	Continued From page 20 employment. Completion of the core training program between , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 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,	A 086		

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A 086	Continued From page 21 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (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	A 086		

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A 086	Continued From page 22 or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure that 3 of 7 sampled staff (A, B, D) completed the required 4 hours annual update in 's and Related (ADRD) training as required. Findings: 1. Caregiver A's personnel record revealed a hire date of . The Level 1 - 4 hours training and Level 2 - 4 hours training was completed on . There was no documented evidence of the 4 hours annual 's update training completed in 2022 and 2023. 2. Caregiver B's personnel record revealed hire date . Both Level 1 and Level 2 training totaling 8 hours were completed on . The last 4 hours annual update training was completed on . There was no documented evidence that the 4 hours annual 's update	A 086		

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A 086	Continued From page 23 training was completed for 2022 and 2023. 3. Med Tech D's personnel record revealed hire date . The Level 1 - 4 hours training was completed on and the Level 2 - 4 hours training was completed on . The last 4 hours annual update training completed on . There was no documented evidence that the 4 hours annual 's update training was completed for 2022 and 2023. On at 5:45 PM, an interview with the Assistant Administrator confirmed the findings. Class III	A 086		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in	A 091		

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A 091	Continued From page 24 this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to obtain in-service training certificates with training dates of completion as required for the Health Wellness Director (HWD). Findings: The Health Wellness Director (HWD) record revealed a hire date of . There was a 2-hour preservice orientation certificate found that was not dated and not signed by the employee and the Administrator as required. Also, the 1-hour elopement training certificate was in the record with no date completed. (Photographic Evidence Obtained) On . . . . . at 5:50 PM, an interview with the Assistant Administrator confirmed the findings. Class III	A 091		