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
	AL11932588	A. BUILDING: _____ B. WING _____	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALUSA HARBOUR	2525 E. FIRST STREET FORT MYERS, FL 33901

(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 An unannounced relicensure, limited nursing services, emergency power plan, health facility reporting system, generator, and visitation form survey was conducted on through at Calusa Harbour, an assisted living facility in Fort Myers, Florida. The following is a description of the deficiencies.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's	A 052		

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A 052	Continued From page 1 or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the	A 052		

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A 052	Continued From page 2 resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.	A 052		

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A 052	Continued From page 3 (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of	A 052		

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A 052	Continued From page 4 medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to orally advise 5 residents (#13, #14, #15, #5, and #16) of out of 6 residents observed, the names and doses of their medications, who required assistance with self-administration of medication. The findings included: Review of the facility policy "Medication Management Guidelines" effective , Medication Supervision/Assistance (is conducted for) a resident who requires "stand-by" supervision or physical assistance with medications such as: Reading the medication label to the resident, and verifying correct medication, dose, and strength. Review of the health assessments for residents #13, #14, #15, #5 and #16 revealed the resident's required assistance with medication self-administration. On at 12:02 p.m., observed medication aid Staff B prepare , 100 milligrams (mg) and 50 mg for Resident #13. Staff B told Resident #13 they were his , pills. She did not read the medication name or dose to the resident as required. On at 12:04 p.m., observed Staff B prepare , 100 mg for Resident #14. Staff B told the resident the medication was , . Staff B did not tell the resident the dose.	A 052		

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A 052	Continued From page 5 On at 12:07 p.m., observed Staff B prepare , 300 mg for Resident #15. Staff B told the resident it was a , pill. She did not orally advise the resident of the name of the medication or dose. On at 8:07 a.m., observed Staff B prepare multiple medications for Resident #5 at the medication cart in the hallway. The staff removed the medication from the individual packs and placed them in a medicine cup. The medications included a , , L-Thyroxin, , , and . Staff B also prepared Nutrilite Twist Tube in water for Resident #5 along with a Trelegy , inhaler and spray. Staff B entered the resident's room and handed the medications to Resident #5. Staff B did not inform the resident of the names or doses of any of the medications. On at 8:22 a.m., observed medication aid Staff F prepare , , , , and , oral medications for Resident #16. Staff F handed the resident the medication. Staff F told the resident it was his , and , medication. Staff F did not inform the resident of the names and doses of the medications as required. On at 8:30 a.m., observed Staff F prepare several medications for Resident #15 at the medication cart in the hallway. Staff F removed the medications from their packs including Clear Lax in water, , , , , , , Acidophilus, , and , . Staff F entered the resident's room and said she had her morning medications including the , pill and	A 052		

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A 052	Continued From page 6 . Staff F did not tell Resident #15 the names or doses of the medications, which is required. On at 8:40 a.m., Staff F said she realized she did not orally advise the residents of the medications they were taking. Staff F said she just tells the residents they are the morning medications. On at 9:03 a.m., the Wellness Director said the medication are required to inform each resident of the name and dose of the medication when they assist with medication self-administration. He said there are no waivers for any of the residents at the facility and their policy includes reading the medication label to the resident and verifying correct medication, dose, and strength. Class III	A 052		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training	A 083		

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A 083	Continued From page 7 is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a staff member who has completed a course in - , ( ) and First Aid and holds a currently valid card is in the facility at all times for 12 (Administrator, Staff A,B,D,E, F,G,H,I,J,K,L, P)) of 19 employees reviewed. The findings included: Record review of the facility employee list for staff A revealed a hire date of , staff A's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff B revealed a hire date of , staff B's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF.	A 083		

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A 083	Continued From page 8 Record review of the facility employee list for staff D revealed a hire date of staff D's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff E revealed a hire date of staff E's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff F revealed a hire date of , staff F's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff G revealed a hire date of , staff G's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff	A 083		

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A 083	Continued From page 9 H revealed a hire date of , staff H's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff I revealed a hire date of , staff I's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff J revealed a hire date of , staff J's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff K revealed a hire date of , staff K's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff L revealed a hire date of , staff L's file contained documentation of certification	A 083		

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A 083	Continued From page 10	A 083		

completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF.

Record review of the facility employee list for staff P revealed a hire date of . Staff P's file contained no documentation of completion of .

Record review of the facility employee list for the Administrator revealed a hire date of , the Administrator's file contained no documentation of completion of certification.

On at 9:15 a.m., the Administrator provided and reviewed certifications for the medication aides, nurses, and resident aides listed on employee list and confirmed the /first aid certification completed by Emergency care and safety Institute for the facility employees are not valid for the Assisted Living Facilities(ALF's).

Record review of the current Schedule for the month of and , revealed multiple days the facility would have no staff on schedule with Valid certification as required per regulations.

On , , , , - , , - , . - . . , - . , - , . - , on the morning (6:00 a.m. -2:00 a.m.) shifts revealed no current "care team " staff with valid certifications completed in accordance with regulations as required for assisted living facilities (ALF's).

On , , , , ,

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A 083	Continued From page 11 and on the afternoon (2:00 p.m.-10:00 p.m.) shifts revealed no current "care team " staff with valid certifications completed in accordance with regulations as required for assisted living facilities (ALF's). On at 9:41 a.m., the Administrator reviewed the schedule for and , and confirmed there were days on the schedule where there is no staff with valid certification that meet regulations requirement for ALF's. On at 11: 23 a.m., the Administrator confirmed she does not have a valid /First aide card. She said "that's going to change next week." On at 11:27 a.m., the Administrator confirmed staff P has no documentation of completion for /First aide on file in her record. Class III	A 083		

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CZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.	CZ830		

AHCA Form 3020-0001

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

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CZ830	Continued From page 1 (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.	CZ830		

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CZ830	Continued From page 2 (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit annually and maintain documentation of a current Comprehensive Emergency Management Plan (CEMP), approved by the local emergency management agency to ensure the safety and welfare of all residents. The findings include: On the Administrator provided a Comprehensive Emergency Management Plan (CEMP) that had been approved on , . The letter indicated the facility's CEMP is approved through . . The letter also further indicated a copy of the plan should be provided to the County Emergency Management office before , , each year for review. Review of letter from the local county Emergency Management agency dated , . indicated the facility CEMP submitted does not meet the criteria requirements set forth by the Agency for Health Care Administration, the letter also indicated for the facility to provide the correct plan within 30 days. On at 10:47 a.m., the Administrator stated the last CEMP submitted was rejected with additional information needed, and she has not	CZ830		

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CZ830	Continued From page 3 resubmitted the CEMP as yet as she is still working on the required pieces needed. On at 11:00 a.m., the administrator confirmed the facility currently does not have an approved CEMP. Class III	CZ830		

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A 000	Initial Comments An unannounced relicensure, limited nursing services, emergency power plan, health facility reporting system, generator, and visitation form survey was conducted on through at Calusa Harbour, an assisted living facility in Fort Myers, Florida. The following is a description of the deficiencies.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his	A 052		

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A 052	Continued From page 1 or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of	A 052		

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A 052	Continued From page 2 administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the	A 052		

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A 052	Continued From page 3 resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to orally advise 5 residents (#13, #14, #15, #5, and #16) of out of 6 residents observed, the names and doses of their	A 052		

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A 052	Continued From page 4 medications, who required assistance with self-administration of medication. The findings included: Review of the facility policy "Medication Management Guidelines" effective , Medication Supervision/Assistance (is conducted for) a resident who requires "stand-by" supervision or physical assistance with medications such as: Reading the medication label to the resident, and verifying correct medication, dose, and strength. Review of the health assessments for residents #13, #14, #15, #5 and #16 revealed the resident's required assistance with medication self-administration. On at 12:02 p.m., observed medication aid Staff B prepare 100 milligrams (mg) and 50 mg for Resident #13. Staff B told Resident #13 they were his pills. She did not read the medication name or dose to the resident as required. On at 12:04 p.m., observed Staff B prepare 100 mg for Resident #14. Staff B told the resident the medication was . Staff B did not tell the resident the dose. On at 12:07 p.m., observed Staff B prepare 300 mg for Resident #15. Staff B told the resident it was a pill. She did not orally advise the resident of the name of the medication or dose. On at 8:07 a.m., observed Staff B prepare multiple medications for Resident #5 at	A 052		

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A 052	Continued From page 5 the medication cart in the hallway. The staff removed the medication from the individual packs and placed them in a medicine cup. The medications included a , , L-Thyroxin, , , and . Staff B also prepared Nutrilite Twist Tube in water for Resident #5 along with a Trelegy , inhaler and spray. Staff B entered the resident's room and handed the medications to Resident #5. Staff B did not inform the resident of the names or doses of any of the medications. On at 8:22 a.m., observed medication aid Staff F prepare , , , , and , oral medications for Resident #16. Staff F handed the resident the medication. Staff F told the resident it was his , and , medication. Staff F did not inform the resident of the names and doses of the medications as required. On at 8:30 a.m., observed Staff F prepare several medications for Resident #15 at the medication cart in the hallway. Staff F removed the medications from their packs including Clear Lax in water, , , , , , , Acidophilus, , and , . Staff F entered the resident's room and said she had her morning medications including the , pill and . Staff F did not tell Resident #15 the names or doses of the medications, which is required. On at 8:40 a.m., Staff F said she realized she did not orally advise the residents of the medications they were taking. Staff F said she just tells the residents they are the morning medications.	A 052		

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A 052	Continued From page 6 On at 9:03 a.m., the Wellness Director said the medication are required to inform each resident of the name and dose of the medication when they assist with medication self-administration. He said there are no waivers for any of the residents at the facility and their policy includes reading the medication label to the resident and verifying correct medication, dose, and strength. Class III	A 052		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by:	A 083		

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A 083	Continued From page 7 Based on record review and interview, the facility failed to ensure a staff member who has completed a course in [redacted] ( ) and First Aid and holds a currently valid card is in the facility at all times for 12 (Administrator, Staff A,B,D,E, F,G,H,I,J,K,L, P)) of 19 employees reviewed. The findings included: Record review of the facility employee list for staff A revealed a hire date of , staff A's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff B revealed a hire date of , staff B's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff D revealed a hire date of staff D's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff E revealed a hire date of staff E's file contained documentation of certification	A 083		

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A 083	Continued From page 8 completed on . . . . with an expiration date of . Further review revealed documentation of . completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff F revealed a hire date of , staff F's file contained documentation of . certification completed on with an expiration date of . . . . . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff G revealed a hire date of . . . . . , staff G's file contained documentation of certification completed on . . . . . with an expiration date of . Further review revealed documentation of . completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff H revealed a hire date of , staff H's file contained documentation of certification completed on with an expiration date of . . . . . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff I revealed a hire date of . . . . . , staff I's file contained documentation of certification completed on . . . . . with an expiration date of . Further review revealed documentation of . completed through Emergency Care and Safety Institute which did not meet regulations	A 083		

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A 083	Continued From page 9 and is not valid for ALF. Record review of the facility employee list for staff J revealed a hire date of , staff J's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff K revealed a hire date of , staff K's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff L revealed a hire date of , staff L's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of completed through Emergency Care and Safety Institute which did not meet regulations and is not valid for ALF. Record review of the facility employee list for staff P revealed a hire date of . Staff P's file contained no documentation of completion of . Record review of the facility employee list for the Administrator revealed a hire date of , the Administrator's file contained no documentation of completion of certification. On at 9:15 a.m., the Administrator	A 083		

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A 083	Continued From page 10 provided and reviewed certifications for the medication aides, nurses, and resident aides listed on employee list and confirmed the /first aid certification completed by Emergency care and safety Institute for the facility employees are not valid for the Assisted Living Facilities(ALF's). Record review of the current Schedule for the month of and revealed multiple days the facility would have no staff on schedule with Valid certification as required per regulations. On on the morning (6:00 a.m. -2:00 a.m.) shifts revealed no current "care team " staff with valid certifications completed in accordance with regulations as required for assisted living facilities (ALF's). On and on the afternoon (2:00 p.m.-10:00 p.m.) shifts revealed no current "care team " staff with valid certifications completed in accordance with regulations as required for assisted living facilities (ALF's). On at 9:41 a.m., the Administrator reviewed the schedule for and and confirmed there were days on the schedule where there is no staff with valid certification that meet regulations requirement for ALF's. On at 11: 23 a.m., the Administrator confirmed she does not have a valid /First aide card. She said "that's going to change next week."	A 083		

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A 083	Continued From page 11 On at 11:27 a.m., the Administrator confirmed staff P has no documentation of completion for /First aide on file in her record. Class III	A 083		