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 |
|---|---|---|---|
| | AL11969255 | A. BUILDING: _____ B. WING _____ | 01/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HERITAGE OAKS OF ENGLEWOOD | 7374 SAN CASA DR ENGLEWOOD, FL 34224 |

| (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 |
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| A 000 | Initial Comments<br><br>An unannounced relicensure, extended congregate care, emergency power plan, health facility reporting system, generator, visitation form, and complaint survey for #2022014914, #2022015044, #2023011956, and #2023015220 was conducted on ... through ... at Heritage Oaks of Englewood, an assisted living facility in Englewood, Florida.<br><br>Complaint #2022014914 was unsubstantiated.<br>Complaint #2022015044 was unsubstantiated.<br>Complaint #2023011956 was unsubstantiated.<br>Complaint #2023015220 was unsubstantiated.<br><br>The following is a description of the deficiencies. | A 000 | | |
| A 081 SS=D | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52<br>(1)(a) 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.<br>(b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). | A 081 | | |

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| A 081 | Continued From page 1<br><br>(c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a).<br><br>(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.<br><br>59A-36.011<br>(2) STAFF PRESERVICE ORIENTATION.<br>(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).<br>(b) New staff must complete the preservice orientation prior to interacting with residents.<br>(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.<br>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br>1. Resident's rights; and,<br>2. The facility's license type and services offered by the facility.<br>(3) STAFF IN-SERVICE TRAINING. Facility | A 081 | | |

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| A 081 | Continued From page 2<br><br>administrators or managers shall provide or arrange for the following in-service training to facility staff:<br>(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.<br>(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:<br>1. Reporting adverse incidents.<br>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br>(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:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training.<br>(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 3<br><br>within 30 days of employment that covers the following subjects:<br>1. Resident behavior and needs.<br>2. Providing assistance with the activities of daily living.<br>(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.<br>(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.<br>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.<br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure facility employees complete the required in-service training within 30 days of employment for 3 (Staff A, B, and C) of 4 employee files reviewed.<br><br>The findings included:<br><br>Staff A's employee file revealed a hire date of as a med tech. Staff A's file contained no documentation of having completed 3 hours each of: Activities of Daily Living and Behavioral Needs | A 081 | | |

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| A 081 | Continued From page 4<br><br>Training, and Elopement Response Training; a minimum of 1 hour in-service training that covers Reporting Major Incidents, Reporting Adverse Incidents, and Facility Emergency Procedures; a minimum 1 hour in-service in Safe Food Handling Practices.<br><br>Staff B's employee file revealed a hire date of . . . . . as a Certified Nurse Assistant. Staff B's file contained no documentation of a minimum of 1 hour in-service training that covers: Reporting Major Incidents; Reporting Adverse Incidents; and Facility Emergency Procedures; and a minimum 1 hour in-service in Safe Food Handling Practices.<br><br>Staff C's employee file revealed a hire date of . . . . as a Med Tech. Staff C's file contained no documentation of a minimum 1 hour in-service in: . . . . Control; 3 hours of Activities of Daily Living and Behavioral Needs Training, and Elopement Response Training. There is no documentation of a minimum of 1 hour in-service training that covers: Reporting Major Incidents, Reporting Adverse Incidents, and Facility Emergency Procedures; a minimum 1 hour in-service in Safe Food Handling Practices, and a minimum of 1 hour in Resident Rights and Recognizing/Reporting and N.<br><br>On at 1:40 p.m., the Executive Director (ED) said the facility used a computer based training program. He said he had recognized the computer based training program did not always meet Florida requirements in hours of training required and/or content required. He said he had been discussing this with corporate.<br><br>Class III | A 081 | | |

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| A 082 | Continued From page 5 | A 082 | | |
| A 082 SS=D | 59A-36.011(4) FAC Training - / .<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure facility employees complete a one time education course on . . . . . and . . . . . ( / ) within 30 days of employment and maintain documentation of completion for 2 (Staff A and C) of 4 employee files reviewed.<br><br>The findings included:<br><br>Staff A's employee file revealed a hire date of . Staff A's employee file contained no documentation of having completed a course on / . .<br><br>Staff C's employee file revealed a hire date of . . . . . Staff C's employee file contained no documentation of having completed a course on / . . .<br><br>On . . . . at 1:40 p.m., the Executive Director agreed there was no documentation of the | A 082 | | |

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| A 082 | Continued From page 6<br>training.<br><br>Class III | A 082 | | |
| A 086 SS=D | 59A-36.011(10) FAC Training - ADRD<br><br>(10) [illegible] AND RELATED [illegible] ("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.<br>(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 [illegible] and [illegible] 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 "[illegible] and Related [illegible] Level I Training," must address the following subject areas:<br>1. Understanding [illegible]'s [illegible] and related [illegible];<br>2. Characteristics of [illegible];<br>3. Communicating with residents with [illegible]'s [illegible];<br>4. Family issues;<br>5. Resident environment; and,<br>6. Ethical issues.<br>(b) Staff who have successfully completed both the initial one hour and continuing three hours of | A 086 | | |

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| A 086 | Continued From page 7<br><br>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.<br>(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 :<br>1. Behavior management,<br>2. Assistance with ADLs,<br>3. Activities for residents,<br>4. Stress management for the care giver; and,<br>5. Medical information.<br>(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.<br>(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 | A 086 | | |

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| A 086 | Continued From page 8<br><br>by subsection (7) of this rule.<br>(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.<br>(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:<br>1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or<br>2. Three years of practical experience in a program providing care to persons with or related , or<br>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 .<br>(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).<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview and record review the facility failed to ensure staff who have regular contact and/or provide direct care to | A 086 | | |

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| A 086 | Continued From page 9<br><br>memory care residents shall have 4 hours of initial training within 3 months of hire and an additional 4 hours of [illegible] or related (ADRD) training within 9 months of hire for 1 (Staff A) of 2 reviewed staff employed longer than 3 months.<br><br>The findings included:<br><br>During a tour of the facility on a secured memory care unit was observed on campus.<br><br>Staff A's employee file revealed a hire date of . Staff A's employee file contained no documentation of having completed either the first or second ADRD training.<br><br>On at 1:40 p.m., the Executive Director (ED) said the facility used a computer based training program. He said he had recognized the computer based training program did not always meet Florida requirements in hours of training required and/or content required. He said he had been discussing this with corporate.<br><br>Class III | A 086 | | |
| A 090 SS=D | 59A-36.011(11) FAC Training - [illegible]<br><br>(11) [illegible] TRAINING.<br>(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 [illegible].<br>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident | A 090 | | |

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| A 090 | Continued From page 10<br><br>admissions must receive at least one hour of training in the facility's policy and procedures regarding . . . within 30 days after employment.<br>(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure facility employees complete at least one hour of training in the facility's policies and procedures regarding . . . . . (. . . .) within 30 days after employment and maintain documentation of completion for 3 (Staff A, B, and C) of 4 employee files reviewed.<br><br>The findings included:<br><br>Staff A's employee file revealed a hire date of . . The file contained no documentation of having completed a 1 hour course on . . 's.<br><br>Staff B's employee file revealed a hire date of . . . The file contained no documentation of having completed a 1 hour course on . . . 's.<br><br>Staff C's employee file revealed a hire date of . . . The file contained no documentation of having completed a 1 hour course on . . 's.<br><br>On . . . . at 1:40 p.m., the Executive Director (ED) said the facility used a computer based training program. He said he had recognized the computer based training program did not always meet Florida requirements in hours of training required and/or content required. He said he had been discussing this with corporate.<br><br>Class III | A 090 | | |

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| A 091 | Continued From page 11 | A 091 | | |
| A 091 SS=D | 59A-36.011(12) FAC Training - Documentation & Monitoring<br><br>(12) TRAINING DOCUMENTATION AND MONITORING.<br>(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:<br>1. The title of the training program,<br>2. The subject matter of the training program,<br>3. The training program agenda,<br>4. The number of hours of the training program,<br>5. The trainee's name, dates of participation, and location of the training program,<br>6. The training provider's name, dated signature and credentials, and professional license number, if applicable.<br>(b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to issue and maintain training certificates in the facility's personnel files upon successful completion of trainings as required by Florida rule for 3 (Staff A, B, and C) of 4 employee files reviewed. | A 091 | | |

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| A 091 | Continued From page 12<br><br>The findings included:<br><br>Staff A's employee file revealed a hire date of . . . . as a Med Tech. Staff A's employee file was of multiple certificates documenting completion of trainings as required per Florida statute. In addition the certificates that were present from a computerized learning program listed no agenda as to what was taught.<br><br>Staff B's employee file revealed a hire date of . . . . as a Certified Nurse Assistant. Staff B's employee file was of multiple certificates documenting completion of trainings as required per Florida statute. In addition the certificates that were present from a computerized learning program listed no agenda as to what was taught.<br><br>Staff C's employee file revealed a hire date of . . . . . as a med tech. Staff C's employee file was of multiple certificates documenting completion of trainings as required per Florida statute. In addition the certificates that were present from a computerized learning program listed no agenda of what was taught.<br><br>On at 1:40 p.m., the Executive Director (ED) said the facility used a computer based training program. He said he had recognized the computer based training program did not always meet Florida requirements in hours of training required and/or content required or other areas. He said he had been discussing this with corporate.<br><br>Class III | A 091 | | |

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| | AL11969255 | A. BUILDING: _____ B. WING _____ | 01/04/2024 |

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| HERITAGE OAKS OF ENGLEWOOD | 7374 SAN CASA DR ENGLEWOOD, FL 34224 |

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| AE203 | Continued From page 13 | AE203 | | |
| AE203 SS=D | 59A-36.021(3) FAC ECC - Staffing Requirements<br><br>(3) STAFFING REQUIREMENTS. The following staffing requirements apply for extended congregate care services:<br>(a) Supervision by an administrator who has a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or . . . . . persons. If an administrator appoints a manager as the supervisor of an extended congregate care facility, both the administrator and manager must satisfy the requirements of subsection 59A-36.010(1), F.A.C.<br>1. A baccalaureate degree may be substituted for one year of the required experience.<br>2. A nursing home administrator licensed under chapter 468, F.S., is qualified under this paragraph.<br>(b) Provide staff or contract the services of a nurse who must be available to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care residents.<br>(c) Provide enough qualified staff to meet the needs of extended congregate care residents in accordance with rule 59A-36.010, F.A.C., and to provide the services established in each resident's service plan.<br>(d) Ensure that adequate staff is awake during all hours to meet the scheduled and unscheduled needs of residents.<br>(e) Immediately provide additional or appropriately qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because insufficient staffing, in accordance | AE203 | | |

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| AE203 | Continued From page 14<br>with the staffing standards established in rule 59A-36.010, F.A.C.<br>(f) Ensure and document that staff receive extended congregate care training as required in rule 59A-36.011, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to conduct monthly nursing assessments for Extended Congregate Care (ECC) Residents for 4 (Residents #14, 15, 16, and 17) of 4 residents receiving specialized services.<br><br>The findings included:<br><br>On at 9:46 a.m., the Administrator said they had dropped their ECC license and were now operating under a Limited Nursing Service License (LNS). On at 11 a.m., the Administrator said he had spoken with corporate and he had been mistaken, that the ECC license had not been dropped and changed to LNS. He provided a LNS book with 4 residents (Residents #14, 15, 16 and 17) currently receiving services for and provided documentation dated that the Physician Assistant would be responsible for completing monthly assessments for the residents receiving LNS services.<br><br>Review of the provided LNS book revealed the following:<br>A monthly nursing assessment dated had been partially completed for Resident #14 but the signature was left blank.<br>A monthly nursing assessment dated had been completed for Resident #15 and signed off by a Licensed Practical Nurse (LPN)<br>A monthly nursing assessment dated had been partially completed for Resident #16 but | AE203 | | |

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| AE203 | Continued From page 15<br><br>the signature was left blank.<br>A monthly nursing assessment dated had been completed for Resident #17 and signed off by a Licensed Practical Nurse (LPN)<br><br>On at approximately 1:25 p.m., in a discussion with the Administrator and Health and Wellness Director both acknowledged that LPN cannot perform assessments as it is not within their scope of practice.<br><br>Class III | AE203 | | |
| AE206 SS=D | 59A-36.021(6) FAC ECC - Service Plans<br><br>(6) SERVICE PLANS.<br>(a) Before receiving services, the extended congregate care administrator or manager must develop a preliminary service plan that includes an assessment of whether the resident meets the facility's residency criteria, an appraisal of the resident's unique physical, , , and social needs and preferences, and an evaluation of the facility's ability to meet the resident's needs.<br>(b) Within 14 days of receiving services, the extended congregate care administrator or manager must coordinate the development of a written service plan that takes into account the resident's health assessment obtained pursuant to subsection (5); the resident's unique physical, , , and social needs and preferences; and how the facility will meet the resident's needs including the following if required:<br>1. Health monitoring,<br>2. Assistance with personal care services,<br>3. Nursing services,<br>4. Supervision,<br>5. Special diets, | AE206 | | |

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| AE206 | Continued From page 16<br><br>6. Ancillary services,<br>7. The provision of other services such as transportation and supportive services; and,<br>8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences.<br>(c) Pursuant to the definitions of "shared responsibility" and "managed risk" as provided in section 429.02, F.S., the service plan must be developed and agreed upon by the resident or the resident's representative or designee, surrogate, guardian, or attorney-in-fact, and must reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident's service needs and preferences.<br>(d) The service plan must be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident's physical or mental status, or pursuant to recommendations for modifications in the resident's care as documented in the nursing assessment.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure the manager of Extended Congregate Care (ECC) services develops a written service plan for 4 (Residents #14, 15, 16 and 17) of 4 residents receiving specialized services.<br><br>The findings included:<br><br>On at 9:46 a.m., the Administrator said they had dropped their ECC license and were now operating under a Limited Nursing Service License (LNS). On at 11 a.m., the Administrator said he had spoken with corporate | AE206 | | |

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| AE206 | Continued From page 17<br><br>and he had been mistaken, that the ECC license had not been dropped and changed to LNS. He provided a LNS book with 4 residents (Residents #14, 15, 16 and 17) currently receiving services for [redacted] and provided documentation dated [redacted] that the Physician Assistant would be responsible for completing monthly assessments for the residents receiving LNS services.<br><br>Review of the provided LNS book revealed no written service plans had been developed for Residents #14, 15, 16 or 17.<br><br>On [redacted] at approximately 2 p.m., the Administrator said due to the [redacted] of which license they were operating under, it would be fair to say ECC requirements were not being met.<br><br>Class III | AE206 | | |
| AE210 SS=D | 59A-36.011(8) FAC ECC - Training<br><br>(8) EXTENDED CONGREGATE CARE (ECC) TRAINING.<br>(a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to [redacted] shall not be required to take the assisted living facility core training competency test. | AE210 | | |

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| AE210 | Continued From page 18<br><br>(b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, [illegible], or social needs of frail elderly and persons, or persons with 's or related .<br>(c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure the Extended Congregate Care (ECC) supervisor had completed CORE training, completed a minimum of 4 hours of ECC training within 3 months for 1 ECC supervisor. The facility also failed to ensure all direct care staff providing care to residents in the ECC program complete at least 2 hours of in service training for 1 (Administrator) of 1 staff reviewed employed greater than 6 months.<br><br>The findings included:<br><br>On at 9:46 a.m. the Administrator said they had dropped their ECC license and were now operating under a Limited Nursing Service License (LNS). On at 11 a.m., the Administrator said he had spoken with corporate and he had been mistaken, that the ECC license had not been dropped and changed to LNS. He provided a LNS book with 4 residents (Residents #14, 15, 16 and 17) currently receiving services | AE210 | | |

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| AE210 | Continued From page 19<br><br>for [illegible] and provided documentation that the Physician Assistant would be responsible for completing monthly assessments for the residents receiving LNS services.<br><br>On 1:25 p.m., the Administrator said the Physician Assistant (PA) was the ECC supervisor.<br><br>On 1:25 p.m., the Health and Wellness Director said she verified with the PA that he was not CORE certified. The facility was also unable to provide any documentation that the PA had received any ECC training.<br><br>Record review of the Administrators file revealed he had only completed 2 hours of ECC training and therefore also would not meet requirements to be ECC supervisor.<br><br>On at approximately 2 p.m., the Administrator said due to the of which license they were operating under, it would be fair to say a majority of the staff would not meet ECC education requirements.<br><br>Class III | AE210 | | |