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
	AL11965858	A. BUILDING: _____ B. WING _____	02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE INN AT ASTON GARDENS AT PELICAN M/	4750 ASTON GARDENS WAY NAPLES, FL 34109

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A 000	Initial Comments An unannounced relicensure, emergency power plan, health facility reporting system, generator, and visitation form survey was conducted on through at The Inn at Aston Gardens at Pelican Marsh, an assisted living facility in Naples, Florida. The following is a description of the deficiencies.	A 000		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care	A 078		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 078	Continued From page 1 provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from	A 078		

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A 078	Continued From page 2 a health care provider documenting the individual is free from signs/symptoms of communicable [illegible] and evidence of a negative [illegible] examination documented annually thereafter for 4 (Administrator, Health and Wellness Director, Staff B, and D) of 4 employee records reviewed. The findings include: Review of the Administrator's employee file revealed a hire date of [illegible]. The administrators file contained no evidence of a statement signed by a healthcare provider indicating the administrator was free from signs and symptoms of communicable [illegible]. Review of the Health and Wellness Director's employee file revealed a hire date of [illegible]. The Health and Wellness Director's file contained documentation of a [illegible] Skin test form showing the HWD received a [illegible] test on [illegible] and was read on [illegible]. The HWD's employee record contained no evidence of a statement signed by a healthcare provider indicating the HWD was free of signs and symptoms of communicable [illegible]. Review of Staff B's employee file revealed a hire date of [illegible]. Staff B's file contained no documentation of a [illegible] Skin test completion or statement signed by a healthcare provider indicating they were free from signs and symptoms of communicable [illegible]. Review of Staff D's employee file revealed a hire date of [illegible]. Staff D's file contained documentation of a [illegible] screening form on	A 078		

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A 078	Continued From page 3 . . . . . , which is not within the 30-days after beginning employment requirement. Staff D's file contained no documentation of a statement from the healthcare provider indicating they were free from signs and symptoms of communicable On . . . at 10:45 a.m., the Human Resource , confirmed the administrator file contained no documentation of a statement from the healthcare provider indicating the Administrator was free form signs and symptoms of communicable including . On at 11:11 a.m., The Human Resource , confirmed no documentation of a statement from the health care provider indicating the HWD, Staff B, and Staff D, were free from signs and symptoms of communicable . . . . . including in their employee records, and no documentation of a screening for Staff B or Staff D. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (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	A 081		

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A 081	Continued From page 4	A 081		

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.
(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).
(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).

(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

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A 081	Continued From page 5	A 081		

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 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

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A 081	Continued From page 6 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 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	A 081		

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A 081	Continued From page 7 failed to ensure facility employees complete preservice orientation training required by Florida Administrative Code within 30 days of employment for 3 (Health and Wellness Director, Staff B, D) of 4 employee files reviewed. The findings included: On [redacted], record review of Health and Wellness Director, Care Manager Staff B, and Medication Technician Staff D files revealed the following: Record review for the Health and Wellness Director's file revealed a hire date of [redacted]. The Health and Wellness Director's file did not contain documentation of completing 2-hour preservice orientation training prior to interacting with residents, a minimum 1-hour in-service training in Reporting Major Incidents, Reporting Adverse Incidents, facility Emergency Procedures, Incident Report training, and Nutritional Safe Food Handling. The Health and Wellness Director completed 30 minutes of training on [redacted] for Preventing, Recognizing and Reporting [redacted], 30 minutes of training completed on [redacted] for Managing Elopement; regulations require 1 hour. The certificate contained no agendas, and the trainings completed were not specific to the facility policy and procedures. Record review of Staff B's employee file revealed a hire date of [redacted]. Staff B's file did not contain documentation of completing 2-hour preservice orientation training prior to interacting with residents, a minimum 1-hour in-service training in Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Incident Report training, or Elopement Response training. Staff B completed 1 hour of Resident Rights and	A 081		

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A 081	Continued From page 8 Recognizing/Reporting . . . . /Neglect training in which the certificate contained no agendas, and the trainings completed were not specific to the facility policy and procedures. Record review of Staff D's employee file revealed a hired date of . Staff D's file did not contain documentation of completing 2-hour preservice orientation training prior to interacting with residents, Elopement Response training, or Resident Rights and Recognizing/Reporting /Neglect training. Staff D completed 1 hour of Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, and 1.75 hours of Control training, in which the certificates contained no agendas, and the trainings completed were not specific to the facility policy and procedures. On at 11:43 a.m., the Human Resource , confirmed the findings, and acknowledged the certificates were not valid as they did not meet the regulation requirements and were not facility specific. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) . . . . . / . . . . . (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and . . , including the topics prescribed in the	A 082		

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A 082	Continued From page 9 section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 (Staff B) of 4 staff reviewed completed the required and education course within 30 days of employment. The findings included: Record review on of Care Manager Staff B's employee file showed a hire date of . Review showed no evidence of completion of / training required to be completed by all staff. During an interview on at 11:36 a.m., the Human Resources , confirmed there was no documentation of completion of / training for Staff B. Class III	A 082		
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	A 086		

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A 086	Continued From page 10	A 086		

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," must address the following subject areas:
1. Understanding and related ;
2. Characteristics of ;
3. Communicating with residents with ;
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 :

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A 086	Continued From page 11 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 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	A 086		

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A 086	Continued From page 12 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 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 ensure for 1 (Administrator) of 4 staff reviewed, complete required 4-hour in-service training for Training Level I within 3 months of hire, and for 2 (Administrator, Staff B) of 4 staff reviewed complete 4-hour in-service training for Training Level II within 9 months of hire, for facilities advertising special care to residents with and related (ADRD), or who have secure areas, staff who have regular contact and/or provide direct care to residents with ADRD. This has the potential to put populations at risk. The findings included: Record review for the Administrator revealed a hire date of . The Administrator's file	A 086		

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A 086	Continued From page 13 contained no evidence of completion of 4 hours of Level I training within 3 months of hire as required, and no evidence of documentation of completion of 4 hours of Level II within 9 months of hire as required. Record review on of Staff B's employee record revealed a hire date of . Staff B's file contained no evidence of completion of 4 hours of Training Level II within 9 months of hire as required. On at 11:06 a.m., Human Resources confirmed no documentation of Level I and II training for the Administrator, and no documentation of Level II training for Staff B as required. Class III	A 086		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information	A 090		

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	AL11965858	A. BUILDING: _____ B. WING _____	02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE INN AT ASTON GARDENS AT PELICAN M/	4750 ASTON GARDENS WAY NAPLES, FL 34109

(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 090	Continued From page 14 included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment and maintain documentation of completion for 3 (Health and Wellness Director, Staff B, and D) of 4 employee files reviewed. The Findings Include Record review for the Health and Wellness Directors (HWD) employee record revealed a hire date of . The HWD's file contained evidence of a certificate of completion dated , for 30 minutes on the topic of Advance Directives. The HWD file contained no evidence of completion of 1 hour of training for training specific to facility policy and procedures as required per regulations. Record review on of Staff B's employee record revealed a hire date of . Staff B's file contained evidence of a certificate of completion dated , for 30 minutes on the topic of Advance Directives. Staff B's file contained no evidence of completion of 1 hour of training for training specific to facility policy. Record review on of Staff D's employee record revealed a hire date of . Staff D's file contained evidence of a certificate of completion dated , for 30 minutes on the topic of Advance Directives. Staff D's file contained no evidence of completion of 1 hour of	A 090		

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A 090	Continued From page 15 training for . . . . . training specific to facility policy. On at 11:43 a.m., The Human Resource . . . . . confirmed the training for the HWD, Staff B, and Staff D did not meet regulation requirements. Class III	A 090		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all	A 161		

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A 161	Continued From page 16	A 161		

staff providing services that require licensing or certification,
3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C.,
4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C.,
5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.
(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ⌄ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C.
(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to maintain personnel records for each staff containing documentation required for compliance with Florida Administrative Code for 2 (Administrator, and the Health and Wellness Director) of 4 employee files reviewed.

The findings included:

Review of the Administrators file revealed a hire date of . Further review revealed a job

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A 161	Continued From page 17 description for the administrator dated . The administrator's file contained no evidence of documentation of a job application with references. Review of the Health and Wellness Directors file revealed a hire date of . Further review revealed a job description for the administrator dated . The Health and Wellness Director's file contained no evidence of documentation of a job application with references. On at 10:48 a.m., the Human Resource (HRS) confirmed the HWD, and Administrator record contained no evidence of job applications with references. Class III	A 161		

Agency for Health Care Administration

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CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814		

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic ب , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 2 (Administrator, and Health and Wellness Director) of 4 employees reviewed, had the Level 2 background screening employment status updated within 10 days on the Agency for Healthcare Administration (AHCA) Background screening clearinghouse website pursuant to chapter 435. This had the potential for staff with disqualifying offenses to have access to adults. The findings Included: Review of the Administrators file revealed a hire date of . Review of the Agency's clearing house employee roster revealed the administrator was added on the clearing house roster on , 29 days after hire. Review of the Health and Wellness Director's (HWD) file revealed a hire date of .	CZ814		

Agency for Health Care Administration

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CZ814	Continued From page 2 Review of the Agency's clearing house employee roster revealed HWD was added on the clearing house roster , 181 days after hire. On at 10:43 a.m., the Human Resource , (HRS) confirmed the HWD, and Administrator were not added within the 10 days as required. Unclassified	CZ814		