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
	AL11967286	A. BUILDING: _____ B. WING _____	R-C 01/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT ST PETE	1001 9TH STREET NORTH SAINT PETERSBURG, FL 33701

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{A 000}	Initial Comments A follow-up survey was conducted on for Best Care Senior Living at St. Pete. Previous cited deficiencies were not corrected via desk review.	{A 000}		
{A 087} SS=D	58A-5.0194 FAC . . . Training - Prov & Curriculum Appr (1) The . . . . or Related ("ADRD") training provider and curriculum must be approved by the department or its designee before commencing training activities. The department or its designee will maintain a list of approved ADRD training providers and curricula, which may be obtained from http://usfweb3.usf.edu/trainingonAging/default.aspx. (a) ADRD Training Providers. 1. Individuals who seek to become an ADRD training provider must provide the department or its designee with the documentation of the following educational, teaching, or practical experience: a. A Master's degree from an accredited college or university in a health care, human service, or . . . . . related field; or b. A Bachelor's degree from an accredited college or university, or licensure as a registered nurse, and: (I) Proof of 1 year of teaching experience as an educator of caregivers for individuals with . . . . . or related . . . . . ; or (II) Proof of completion of a specialized training program specifically relating to . . . . . 's . . . or related . . . . , and a minimum of 2 years of practical experience in a program providing direct care to individuals with . . . . . or related . . . . . ; or (III) Proof of 3 years of practical experience in a	{A 087}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 087}	Continued From page 1 program providing direct care to persons with or related . c. Teaching experience pertaining to 's or related may substitute on a year-by-year basis for the required Bachelor's degree. 2. Applicants seeking approval as ADRD training providers must complete DOEA form ALF/ADRD-001, Application for 's or Related Training Provider Certification, dated , which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 and online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04000. (b) ADRD Training Curricula. Applicants seeking approval of ADRD curricula must complete DOEA form ALF/ADRD-002, Application for 's or Related Training Three-Year Curriculum Certification, dated , which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 and online at http://www.flrules.org/Gateway/reference.asp?No=Ref-04001. Approval of the curriculum will be granted based on how well the curriculum addresses the subject areas referenced in subparagraphs 58A-5.0191(4)(a)2. and 58A-5.0191(4)(a)5., F.A.C. Curriculum approval will be granted for 3 years. After 3 years the curriculum must be resubmitted to the department or its designee for approval. (2) Approved ADRD training providers must maintain records of each course taught for a period of 3 years following each training presentation. Course records must include the	{A 087}		

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{A 087}	Continued From page 2 title of the approved ADRD training curriculum, the curriculum approval number, the number of hours of training, the training provider's name and approval number, the date and location of the course, and a roster of trainees. (3) Upon successful completion of training, the trainee must be issued a certificate by the approved training provider. The certificate must include the trainee's name, the title of the approved ADRD training, the curriculum approval number, the number of hours of training received, the date and location of the course, the training provider's name and approval number, and dated signature. (4) The department or its designee reserves the right to attend and monitor ADRD training courses, review records and course materials approved pursuant to this rule, and revoke approval for the following reasons: non-adherence to approved curriculum, failing to maintain required training credentials, or knowingly disseminating any false or misleading information. (5) ADRD training providers satisfying the requirements of Section 400.1755, F.S., relating to nursing homes, and Section 400.6045, F.S., relating to hospices, will satisfy the Level 1 and Level 2 training provider requirements of subparagraph 58A-5.0191(4)(a)3. and paragraph 58A-5.0191(4)(a), subsection (5), F.A.C. ADRD training curricula satisfying the requirements of Section 400.1755, F.S., relating to nursing homes, and Section 400.6045, F.S., relating to hospices, will satisfy the Level 1 curriculum requirements of subparagraph 58A-5.0191(4)(a)3., F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility	{A 087}		

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{A 087}	Continued From page 3 failed to ensure the [redacted]'s [redacted] or Related (ADRD) training was completed by an approved ADRD training provider. Findings included: An attempted record review conducted on [redacted], and [redacted], no documentation was provided for review. During an interview conducted on [redacted] at 1:44pm via phone with the Administrator, she stated she would provide documentation, also on [redacted] at 2:23pm via e-mail the Administrator stated she would send over the training documentation. Class III	{A 087}		
{A 181} SS=D	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any	{A 181}		

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{A 181}	Continued From page 4	{A 181}		

substantive changes must be submitted to the local emergency agency for review and approval.
1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.
2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval.
(d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities.
(e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to provide proof of resubmission of the comprehensive emergency management plan (CEMP) within 30-days of receiving notification that the plan must be revised.

Findings Included:

An attempted record review conducted on revealed the facility was unable to provide proof of CEMP resubmission within 30-days of CEMP rejection and request for revision.

During an interview conducted on via e-mail at 4:23pm with the Administrator, she stated she did not have the submission letter for the CEMP at this time.

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{A 181}	Continued From page 5 Class III.	{A 181}		