

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11910071</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>06/06/2024</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**OAKLAND MANOR**

**2812 N. NEBRASKA AVENUE  
TAMPA, FL 33602**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| CZ816                    | <p>408.809(2) 435.05(2) 59A-35.090(2d-3b)<br/>Background Screening-Compliance Attestation</p> <p>408.809 Background screening; prohibited offenses.-</p> <p>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's _____ to the Federal Bureau of Investigation for a national criminal history record check unless the person's _____ are enrolled in the Federal Bureau of Investigation's national retained print _____ notification program. If the _____ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit _____ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the _____ to the Federal Bureau of Investigation for a national criminal history record check. The _____ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print _____ notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person _____. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or</p> | CZ816               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAKLAND MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2812 N. NEBRASKA AVENUE<br/>TAMPA, FL 33602</b>                              |                          |                                                                    |
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| CZ816                                                    | <p>Continued From page 1</p> <p>professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:</p> <p>(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;</p> <p>(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and</p> <p>(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.</p> <p>435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:</p> <p>(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if _____ for any of the disqualifying offenses while employed by the employer.</p> <p>59A-35.090 Background Screening.</p> <p>(2) Processing Screening Requests, Required Documents and Fees.</p> <p>(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, _____, herein incorporated by reference, available at <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-09106">http://www.flrules.org/Gateway/reference.asp?No=Ref-09106</a>, and available from the Agency for Health Care Administration at: <a href="http://ahca.myflorida.com/MCHQ/Central_Service">http://ahca.myflorida.com/MCHQ/Central_Service</a></p> | CZ816                                                                          |                                                                                                                          |                          |                                                                    |

Agency for Health Care Administration

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| CZ816                                                    | <p>Continued From page 2</p> <p>s/Background_Screening/Regulations_Forms.sht<br/>ml. This form must be completed by the individual<br/>and retained by the provider upon hire to attest<br/>that they meet the requirements for qualifying for<br/>employment, they have not been unemployed for<br/>more than 90 days from a position that requires<br/>Level 2 screening, and they agree to inform the<br/>employer immediately if _____ for any<br/>disqualifying offense.</p> <p>(e) An administrator or chief financial officer must<br/>be screened and qualified prior to _____ to<br/>the position.</p> <p>(3) Results of Screening and Notification.</p> <p>(a) Final results of background screening<br/>requests will be provided through the Agency's<br/>secure website that may be accessed by all<br/>health care providers applying for or actively<br/>licensed through the Agency that are registered<br/>with the Care Provider Background Screening<br/>Clearinghouse. The secure website is located at:<br/>apps.ahca.myflorida.com/SingleSignOnPortal.</p> <p>(b) If a Level 2 criminal history is incomplete, a<br/>certified letter will be sent to the individual being<br/>screened requesting the _____ report and court<br/>disposition information. If the letter is returned<br/>unclaimed, a copy of the letter will be sent by<br/>regular mail. Pursuant to Section 435.05(1)(d),<br/>F.S., the missing information must be filed with<br/>the Agency within 30 days of the Agency's<br/>request or the individual is subject to<br/>disqualification in accordance with Section<br/>435.06(3), F.S.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the Facility<br/>failed to ensure that an Attestation of Compliance<br/>was signed and included in the employee record<br/>for one (Staff B) of three sampled employees.</p> | CZ816                                                                          |                                                                                                                          |  |                                                                    |

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| CZ816                                                    | Continued From page 3<br><br>Findings Included:<br><br>A record review of an employee record for Staff B, an unlicensed Manager/Caregiver with a date of hire of _____, conducted on _____ revealed an unsigned Attestation of Compliance with Background Screening Requirements.<br><br>During an interview with the Administrator conducted on _____ at 12:43pm she said she would have to get Staff B to sign the attestation.<br><br>Unclassified                                                                                                                                                           | CZ816                                                                          |                                                                                                                          |                          |                                                                    |
| A 000                                                    | Initial Comments<br><br>A biennial re-licensure survey with limited mental health in conjunction with a generator monitoring visit was conducted at Oakland Manor on _____. Deficiencies were identified at the time of the visit.                                                                                                                                                                                                                                                                                                                                                                              | A 000                                                                          |                                                                                                                          |                          |                                                                    |
| A 032<br>SS=D                                            | 59A-36.007(7) FAC Resident Care - Elopement Standards<br><br>59A-36.007<br>(7) ELOPEMENT STANDARDS.<br>(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) | A 032                                                                          |                                                                                                                          |                          |                                                                    |

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| A 032                                                    | <p>Continued From page 4</p> <p>(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.</p> <p>1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.</p> <p>2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.</p> <p>(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:</p> <p>1. An immediate search of the facility and premises,</p> <p>2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,</p> <p>3. The identification of staff responsible for contacting law enforcement, the resident's family,</p> | A 032                                                                          |                                                                                                                          |  |                                                                    |

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| A 032                                                    | Continued From page 5<br><br>guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,<br><br>4. The continued care of all residents within the facility in the event of an elopement.<br>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review the Facility failed to conduct and document required elopement drills for all staff.<br><br>Findings Included:<br><br>An attempted record review of the facility elopement drills conducted on ..... revealed no elopement drills were documented.<br><br>In an interview with Staff D conducted on ..... at 11:39am he said they had no drills on resident elopement.<br><br>In an interview with the Administrator conducted on ..... she said she had nothing in writing on the elopement drills since 2021.<br><br>Class III | A 032                                                                          |                                                                                                                          |                          |                                                                    |
| A 078<br>SS=D                                            | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF:<br>(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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A 078                                                                          |                                                                                                                          |                          |                                                                    |

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| A 078                                                    | <p>Continued From page 6</p> <p>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.</p> <p>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</p> <p>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 provider indicating that the individual does not constitute a risk of transmitting a communicable .....</p> <p>(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.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> | A 078                                                                          |                                                                                                                          |  |                                                                    |

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| A 078                                                    | <p>Continued From page 7</p> <p>(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.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> <li>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</li> <li>2. Maintain time sheets for all staff.</li> </ol> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that employees had a written statement from a health care provider that documented the employee was free from signs and symptoms of communicable . . . . . for two (Administrator and Staff A) of three sampled employees.</p> <p>Findings Included:</p> <p>Record review of an employee file conducted on . . . . . revealed Staff A had a hire date of . . . . . and no evidence of a statement from a health care provider that confirmed she was free from communicable . . . . .</p> <p>Record review of an employee file conducted on . . . . . revealed the Administrator had a hire date of . . . . . and no evidence of a</p> | A 078                                                                          |                                                                                                                          |                          |                                                                    |



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| A 078                    | Continued From page 8<br><br>statement from a health care provider that<br>confirmed she was free from communicable<br>.....<br><br>In an interview with the Administrator conducted<br>on _____ at 12:40pm she said she had a<br>physical scheduled at the end of _____ and would<br>get a statement from her physician. Additionally,<br>she said she would ensure Staff A provided a<br>statement from her physician.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A 078               |                                                                                                                          |                          |
| A 081<br>SS=D            | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training<br>- Staff In-Service<br><br>429.52<br>(1)(a) Each new assisted living facility employee<br>who has not previously completed core training<br>must attend a preservice orientation provided by<br>the facility before interacting with residents. The<br>preservice orientation must be at least 2 hours in<br>duration and cover topics that help the employee<br>provide responsible care and respond to the<br>needs of facility residents. Upon completion, the<br>employee and the administrator of the facility<br>must sign a statement that the employee<br>completed the required preservice orientation.<br>The facility must keep the signed statement in the<br>employee 's personnel record.<br>(b) Each assisted living facility employee must<br>complete the training required under s. 430.5025.<br>However, an employee of an assisted living<br>facility licensed as a limited mental health facility<br>under s. 429.075 is exempt from the training<br>requirements under s. 430.5025(4)(d).<br>(c) If an assisted living facility employee | A 081               |                                                                                                                          |                          |

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| A 081                    | <p>Continued From page 9</p> <p>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).</p> <p>(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.</p> <p>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 administrators or managers shall provide or</p> | A 081               |                                                                                                                          |                          |

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| A 081                                                    | <p>Continued From page 10</p> <p>arrange for the following in-service training to facility staff:</p> <p>(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.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Reporting adverse incidents.</li> <li>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.</li> </ol> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Resident rights in an assisted living facility.</li> <li>2. Recognizing and reporting resident _____, neglect, and _____. The facility must use its _____ prevention policies and procedures when offering this training.</li> </ol> <p>(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</p> | A 081                                                                          |                                                                                                                          |                          |                                                                    |

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| A 081                    | <p>Continued From page 11</p> <p>following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(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.</p> <p>(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.</p> <ol style="list-style-type: none"> <li>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</li> <li>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</li> </ol> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to have proof of required elopement training within thirty days of hire date for three (Administrator, Staff A and Staff B) of three sampled employees.</p> <p>Findings Included:</p> <p>A record review for the Administrator conducted on _____ revealed a hire date of _____ and no evidence of elopement response training.</p> | A 081               |                                                                                                                          |                          |

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| A 081                    | Continued From page 12<br><br>A record review for Staff A conducted on _____ revealed a hire date of _____ and no evidence of elopement response training.<br><br>A record review for Staff B conducted on _____ revealed a hire date of _____ and no evidence of elopement response training.<br><br>An interview with the Administrator conducted on _____ at 12:43pm she agreed she did not have the missing trainings but would get them.<br><br>Class III                                                                                                                                                                                                                                                                                                            | A 081               |                                                                                                                          |                          |
| A 082<br>SS=D            | 59A-36.011(4) FAC Training - _____ / _____<br><br>(4)<br>_____. 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 _____, 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 that employees had training in _____ within thirty days of hire date for one employee (Staff A) of three sampled employees. | A 082               |                                                                                                                          |                          |

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| A 082                                                    | <p>Continued From page 13</p> <p>Findings Included:</p> <p>A record review for Staff A conducted on _____ revealed a hire date of _____ and no evidence of training in _____.</p> <p>In an interview with the Administrator conducted on _____ at 12:43pm she said she could not provide the missing training and would have to get it for Staff A.</p> <p>Class III</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | A 082                                                                                       |                                                                                                                          |                                                                    |
| A 084<br>SS=D                                            | <p>59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds &amp; Med Mgmt</p> <p>59A-36.011<br/>(6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria:</p> <p>(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of</p> |                                                                                | A 084                                                                                       |                                                                                                                          |                                                                    |

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| A 084                    | Continued From page 14<br><br>side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for _____ control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.<br>(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:<br>1. Read and understand a prescription label;<br>2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:<br>a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms;<br>b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;<br>c. Recognize the need to obtain clarification of an "as needed" prescription order;<br>d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;<br>e. Complete a medication observation record;<br>f. Retrieve and store medication;<br>g. Recognize the general signs of adverse reactions to medications and report such reactions;<br>h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist | A 084               |                                                                                                                          |                          |

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| A 084                                                    | Continued From page 15<br><br>and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;<br>i. Assist with _____;<br>j. Use a _____ to perform _____ testing;<br>k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels;<br>l. Apply and remove _____ stockings and hosiery;<br>m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and,<br>n. Measurement of _____ rate, temperature, and _____ rate.<br>(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.<br>(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in | A 084                                                                          |                                                                                                                          |                          |                                                                    |



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| A 084                                                    | <p>Continued From page 16</p> <p>sub-subparagraphs (6)(b)2.h.-n.</p> <p>429.52</p> <p>(6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, interview and record review the facility failed to ensure staff had completed the initial 6-hour training in assistance with self-administration of medication prior to assisting with self-administration of medication for one (Administrator) of three sampled employees; and based on record review and interview the facility failed to ensure staff had completed the required 2 hour annual update in assistance with self-administration of medication for two (Staff A and Staff B) of three sampled employees.</p> <p>Findings Included:</p> <p>In an observation of the Administrator conducted on _____ at from 11:05am through 11:11am she passed medications to Resident #3, Resident #10 and Resident #11.</p> <p>A record review for the Administrator conducted on _____ revealed a hire date of 0 _____ and no proof of completion of the initial 6-hour training in assistance with self-administration of medication.</p> <p>A record review of employee files for Staff A and</p> | A 084                                                                          |                                                                                                                          |                          |                                                                    |

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| A 084                                                    | Continued From page 17<br><br>Staff B conducted on ..... revealed Staff A had a hire date of ..... and no proof of completion of a 2-hour annual update in assistance with self-administration of medication. Additionally, Staff B had a hire date of 11/4/2019 and no proof of completion of a 2-hour annual update in assistance with self-administration of medication.<br><br>In an interview with the Administrator conducted on ..... at 12:43pm she said she could not provide the confirmation of the missing training in assistance with self-administration of medications for herself, Staff A or Staff B, but would get it.<br><br>Class III                                     | A 084                                                                                       |                                                                                                                          |  |                                                                    |
| A 161<br>SS=D                                            | 429.275(2) FS; 59A-36.015(2) FAC Records - Staff<br><br>429.275<br>(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.<br><br>59A-36.015<br>(2) STAFF RECORDS.<br>(a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references | A 161                                                                                       |                                                                                                                          |  |                                                                    |

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| A 161                                                    | <p>Continued From page 18</p> <p>furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable:</p> <ol style="list-style-type: none"> <li>1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C.,</li> <li>2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,</li> <li>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.,</li> <li>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.,</li> <li>5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.</li> </ol> <p>(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.</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide proof of employee applications with references for two (Staff A and Staff B) of</p> | A 161                                                                                       |                                                                                                                          |  |                                                                    |

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| A 161                                                    | <p>Continued From page 19</p> <p>three sampled employees.</p> <p>Findings Included:</p> <p>A record review for Staff A conducted on ..... revealed a hire date of ..... and no references on the application.</p> <p>A record review for Staff B conducted on 24 revealed a hire date of ..... and no references on the application.</p> <p>In an interview with the Administrator conducted on ..... at 12:43pm she agreed she did not have the missing items and would get them.</p> <p>Class III</p> | A 161                                                                          |                                                                                                                          |                          |                                                                    |