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
	AL11969729	A. BUILDING: _____ B. WING _____	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR OF CAPE CORAL	1906 SKYLINE BLVD CAPE CORAL, FL 33991

(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 complaint survey #2024005896 was conducted on . . . through . . . at Hampton Manor of Cape Coral, an assisted living facility in Cape Coral Florida. Complaint #2024005896 was substantiated at A0030, A0076, A0090, A0077 at class I level, A0081 at class III. The following is a description of the deficiencies. .	A 000		
A 030 SS=J	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . , Rights Florida,	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d),	A 030		

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A 030	Continued From page 2 F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from [redacted] and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence,	A 030		

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A 030	Continued From page 3 autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , , , , , , , , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency	A 030		

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A 030	Continued From page 4 relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names	A 030		

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A 030	Continued From page 5 and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review, review of facility policies and procedures, and interview, the facility failed to follow their policy and procedures to honor resident rights to not have ,	A 030		

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A 030	Continued From page 6 ( ) for residents with a ( ) for 1 (Resident # 1) of 3 residents reviewed for care at the end of life. All residents in the facility with a current order could be at risk for potential violation of their rights in an emergency situation. The findings included: Review of Hampton Manor policy Clinical 07 - Working with Advance Directive, policy date: , Policy: The community shall honor advance directives. Procedure. 3. A copy of the and/or Physician Orders for Life-Sustaining Treatment (POLST) order will be placed in the residents' record, and the resident is strongly encouraged to maintain a copy in a designated location in their room. Note: this is confidential information and must not be posted in a conspicuous place for visitors or other residents to see. C.) If a resident provides the community with any changes to their or POLST, the most recent copy of the and/or POLST form must be immediately updated in both the residents' record and in the residents' apartment. 4. If a resident has POLST order, the POLST order will be recognized and honored. A copy of the POLST order will accompany the resident in the event of transfer to the hospital or other facility. 5. A current list of residents who have a status will be maintained in discrete but easily accessible locations including: A) at the front desk. B) in the residents' care areas. C) inside the kitchen. 6. Staff will be informed of the locations of the status lists for reference if an emergency arises. 7. The list of residents who have a status will be updated and replaced in all designated locations anytime a	A 030		

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A 030	Continued From page 7 resident has a change in status. Review of the Facility Policy and Advanced Directives, Policy: All residents of this facility must comply with the policy and procedures set forth here on in. A resident has the right to have a party assigned to do the decision making if he or she is not of capacity to do so. The facility: This facility will not administer , , insert an airway, administer drugs, defibrillate or , provide , , assistance, initiate , or initiate monitoring to any resident that has a . Review of the facility records revealed the facility has a census of 83 residents of which 32 residents have ( ). Record review of Resident #1's record revealed he was admitted to the facility on , with a diagnosis of , , of the , sarcopenia. Further review revealed a service plan dated indicated Resident #1 was a full code status. A valid was signed by the physician on for Resident #1 and on file in his record. Review of facility incident report revealed on at approximately 6:55 p.m., Staff A went over to the living room in the memory care unit to Resident #1 for his shower due to it being his shower day and found Resident #1 was unresponsive. She checked for his , and found none. Staff A called Staff B over and told her the resident was unresponsive. Staff B checked for his , and found none. Resident #1 was placed on the floor and was started	A 030		

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A 030	Continued From page 8	A 030		

by Staff A and C, and 911 was called. Staff B went to the front at the receptionist desk to retrieve paperwork for Resident #1 from the "Emergency Book" and on the way called the Wellness Director, Licensed Practical Nurse (LPN) and informed her of the situation. Staff B was instructed by the Wellness Director LPN for staff to start on Resident #1, which was already being done. Staff A and C conducted on Resident #1 for minutes. Staff B found the emergency paperwork for Resident #1 which included a . Staff B informed the Wellness Director LPN of the order and was instructed to cease . Staff B went to the memory care unit and instructed the staff to stop per Wellness Directors' orders, and they complied. arrived shortly after and pronounced Resident #1 .

On at 10:27 a.m., during an interview, Resident #1's son stated his father resided at the facility since of 2023 and had a on file at the facility, he made sure of that. He stated the facility called him on , of this year and informed him his dad had , they did not tell him that he was found unresponsive, and the staff performed on him. He stated he would not have expected them to perform on his father as he had the on file and should not have been performed, his dad's wish was not to be that is why he had the on file.

On at 10:21 a.m., during an interview, the Wellness Director (WD) stated the staff schedule did not indicate which of the employees are certified; the staff would not know who is certified as it is not documented on the schedule. The WD stated, on the evening of the incident with Resident #1, she received a call after hours

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A 030	Continued From page 9 when she was at home. The resident aide Staff B, called her and told her they found Resident #1 sitting in the living room area unresponsive with no , . She asked what happened. They said after dinner they brought Resident #1 into the common area in the memory care living room and cleaned up the dining room. When they went to get him for his shower as it was his shower time, they found him unresponsive. They felt for a , and there was no , . When they called her, another employee had called 911 and she instructed them to start , she stated she was not aware Resident #1 was a . The staff went to the receptionist desk and got the Emergency Book where they found a on file for the resident and she told them to stop . The WD stated she was not trained on the facilities policy and procedures, and she was not trained formally on the facility polices and protocols for what to do if the employees find someone unresponsive, and she never trained the staff on what to do if they find a resident unresponsive as she has not been here too long and never received any training formally upon hire. The WD stated the facility has not done any in-service training since the incident with Resident #1, and she is not sure of the exact number of residents that have 's, and the facility has no list. On at 10:56 a.m., the Wellness Director reviewed Resident #1's clinical record and confirmed the care plan dated , was never updated after the was made effective and signed by the physician on . On at 11:15 a.m., during an interview, the Executive Director (ED) stated all staff had training on MyALFTraining.com, which is an online based training. The ED confirmed the	A 030		

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A 030	Continued From page 10 training is not based on the facility policies and procedures for . The ED stated on the day of the incident with Resident #1, she received a group text for the community from the Wellness Director at 6:59 p.m. and it read (Staff B) just called her and they found (Resident #1) in memory care unresponsive with no , . . they said, they are calling 911. ED asked if the resident was on hospice and the Wellness Director replied "No", and she left and came to the facility. The ED stated she did not know anything about the staff performing even though the resident had a order. The ED stated she did not know the staff performed until she read the incident report today; she was never told staff had performed on Resident #1 who had a on file. The ED stated it was not facility protocol for staff to do on a resident that has a . . She did not know there was no Emergency Book in the memory care unit and did not know if any in-services were completed for after the incident. The ED stated the Wellness Director creates the staff schedule for the caregivers and the nurses in the facility and confirmed it does not list on the schedule which staff is certified in the facility and staff would not know who is certified on the schedule. On at 12:19 p.m., during an interview, caregiver Staff A stated she did not receive training on the facility policy and procedures but did training online for on MyALFTraining.com. Staff A stated on she went to the memory care living room after dinner to get Resident #1 to give him his shower as it was his shower day and found him unresponsive. Staff A stated she checked for his , and found none; she called Staff B and informed her Resident #1 did not look good. She stated Staff B	A 030		

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checked for his , . . . and found none. Staff A stated they placed the resident on the floor and started . ; she called 911, and Staff C started while Staff B went up to the front of the facility at the receptionist desk for Resident #1's emergency paperwork from the Emergency Book. Staff A stated the Wellness Director was called and informed what was happening and the Wellness Director instructed them to perform on Resident #1. Staff A stated was performed for more than 5 minutes, and Staff B came and informed them Resident #1 had a . order and the Wellness Director instructed them to cease which they did. arrived 3 minutes afterwards. Staff A stated the facility schedule does not indicate which staff is certified, and the facility policy is if they find a resident unresponsive, they start and call 911. Staff A stated she has not received any in-services after the incident with Resident #1 for . / . and facility policies and procedures.

On . . . . at 12:33 p.m., during an interview, Caregiver Staff C stated she works the 11-shift, and she is not . certified. Staff C stated if she found a resident unresponsive the facility protocol is to call for help, start . and call 911. Staff C stated on the day of the incident with Resident #1, Staff A called for assistance as Resident #1 was unresponsive and they started . on him. Staff A stated they did . for over 5 minutes and then caregiver Staff B came with Resident #1's yellow sheet and told them the nurse said to stop , and 2 minutes after that . arrived. Staff C stated she does not know which of her coworkers has as the schedule does not indicate who has . , and she is not sure who in the memory care unit has a .

On at 12:43 p.m., during an interview

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A 030	Continued From page 12 caregiver Staff B stated she did not complete any training for the facility or policy and procedures when she was hired; she had the training from another facility that she worked at and is not sure what the facility policy and procedures for consists of, and does not know what the facility protocol is for if she finds a resident unresponsive. Staff B stated, on the day of the event, Resident #1 had finished dinner and was in the memory care living room. Close to 7:00 p.m., caregiver Staff A went to get him for his shower and found him , with no . She stated Staff A called her over and she went and checked his also and found no . Staff B stated the staff started immediately; she called 911 and then went to the front desk at the reception area for Resident #1's emergency paperwork. Staff B stated while on her way there she called the Wellness Director and informed her Resident #1 was unresponsive and the nurse told her to start , which they had already started. Staff B stated Staff C performed the and was done for minutes. Staff B stated when she got to the front desk and retrieved the emergency paperwork, she found the attached to the papers and told the Wellness Director that Resident #1 had a and the Wellness Director informed her to stop the ; she then went to the memory care unit and told the aides to cease . Staff B stated she has not had any in-services after the event for , and there is no list in the memory care unit that indicates which residents have and she is not sure who in the memory care has a . Staff B stated she has no idea which of her coworkers are certified and the schedule does not list who has and first aid for the employees.	A 030		

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HAMPTON MANOR OF CAPE CORAL	1906 SKYLINE BLVD CAPE CORAL, FL 33991

(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 030	Continued From page 13 On . . . . at 8:35 a.m., during an interview, Caregiver Staff F stated she had training upon hire and did it online through MyALFTraining.com. She stated if she finds a resident unresponsive, she checks to see if the resident is breathing, calls for assistance or her supervisor and starts after checking for a , . The facility policy is to start immediately. She stated the staff schedule does not indicate which staff are certified and she does not know which of her coworkers are certified. She stated she does not know which residents have . . . . On . . . . at 9:31 a.m., during an interview, Caregiver Staff D stated she received training for upon hire at the facility, which she did online on the computer. She stated if she finds a resident unresponsive the policy is she starts and calls 911 for help or call the nurse if she is here. She stated she does not know which residents have , and she does not know which of her coworkers are . . certified, it is not listed on the staff schedule who has . . . She stated she does not know what a . . . . is, she does not remember. She stated she heard about the 911 binder but does not know what is in it or where it is. On at 3:47 p.m., during an interview, the Executive Director stated the facility does not have a . policy and procedures for which the employees are trained only the one in the contract for the residents that informs them about advanced directives and their options. The ED confirmed the Wellness Director is an LPN and has no authority to inform staff to stop . ; the staff would have to continue until arrived or the physician instructs them to stop . The ED confirmed the staff should not	A 030		

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A 030	Continued From page 14 have started as Resident #1 had a on file. A review of the facility staff Schedule for to showed no designation of any staff as having current training on each shift. Further review found only 8 of 31 current "Care Team" staff have current valid on file. Class I .	A 030		
A 076 SS=J	59A-36.009 FAC ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An assisted living facility may not require execution of a as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS- , "Health Care Advance Directives - The Patient's Right to Decide," , , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and,	A 076		

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A 076	Continued From page 15 2. DH Form 1896, Florida Form, , 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005. (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences or , staff trained in , ( ) or a health care provider present in the facility, may withhold (and). (b) In the event a resident is receiving hospice services and experiences or , , facility staff must immediately contact	A 076		

Agency for Health Care Administration

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A 076	Continued From page 16 hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to follow its policy and procedures for Advance Directives and . . . . . The facility failed to ensure staff follow their policy to perform , , ... ( ) for residents with a . . . . and honor the resident's rights to not perform . . . . , ... , ... for 1 (Resident # 1) of 3 residents reviewed for care at the end of life. Residents with a valid . who experience may be subjected to the , and . . . . of . . . . . , and if successfully . . . . , will likely suffer the harm of broken . . or . . injury. A possible outcome is damage due to lack of , . and a worse quality of life. The findings included: Review of Hampton Manor policy Clinical 07 - Working with Advance Directive, policy date: . . . . . , Policy: The community shall honor advance directives. Procedure. 3. A copy of the . . . . . and/or Physician Orders for Life-Sustaining Treatment (POLST) order will be placed in the residents' record, and the resident is strongly encouraged to maintain a copy in a designated location in their room. Note: this is confidential information and must not be posted in a conspicuous place for visitors or other residents to see. C.) If a resident provides the community with any changes to their or POLST, the most recent copy of the . . . . and/or POLST form must be	A 076		

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A 076	Continued From page 17 immediately updated in both the residents' record and in the residents' apartment. 4. If a resident has POLST order, the POLST order will be recognized and honored. A copy of the POLST order will accompany the resident in the event of transfer to the hospital or other facility. 5. A current list of residents who have a status will be maintained in discrete but easily accessible locations including: A) at the front desk. B) in the residents' care areas. C) inside the kitchen. 6. Staff will be informed of the locations of the status lists for reference if an emergency arises. 7. The list of residents who have a status will be updated and replaced in all designated locations anytime a resident has a change in status. Review of the Facility Policy and Advanced Directives, Policy: All residents of this facility must comply with the policy and procedures set forth here on in. A resident has the right to have a party assigned to do the decision making if he or she is not of capacity to do so. The facility: This facility will not administer , , insert an airway, administer drugs, defibrillate or , provide , , assistance, initiate , or initiate monitoring to any resident that has a . The facility: This facility will not administer , , insert an airway, administer drugs, defibrillate or , provide , , assistance, initiate , or initiate monitoring to any resident that has a . Review of the facility records revealed the facility has a census of 83 residents of which 32 residents have ( ).	A 076		

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A 076	Continued From page 18 Record review of Resident #1's record revealed he was admitted to the facility on [redacted], with a diagnosis of [redacted] of the [redacted], sarcopenia. Further review revealed a service plan dated [redacted] indicated Resident #1 was a full code status. A valid [redacted] was signed by the physician on [redacted] for Resident #1 and on file in his record. Review of facility incident report revealed on [redacted] at approximately 6:55 p.m., Staff A went over to the living room in the memory care unit to Resident #1 for his shower due to it being his shower day and found Resident #1 was unresponsive. She checked for his [redacted] and found none. Staff A called Staff B over and told her the resident was unresponsive. Staff B checked for his [redacted] and found none. Resident #1 was placed on the floor and [redacted] was started by Staff A and C, and 911 was called. Staff B went to the front at the receptionist desk to retrieve paperwork for Resident #1 from the "Emergency Book" and on the way called the Wellness Director, Licensed Practical Nurse (LPN) and informed her of the situation. Staff B was instructed by the Wellness Director LPN for staff to start [redacted] on Resident #1, which was already being done. Staff A and C conducted [redacted] on Resident #1 for [redacted] minutes. Staff B found the emergency paperwork for Resident #1 which included a [redacted]. Staff B informed the Wellness Director LPN of the order and was instructed to cease [redacted]. Staff B went [redacted] to the memory care unit and instructed the staff to stop [redacted] per Wellness Directors' orders, and they complied. [redacted] arrived shortly after and pronounced Resident #1 [redacted].	A 076		

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A 076	Continued From page 19 On at 10:21 a.m., during an interview, the Wellness Director (WD) stated the staff schedule does not indicate which of the employees are certified; the staff would not know who is certified as it is not documented on the schedule. The WD stated, on the evening of the incident with Resident #1, she received a call after hours when she was at home. The resident aide Staff B, called her and told her they found Resident #1 sitting in the living room area unresponsive with no . She asked what happened. They said after dinner they brought Resident #1 into the common area in the memory care living room and cleaned up the dining room. When they went to get him for his shower as it was his shower time, they found him unresponsive. They felt for a and there was no . When they called her, another employee had called 911 and she instructed them to start , she stated she was not aware Resident #1 was a . The staff went to the receptionist desk and got the Emergency Book where they found a on file for the resident and she told them to stop . The WD stated she was not trained on the facilities policy and procedures, and she was not trained formally on the facility polices and protocols for what to do if the employees find someone unresponsive, and she never trained the staff on what to do if they find a resident unresponsive as she has not been here too long and never received any training formally upon hire. The WD stated the facility has not done any in-service training since the incident with Resident #1, and she is not sure of the exact number of residents that have 's, and the facility has no list. On at 10:56 a.m., the Wellness Director reviewed Resident #1's clinical record and confirmed the care plan dated , was	A 076		

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A 076	Continued From page 20 never updated after the was made effective and signed by the physician on . On at 12:19 p.m., during an interview, caregiver Staff A stated she did not receive training on the facility policy and procedures but did training online for on MyALFTraining.com. Staff A stated on she went to the memory care living room after dinner to get Resident #1 to give him his shower as it was his shower day and found him unresponsive. Staff A stated she checked for his , and found none; she called Staff B and informed her Resident #1 did not look good. She stated Staff B checked for his , and found none. Staff A stated they placed the resident on the floor and started ; she called 911, and Staff C started while Staff B went up to the front of the facility at the receptionist desk for Resident #1's emergency paperwork from the Emergency Book. Staff A stated the Wellness Director was called and informed what was happening and the Wellness Director instructed them to perform on Resident #1. Staff A stated was performed for more than 5 minutes, and Staff B came and informed them Resident #1 had a order and the Wellness Director instructed them to cease which they did. arrived 3 minutes afterwards. Staff A stated the facility schedule does not indicate which staff is certified, and the facility policy is if they find a resident unresponsive, they start and call 911. Staff A stated she has not received any in-services after the incident with Resident #1 for / and facility policies and procedures. On at 12:33 p.m., during an interview, Caregiver Staff C stated she works the 11-shift, and she is not certified. Staff C stated if she found a resident unresponsive the facility	A 076		

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A 076	Continued From page 21 protocol is to call for help, start and call 911. Staff C stated on the day of the incident with Resident #1, Staff A called for assistance as Resident #1 was unresponsive and they started on him. Staff A stated they did for over 5 minutes and then caregiver Staff B came with Resident #1's yellow sheet and told them the nurse said to stop , and 2 minutes after that arrived. Staff C stated she does not know which of her coworkers has as the schedule does not indicate who has , and she is not sure who in the memory care unit has a . On at 12:43 p.m., during an interview with caregiver Staff B stated she did not complete any training for the facility policy and procedures when she was hired; she had the training from another facility that she worked at and is not sure what the facility policy and procedures for consists of and does not know what the facility protocol is for if she finds a resident unresponsive. Staff B stated, on the day of the event with Resident #1, had finished dinner and was in the memory care living room close to 7:00 p.m., the caregiver Staff A went to get him for his shower and found him with no , . She stated Staff A called her over and she went and checked his , also and found no , . Staff B stated the staff started immediately; she called 911 and then went to the front desk at the reception area for Resident #1's emergency paperwork. Staff B stated while on her way there she called the Wellness Director and informed her Resident #1 was unresponsive and the nurse told her to start , which they had already started. Staff B stated Staff C performed the and was done for minutes. Staff B stated when she got to the front desk and retrieved the emergency paperwork, she found the attached to the	A 076		

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A 076	Continued From page 22 papers and told the Wellness Director that Resident #1 had a and the Wellness Director informed her to stop the ; she then went to the memory care unit and told the aides to cease . Staff B stated she has not had any in-services after the event for , and there is no list in the memory care unit that indicates which residents have and she is not sure who in the memory care has a . Staff B stated she has no idea which of her coworkers are certified and the schedule does not list who has and first aid for the employees. On at 11:15 a.m., during an interview, the Executive Director (ED) stated all staff had training on MyALFTraining.com, which is an online based training. The ED confirmed the training is not based on the facility policies and procedures for . The ED stated on the day of the incident with Resident #1, she received a group text for the community from the Wellness Director at 6:59 p.m. and it read (Staff B) just called her and they found (Resident #1) in memory care unresponsive with no , they said, they are calling 911. ED asked if the resident was on hospice and the Wellness Director replied "No", and she left and came to the facility. The ED stated she did not know anything about the staff performing even though the resident had a order. The ED stated she did not know the staff performed until she read the incident report today; she was never told staff had performed on Resident #1 who had a on file. The ED stated it was not facility protocol for staff to do on a resident that has a . She did not know there was no Emergency Book in the memory care unit and did not know if any in-services were completed for after the incident. The ED	A 076		

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A 076	Continued From page 23 stated the Wellness Director creates the staff schedule for the caregivers and the nurses in the facility and confirmed it does not list on the schedule which staff is certified in the facility and staff would not know who is certified on the schedule. On at 3:47 p.m., during an interview, the Executive Director stated the facility does not have a policy and procedures for which the employees are trained only the one in the contract for the residents that informs them about advanced directives and their options. The ED confirmed the Wellness Director is an LPN and has no authority to inform staff to stop ; the staff would have to continue until arrived or the physician instructs them to stop . The ED confirmed the staff should not have started as Resident #1 had a on file. On at 10:27 a.m., during an interview, Resident #1's son stated his father resided at the facility since of 2023 and had a on file at the facility, he made sure of that. He stated the facility called him on , of this year and informed him his dad had , they did not tell him that he was found unresponsive, and the staff performed on him. He stated he would not have expected them to perform on his father as he had the on file and should not have been performed, his dad's wish was not to be that is why he had the on file. A review of the facility staff Schedule for to showed no designation of any Staff as having current training on each shift. Further review found only 8 of 31 current "Care Team" staff have current valid on file.	A 076		

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A 076	Continued From page 24 On at 4:31 p.m., during an interview, the Wellness Director confirmed she is a licensed practical nurse, and she can stop if she finds a resident has a . She states it has been over 20 years since she has been a nurse or been in this situation and when she worked in the prison system, she knows if she starts and finds the person has a she can stop when arrives. The Wellness Director stated she did not know as an LPN she has no authority to stop or have someone stop . On at 4:50 p.m., during an interview, the Wellness Director stated she just looked it up and confirmed she has no authority to tell someone to stop once started and they find the person has a must continue until arrives or the doctor gives orders to stop . Review of facility schedule for the month of , revealed no staff with valid /First Aid certification on duty on , - , on the 1st shift (7:00-3:00), and no staff on duty with valid /First Aid on through on the 3rd shift (11:00 pm-7:00 AM). Review of the facility schedule and assignment sheets for revealed for the 2nd shift (p.m.) at the time of the event with Resident #1, there was no staff on duty in the memory care unit with valid /first aid certification on shift. Record review for Staff A medication aide's personnel record revealed a hire date of . Staff A's file contained documentation of /first aid completed on and expired on . There was no further documentation of completion of /first aid in her record.	A 076		

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A 076	Continued From page 25 Record review for Staff B resident aide's personnel record revealed a hire date of , there was no documentation of Valid /first aid in her record. Review for Staff C resident aide's personnel record revealed a hire date of , there was no documentation of Valid /first aid in her record. On at 1:40 p.m., The Executive Director confirmed there is no system in place for the staff to know who is certified in the facility in the event they need assistance as it is not designated on the schedule which staff are certified. She confirmed there is no list in the facility and the only way staff would know who has a is if there is an emergency and called 911 and had to get the paperwork from the Emergency Book at the front desk. The ED confirmed no corrective actions have been implemented to prevent the reoccurrence of staff providing to residents with 's. The ED reviewed the staff schedule for , and confirmed there are days that there is no staff on duty with valid /first aid certification for the month of , . The ED Reviewed the certifications and confirmed the staff assigned to the memory care unit on the evening of during the event with Resident #1, performed and had no valid certifications. On at 8:35 a.m., during an interview, Caregiver Staff F stated she had training upon hire and did it online through MyALFTraining.com. She stated if she finds a resident unresponsive, she checks to see if the resident is breathing, calls for assistance or her supervisor and starts after checking for a . The facility policy is to start	A 076		

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(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 076	Continued From page 26 immediately. She stated the staff schedule does not indicate which staff are certified and she does not know which of her coworkers are certified. She stated she does not know which residents have 's. On at 9:31 a.m., during an interview, Caregiver Staff D stated she received training for upon hire at the facility, which she did online on the computer. She stated if she finds a resident unresponsive the policy is she starts and calls 911 for help or call the nurse if she is here. She stated she does not know which residents have 's, and she does not know which of her coworkers are certified, it is not listed on the staff schedule who has . She stated she does not know what a is, she does not remember. She stated she heard about the 911 binder but does not know what is in it or where it is. On at 3:05 p.m., Staff I resident aide, stated she has /first aid, but it is expired, and she did the training for online on MyALFTraining.com. Staff I stated if she finds a resident unresponsive, she calls for help right away, and starts , which is the facility protocol. Staff I stated she is not sure how many residents have in the memory care, and she does not know which of her coworkers have and it is not listed on the schedule which coworker has . Class I	A 076		
A 077 SS=J	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If,	A 077		

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	AL11969729	A. BUILDING: _____ B. WING _____	05/01/2024

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A 077	Continued From page 27 during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible],	A 077		

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A 077	Continued From page 28 have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [illegible] of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise	A 077		

Agency for Health Care Administration

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A 077	Continued From page 29 more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review, and interviews, the facility's Administrator failed to perform her duties as required. Failed to ensure staff follow policy and procedures for residents with and honor residents wishes	A 077		

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A 077	Continued From page 30 to not perform [redacted] for 1 (Resident #1) of 3 residents reviewed. (Refer to A0030 Residents care- Rights and facility procedures). Failed to ensure a staff member who has completed a course in [redacted] ( ) and First Aid and holds a currently valid card is scheduled in the facility 24/7. Failed to have a system in place for staff to quickly identify residents with [redacted]. Failed to ensure staff training for [redacted] was completed based on the facility's policy and procedures as required per regulations. The failure of the Administrator to ensure systems were in place and being followed and ensure staff follow policies and procedures to honor resident's rights for [redacted] has the potential of [redacted] and [redacted] of [redacted], and if successfully [redacted], will likely suffer the harm of broken [redacted] or [redacted] injury. A possible outcome is [redacted] damage due to lack of [redacted] and a worse quality of life.. The findings included: Record review of the job description for the Executive Director signed and dated indicating having read and understood the contents of the position description, and, understands the responsibilities, requirements and duties expected. Job Summary: The Executive Director (ED) is responsible for leading the day-to-day operations of the community, including full profit and loss responsibility, and serving as the community sales leader. The ED plans, implements and evaluates all aspects of operations. The ED recruits and trains team members, has a direct supervisory responsibility for team members in order to create and maintain a highly functioning team environment, maintains high customer	A 077		

Agency for Health Care Administration

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A 077	Continued From page 31 satisfaction, and ensures a quality-oriented workforce. The ED complies with all local, state, and federal regulations, and focuses on creating a safe working and living environment. Principle Duties and Responsibilities: The following essential functions are the fundamental job duties of the position to be completed with or without appropriate accommodation. . . Understand the community's care regulations and support the resident care program by regularly meeting with the resident care manager to discuss and address concerns of the department. . . Ensure adherence to the residents' bill of rights. . . Interview, hire, orient, train and evaluate staff. . . Operate the community in accordance with Hampton Manor's policies and federal, state, and local regulations. Review of the Facility Policy and Advanced Directives, Policy: All residents of this facility must comply with the policy and procedures set forth here on in. A resident has the right to have a party assigned to do the decision making if he or she is not of capacity to do so. The facility: This facility will not administer , , insert an airway, administer drugs, defibrillate or , provide , , assistance, initiate , or initiate monitoring to any resident that has a . Review of the facility records revealed the facility has a census of 83 residents of which 32 residents have ( ). Record review of Resident #1's record revealed he was admitted to the facility on , with a medical diagnosis of , , , , , of the	A 077		

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A 077	Continued From page 32 , Sarcopenia. Further review revealed a service plan dated indicated Resident #1 was a full code status. A valid was signed by the physician on for Resident #1 and was on file in his record. On at 10:27 a.m., during an interview, Resident #1's son stated his father resided at the facility since of 2023 and had a on file at the facility, he made sure of that. He stated the facility called him on of this year and informed him his dad had , they did not tell him that he was found unresponsive, and the staff performed on him. He stated he would not have expected them to perform on his father as he had the on file and should not have been performed, his dad's wish was not to be that is why he had the on file. Review of facility incident report revealed on at approximately 6:55 p.m., Staff A went over to the living room in the memory care unit to Resident #1 for his shower due to it being his shower day and found Resident #1 was unresponsive. She checked for his , and found none. Staff A called Staff B over and told her the resident was unresponsive. Staff B checked for his , and found none. Resident #1 was placed on the floor and was started by Staff A and C, and 911 was called. Staff B went to the front at the receptionist desk to retrieve paperwork for Resident #1 from the "Emergency Book" and on the way called the Wellness Director, Licensed Practical Nurse (LPN) and informed her of the situation. Staff B was instructed by the Wellness Director LPN for staff to start on Resident #1, which was already being done. Staff A and C conducted on Resident #1 for minutes. Staff B found the	A 077		

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A 077	Continued From page 33 emergency paperwork for Resident #1 which included a . Staff B informed the Wellness Director LPN of the order and was instructed to cease . Staff B went to the memory care unit and instructed the staff to stop per Wellness Directors' orders, and they complied. arrived shortly after and pronounced Resident #1 . On at 11:15 a.m., during an interview, the Executive Director (ED) stated all staff had training on MyALFTraining.com, which is an online based training. The ED confirmed the training is not based on the facility policies and procedures for . The ED stated on the day of the incident with Resident #1, she received a group text for the community from the Wellness Director at 6:59 p.m. and it read (Staff B) just called her and they found (Resident #1) in memory care unresponsive with no , they said, they are calling 911. ED asked if the resident was on hospice and the Wellness Director replied "No", and she left and came to the facility. The ED stated she did not know anything about the staff performing even though the resident had a order. The ED stated she did not know the staff performed until she read the incident report today; she was never told staff had performed on Resident #1 who had a on file. The ED stated it was not facility protocol for staff to do on a resident that has a . She did not know there was no Emergency Book in the memory care unit and did not know if any in-services were completed for after the incident. The ED stated the Wellness Director creates the staff schedule for the caregivers and the nurses in the facility and confirmed it does not list on the schedule which staff is certified in the facility and staff would not know who is certified on	A 077		

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A 077	Continued From page 34 the schedule. On . . . . . at 1:40 p.m., during an interview, the Executive Director stated she is the ED for the facility and has been the ED since , of 2023. She said her duties entail overseeing the daily operations of the facility including overseeing the Wellness Director and the facility employees, and it is her responsibility to make sure everything is completed and in place for employee training, and the facility utilizes MyALFTraining.com which is an online based training system and the training is based on Florida's ALF guidelines not the facility policies and procedures and confirmed the . . . . . training is being done online through MyALFTraining.com and not done based on the facility policies and procedures as required per regulations. The Executive Director confirmed she did not know the staff perform . . . on Resident #1 until which is when she read the incident report, and no one had spoken to her about it; no one had sent her the incident reports. She confirmed the staff had performed . . on Resident #1. The Executive Director confirmed nothing was reported to her and it should have been reported to her. The ED confirmed there is no system in place for the staff to know who is certified in the facility in the event they need assistance as it is not designated on the schedule which staff are certified. She confirmed there is no . . list in the facility and the only way staff would know who has a is if there is an emergency and they called 911 and had to get the paperwork from the Emergency Book at the front desk. The ED confirmed no corrective actions have been implemented to prevent the reoccurrence of staff providing . . to residents with 's. The ED reviewed the staff schedule for , , and confirmed there are days that there is no staff on duty with valid /first aid	A 077		

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A 077	Continued From page 35 certification for the month of , . The ED reviewed the certifications and confirmed the staff assigned to the memory care unit on the evening of during the event with Resident #1, performed and had no valid certifications. On at 10:21 a.m., during an interview, the Wellness Director (WD) stated the staff schedule does not indicate which of the employees are certified; the staff would not know who is certified as it is not documented on the schedule. The WD stated, on the evening of the incident with Resident #1, she received a call after hours when she was at home. The resident aide Staff B, called her and told her they found Resident #1 sitting in the living room area unresponsive with no , . She asked what happened. They said after dinner they brought Resident #1 into the common area in the memory care living room and cleaned up the dining room. When they went to get him for his shower as it was his shower time, they found him unresponsive. They felt for a , and there was no , ... When they called her, another employee had called 911 and she instructed them to start , she stated she was not aware Resident #1 was a . The staff went to the receptionist desk and got the Emergency Book where they found a on file for the resident and she told them to stop . The WD stated she was not trained on the facilities policy and procedures, and she was not trained formally on the facility polices and protocols for what to do if the employees find someone unresponsive, and she never trained the staff on what to do if they find a resident unresponsive as she has not been here too long and never received any training formally upon hire. The WD stated the facility has not done any in-service training since the incident	A 077		

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A 077	Continued From page 36 with Resident #1, and she is not sure of the exact number of residents that have 's, and the facility has no list. On at 10:56 a.m., the Wellness Director reviewed Resident #1's clinical record and confirmed the care plan dated , was never updated after the was made effective and signed by the physician on . On at 12:19 p.m., during an interview, caregiver Staff A stated she did not receive training on the facility policy and procedures but did training online for on MyALFTraining.com. Staff A stated the facility schedule does not indicate which staff is certified, and the facility policy is if they find a resident unresponsive, they start and call 911. Staff A stated she has not received any in-services after the incident with Resident #1 for / and facility policies and procedures. On at 12:43 p.m., during an interview with caregiver Staff B stated she did not complete any training for the facility policy and procedures when she was hired; she had the training from another facility that she worked at and is not sure what the facility policy and procedures for consists of and does not know what the facility protocol is for if she finds a resident unresponsive. Staff B stated she has not had any in-services after the event for , and there is no list in the memory care unit that indicates which residents have 's and she is not sure who in the memory care has a . Staff B stated she has no idea which of her coworkers are certified and the schedule does not list who has and first aid for the employees.	A 077		

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A 077	Continued From page 37 On . . . . at 12:33 p.m., during an interview, Caregiver Staff C stated she works the 11- shift, and she is not . certified. Staff C stated if she found a resident unresponsive the facility protocol is to call for help, start . and call 911. Staff C stated she does not know which of her coworkers has . as the schedule does not indicate who has , and she is not sure who in the memory care unit has a . . On . . . . at 9:31 a.m., during an interview, Caregiver Staff D stated she received training for . upon hire at the facility, which she did online on the computer. She stated if she finds a resident unresponsive the policy is she starts and calls 911 for help or calls the nurse if she is here. She stated she does not know which residents have 's, and she does not know which of her coworkers are . certified, it is not listed on the staff schedule who has . . She stated she does not know what a . . is, she does not remember. She stated she heard about the 911 binder but does not know what is in it or where it is. On at 8:35 a.m., during an interview, Caregiver Staff F stated she had . training upon hire and did it online through MyALFTraining.com. She stated if she finds a resident unresponsive, she checks to see if the resident is breathing, calls for assistance or her supervisor and starts after checking for a , ... The facility policy is to start . immediately. She stated the staff schedule does not indicate which staff are . certified and she does not know which of her coworkers are certified. She stated she does not know which residents have 's. On at 3:05 p.m., during an interview, Staff I	A 077		

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A 077	Continued From page 38 resident aide, stated she has /first aid, but it is expired, and she did the training for online on MyALFTraining.com. Staff I stated if she finds a resident unresponsive, she calls for help right away, and starts , which is the facility protocol. Staff I stated she is not sure how many residents have in the memory care, and she does not know which of her coworkers have and it is not listed on the schedule which coworker has . A review of the facility staff Schedule for to showed no designation of any Staff as having current training on each shift. Further review found only 8 of 31 current "Care Team" staff have current valid on file. Further review of facility schedule for the month of revealed no staff with valid /1st certification on duty on , , - , , , - on the 1st shift (7:00-3:00), and no staff on duty with valid /first aid on through on the 3rd shift (11:00 pm-7:00 AM). Review of the facility schedule and assignment sheets for revealed for the 2nd shift (p.m.) at the time of the event with Resident #1, there was no staff on duty in the memory care unit with valid /first aid certification on shift. Record review for Staff A medication aide personnel record revealed a hire date of . Staff A's file contained documentation of /first aid completed on and expired on . There was no further documentation of completion of /first aid in her record. Record review for Staff B resident aide personnel record revealed a hire date of , there was no documentation of Valid , first aid in her	A 077		

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A 077	Continued From page 39 record. Record review for Staff C resident aide personnel record revealed a hire date of , there was no documentation of Valid . , first aid in her record. Class I	A 077		
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 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).	A 081		

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A 081	Continued From page 40 (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 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	A 081		

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A 081	Continued From page 41 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. (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 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	A 081		

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A 081	Continued From page 42 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 failed to ensure staff receive and attend 2-hour pre-service orientation training that covers topics including resident rights to help provide responsible care and help provide for the needs and wishes of the residents for 21 (Staff C, D, F, L, M, N, O, P, Q, R, T, U, V, X, Y, Z, AA, BB, CC, EE, FF) of 21 "direct care" team employees reviewed. Chapter 429.28 Florida Statutes Resident Bill of Rights (1)(j) Assistance with obtaining access to adequate and appropriate health care. For the purpose of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to healthcare , , , and the performance	A 081		

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A 081	Continued From page 43 of health care services in accordance with S. 429.255 which are consistent with established standards within the community. Chapter 429.255 Florida Statute Use of Personnel; Emergency Services (3)(a-c) references the use of the Automated External Defibrillator, while (4) references the withholding of , , and in the presence of a . The findings included: Review of Hampton Manor policy Clinical 07 - Working with Advance Directive, policy date: , Policy: The community shall honor advance directives. Procedure. 3. A copy of the and/or Physician Orders for Life-Sustaining Treatment (POLST) order will be placed in the residents' record, and the resident is strongly encouraged to maintain a copy in a designated location in their room. Note: this is confidential information and must not be posted in a conspicuous place for visitors or other residents to see. C.) If a resident provides the community with any changes to their or POLST, the most recent copy of the and/or POLST form must be immediately updated in both the residents' record and in the residents' apartment. 4. If a resident has POLST order, the POLST order will be recognized and honored. A copy of the POLST order will accompany the resident in the event of transfer to the hospital or other facility. 5. A current list of residents who have a status will be maintained in discrete but easily accessible locations including: A) at the front desk. B) in the residents' care areas. C) inside the kitchen. 6. Staff will be informed of the locations of the status lists for reference if	A 081		

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A 081	Continued From page 44 an emergency arises. 7. The list of residents who have a status will be updated and replaced in all designated locations anytime a resident has a change in status. Review of the Facility Policy and Advanced Directives, Policy: All residents of this facility must comply with the policy and procedures set forth here on in. A resident has the right to have a party assigned to do the decision making if he or she is not of capacity to do so. The facility: This facility will not administer , insert an airway, administer drugs, defibrillate or , provide , assistance, initiate , or initiate monitoring to any resident that has a . Review of the facility records revealed the facility had a census of 83 residents of which 32 residents have ( ). Record review for Staff C resident aide's personnel record revealed a hire date of . Staff C's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. Record review of Staff D's file revealed a hire date of as a medication aide/resident aide. Staff D's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. Record review of Staff F's file revealed a hire date of as a medication aide/resident aide. Staff F's file contained evidence of a	A 081		

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A 081	Continued From page 45 certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. Record review of Staff L's file revealed a hire date of as a resident aide/medication aide. Staff L's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. Record review of Staff M's file revealed a hire date of as a medication aide/resident aide. Staff M's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. Record review of Staff N's file revealed a hire date of as a medication aide/resident aide. Staff N's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. Record review of Staff O's file revealed a hire date of as a resident aide. Staff O's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. Record review of Staff P's file revealed a hire date of as a Registered nurse. Staff P's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. Record review of Staff Q's file revealed a hire	A 081		

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A 081	Continued From page 46 date of as a medication aide supervisor. Staff Q's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. Record review of Staff R's file revealed a hire date of as a medication aide. Staff R's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. Record review of Staff T's file revealed a hire date of as a medication aide/resident aide. Staff T's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. R Record review of Staff U's file revealed a hire date of as a medication aide/resident aide. Staff U's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. Record review of Staff V's file revealed a hire date of as a medication aide/resident aide. Staff V's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights. Record review of Staff X's file revealed a hire date of as a resident aide. Staff X's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on , the agenda did not include the topic of resident rights.	A 081		

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A 081	Continued From page 47 Record review of Staff Y's file revealed a hire date of [redacted] as a medication aide/resident aide. Staff Y's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on [redacted], the agenda did not include the topic of resident rights. Record review of Staff Z's file revealed a hire date of [redacted] as a medication aide/resident aide. Staff Z's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on [redacted], the agenda did not include the topic of resident rights. Record review of Staff AA's file revealed a hire date of [redacted] as a medication aide/resident aide. Staff AA's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on [redacted], the agenda did not include the topic of resident rights. Record review of Staff BB's file revealed a hire date of [redacted] as a resident aide. Staff BB's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on [redacted], the agenda did not include the topic of resident rights. Record review of Staff DD's file revealed a hire date of [redacted] as a resident aide. Staff DD's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on [redacted], the agenda did not include the topic of resident rights. Record review of Staff EE's file revealed a hire date of [redacted] as a medication aide/resident aide. Staff EE's file contained evidence of a certificate of completion for 2-hour pre-service orientation	A 081		

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A 081	Continued From page 48 completed online on . . . . , the agenda did not include the topic of resident rights. Record review of Staff FF's file revealed a hire date of . . . . . as a Licensed practical nurse (LPN). Staff FF's file contained evidence of a certificate of completion for 2-hour pre-service orientation completed online on . . . . . , the agenda did not include the topic of resident rights. On . . . . at 1:40 p.m., The Executive Director stated the employee training the facility utilizes is completed using MyALFtraning.com which is an online computer based training system, the training is based on Florida's ALF guidelines and not the facility policies and procedures. She said she is not sure if the training teaches the staff about honoring resident rights and wishes for . . . . and or . . . , and the agenda does not indicate if the training included resident rights. The Administrator confirmed the 2-hour pre-service orientation is completed online and she does not know if the pre-service training includes resident's rights, and the training being provided online is not specific to her facility. Class III	A 081		
A 090 SS=J	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	A 090		

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A 090	Continued From page 49 (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 [redacted] within 30 days after employment. (c) Training shall consist of the information 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 staff complete the 1 hour of training for [redacted] based on the facility's policies and procedures for 23 (Staff A, B, C, D, H, I, J, L, M, N, O, P, Q, R, S, T, U, Y, Z, AA, BB, DD, EE, and FF) of 32 staff files reviewed. The facility failed to ensure staff follow their policy and procedures for residents with [redacted] and honor residents wishes to not perform [redacted] for 1 (Resident #1) of 3 residents reviewed for care at the end of life. The facility failed to have a system in place for staff to identify residents with [redacted] status timely. The findings include: Review of Hampton Manor policy Clinical 07 - Working with Advance Directive, policy date: [redacted], Policy: The community shall honor advance directives. Procedure. 3. A copy of the [redacted] and/or Physician Orders for Life-Sustaining Treatment (POLST) order will be placed in the residents' record, and the resident is strongly encouraged to maintain a copy in a designated location in their room. Note: this is confidential information and must not be posted in a conspicuous place for visitors or other residents to see.	A 090		

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A 090	Continued From page 50 C.) If a resident provides the community with any changes to their or POLST, the most recent copy of the and/or POLST form must be immediately updated in both the residents' record and in the residents' apartment. 4. If a resident has POLST order, the POLST order will be recognized and honored. A copy of the POLST order will accompany the resident in the event of transfer to the hospital or other facility. 5. A current list of residents who have a status will be maintained in discrete but easily accessible locations including: A) at the front desk. B) in the residents' care areas. C) inside the kitchen. 6. Staff will be informed of the locations of the status lists for reference if an emergency arises. 7. The list of residents who have a status will be updated and replaced in all designated locations anytime a resident has a change in status. Review of the Facility Policy and Advanced Directives, Policy: All residents of this facility must comply with the policy and procedures set forth here on in. A resident has the right to have a party assigned to do the decision making if he or she is not of capacity to do so. The facility: This facility will not administer , , insert an airway, administer drugs, defibrillate or , provide , assistance, initiate , or initiate monitoring to any resident that has a . Review of the facility records revealed the facility has a census of 83 residents of which 32 residents have ( ). Record review of Resident #1's record revealed	A 090		

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A 090	Continued From page 51 he was admitted to the facility on [redacted], with a diagnosis of [redacted] of the [redacted], sarcopenia. Further review revealed a service plan dated [redacted] indicated Resident #1 was a full code status. A valid [redacted] was signed by the physician on [redacted] for Resident #1 and on file in his record. On [redacted] at 10:27 a.m., during an interview, Resident #1's son stated his father resided at the facility since [redacted] of 2023 and had a [redacted] on file at the facility, he made sure of that. He stated the facility called him on [redacted] of this year and informed him his dad had [redacted], they did not tell him that he was found unresponsive, and the staff performed [redacted] on him. He stated he would not have expected them to perform [redacted] on his father as he had the [redacted] on file and [redacted] should not have been performed, his dad's wish was not to be [redacted] that is why he had the [redacted] on file. Review of facility incident report revealed on [redacted] at approximately 6:55 p.m., Staff A went over to the living room in the memory care unit to Resident #1 for his shower due to it being his shower day and found Resident #1 was unresponsive. She checked for his [redacted] and found none. Staff A called Staff B over and told her the resident was unresponsive. Staff B checked for his [redacted] and found none. Resident #1 was placed on the floor and [redacted] was started by Staff A and C, and 911 was called. Staff B went to the front at the receptionist desk to retrieve paperwork for Resident #1 from the "Emergency Book" and on the way called the Wellness Director, Licensed Practical Nurse (LPN) and informed her of the situation. Staff B was instructed by the Wellness Director LPN for staff	A 090		

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A 090	Continued From page 52 to start on Resident #1, which was already being done. Staff A and C conducted on Resident #1 for minutes. Staff B found the emergency paperwork for Resident #1 which included a . Staff B informed the Wellness Director LPN of the order and was instructed to cease . Staff B went to the memory care unit and instructed the staff to stop per Wellness Directors' orders, and they complied. arrived shortly after and pronounced Resident #1 . On at 12:19 p.m., during an interview, caregiver Staff A stated she did not receive training on the facility policy and procedures but did training online for on MYALF.com. Staff A stated on she went to the memory care living room after dinner to get Resident #1 to give him his shower as it was his shower day and found him unresponsive. Staff A stated she checked for his , and found none; she called Staff B and informed her Resident #1 did not look good. She stated Staff B checked for his , and found none. Staff A stated they placed the resident on the floor and started ; she called 911, and Staff C started while Staff B went up to the front of the facility at the receptionist desk for Resident #1's emergency paperwork from the Emergency Book. Staff A stated the Wellness Director was called and informed what was happening and the Wellness Director instructed them to perform on Resident #1. Staff A stated was performed for more than 5 minutes, and Staff B came and informed them Resident #1 had a order and the Wellness Director instructed them to cease which they did. arrived 3 minutes afterwards. Staff A stated the facility schedule does not indicate which staff is certified, and the facility policy is if they find a	A 090		

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	AL11969729	A. BUILDING: _____ B. WING _____	05/01/2024

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A 090	Continued From page 53 resident unresponsive, they start and call 911. Staff A stated she has not received any in-services after the incident with Resident #1 for / and facility policies and procedures. On at 12:33 p.m., during an interview, Caregiver Staff C stated she works the 11- shift, and she is not certified. Staff C stated if she found a resident unresponsive the facility protocol is to call for help, start and call 911. Staff C stated on the day of the incident with Resident #1, Staff A called for assistance as Resident #1 was unresponsive and they started on him. Staff A stated they did for over 5 minutes and then caregiver Staff B came with Resident #1's yellow sheet and told them the nurse said to stop , and 2 minutes after that arrived. Staff C stated she does not know which of her coworkers has as the schedule does not indicate who has , and she is not sure who in the memory care unit has a . On at 12:43 p.m., during an interview with caregiver Staff B stated she did not complete any training for the facility policy and procedures when she was hired; she had the training from another facility that she worked at and is not sure what the facility policy and procedures for consists of and does not know what the facility protocol is for if she finds a resident unresponsive. Staff B stated, on the day of the event with Resident #1, had finished dinner and was in the memory care living room close to 7:00 p.m., the caregiver Staff A went to get him for his shower and found him , with no , . She stated Staff A called her over and she went and checked his , also and found no , . Staff B stated the staff started immediately; she called 911 and then went to the front desk at the reception	A 090		

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A 090	Continued From page 54 area for Resident #1's emergency paperwork. Staff B stated while on her way there she called the Wellness Director and informed her Resident #1 was unresponsive and the nurse told her to start , which they had already started. Staff B stated Staff C performed the and was done for minutes. Staff B stated when she got to the front desk and retrieved the emergency paperwork, she found the attached to the papers and told the Wellness Director that Resident #1 had a and the Wellness Director informed her to stop the ; she then went to the memory care unit and told the aides to cease . Staff B stated she has not had any in-services after the event for , and there is no list in the memory care unit that indicates which residents have and she is not sure who in the memory care has a . Staff B stated she has no idea which of her coworkers are certified and the schedule does not list who has and first aid for the employees. On at 10:21 a.m., during an interview, the Wellness Director (WD) stated the staff schedule does not indicate which of the employees are certified; the staff would not know who is certified as it is not documented on the schedule. The WD stated, on the evening of the incident with Resident #1, she received a call after hours when she was at home. The resident aide Staff B, called her and told her they found Resident #1 sitting in the living room area unresponsive with no . She asked what happened. They said after dinner they brought Resident #1 into the common area in the memory care living room and cleaned up the dining room. When they went to get him for his shower as it was his shower time, they found him unresponsive. They felt for a , and there was	A 090		

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A 090	Continued From page 55 no , . . . When they called her, another employee had called 911 and she instructed them to start . , she stated she was not aware Resident #1 was a . The staff went to the receptionist desk and got the Emergency Book where they found a on file for the resident and she told them to stop . . The WD stated she was not trained on the facilities policy and procedures, and she was not trained formally on the facility polices and protocols for what to do if the employees find someone unresponsive, and she never trained the staff on what to do if they find a resident unresponsive as she has not been here too long and never received any training formally upon hire. The WD stated the facility has not done any in-service training since the incident with Resident #1, and she is not sure of the exact number of residents that have 's, and the facility has no list. On at 10:56 a.m., the Wellness Director reviewed Resident #1's clinical record and confirmed the care plan dated , was never updated after the was made effective and signed by the physician on . On at 11:15 a.m., during an interview, the Executive Director (ED) stated all staff had training on MYALF.com, which is an online based training. The ED confirmed the training is not based on the facility policies and procedures for . . The ED stated on . . . the day of the incident with Resident #1, she received a group text for the community from the Wellness Director at 6:59 p.m. and it read (Staff B) just called her and they found (Resident #1) in memory care unresponsive with no , they said, they are calling 911. ED asked if the resident was on hospice and the Wellness Director replied "No", and she left and came to the facility. The ED stated she did not know anything about the staff	A 090		

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A 090	Continued From page 56 performing . even though the resident had a order. The ED stated she did not know the staff performed . until she read the incident report today; she was never told staff had performed on Resident #1 who had a on file. The ED stated it was not facility protocol for staff to do . on a resident that has a . She did not know there was no Emergency Book in the memory care unit and did not know if any in-services were completed for . after the incident. The ED stated the Wellness Director creates the staff schedule for the caregivers and the nurses in the facility and confirmed it does not list on the schedule which staff is . certified in the facility and staff would not know who is . certified on the schedule. Review of facility schedule for the month of , revealed no staff with valid . /First Aid certification on duty on , - , , , - on the 1st shift (7:00-3:00), and no staff on duty with valid . /First Aid on . through . on the 3rd shift (11:00 pm-7:00 AM). Review of the facility schedule and assignment sheets for revealed for the 2nd shift (p.m.) at the time of the event with Resident #1, there was no staff on duty in the memory care unit with valid . /first aid certification on shift. On . at 1:40 p.m., The Executive Director confirmed there is no system in place for the staff to know who is . certified in the facility in the event they need assistance as it is not designated on the schedule which staff are . certified. She confirmed there is no list in the facility and the only way staff would know who has a . is if there is an emergency and called 911 and had to get the paperwork from the Emergency Book at the front desk. The ED	A 090		

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A 090	Continued From page 57 confirmed no corrective actions have been implemented to prevent the reoccurrence of staff providing to residents with 's. The ED reviewed the staff schedule for , and confirmed there are days that there is no staff on duty with valid /first aid certification for the month of , . The ED Reviewed the certifications and confirmed the staff assigned to the memory care unit on the evening of during the event with Resident #1, performed and had no valid certifications. On at 8:35 a.m., during an interview, Caregiver Staff F stated she had training upon hire and did it online through MyALFTraining.com. She stated if she finds a resident unresponsive, she checks to see if the resident is breathing, calls for assistance or her supervisor and starts after checking for a , . The facility policy is to start immediately. She stated the staff schedule does not indicate which staff are certified and she does not know which of her coworkers are certified. She stated she does not know which residents have 's. On at 9:31 a.m., during an interview, Caregiver Staff D stated she received training for upon hire at the facility, which she did online on the computer. She stated if she finds a resident unresponsive the policy is she starts and calls 911 for help or call the nurse if she is here. She stated she does not know which residents have 's, and she does not know which of her coworkers are certified, it is not listed on the staff schedule who has . She stated she does not know what a is, she does not remember. She stated she heard about the 911 binder but does not know what is in it or where it is.	A 090		

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A 090	Continued From page 58 On at 3:05 p.m., Staff I resident aide, stated she has /first aid, but it is expired, and she did the training for online on MyALFTraining.com. Staff I stated if she finds a resident unresponsive, she calls for help right away, and starts , which is the facility protocol. Staff I stated she is not sure how many residents have in the memory care, and she does not know which of her coworkers have and it is not listed on the schedule which coworker has . Record review for Staff A medication tech's personnel record revealed a hire date of . Staff A's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Record review for Staff B resident aide's personnel record revealed a hire date of . Staff C's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Record review for Staff C resident aide's personnel record revealed a hire date of . Staff C's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Record review of Staff D's file revealed a hire date of as a medication aide/resident aide. Staff D's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and	A 090		

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A 090	Continued From page 59 procedure. Record review of Staff H's file revealed Staff H was hired as a resident aide. Staff H's file contained evidence of a certificate of completion for 1-hour - completed online on . . . . . , not from the facility's policy and procedure. Record review of Staff I's file revealed Staff I was hired as a medication tech. Staff I's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Record review of Staff J's file revealed Staff J was hired as a medication tech. Staff J's file contained evidence of a certificate of completion for 1-hour - completed online on . . . . . , not from the facility's policy and procedure. Record review of Staff L's file revealed a hire date of . . . . as a resident aide/medication aide. Staff L's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Record review of Staff M's file revealed a hire date of as a medication aide/resident aide. Staff M's file contained evidence of a certificate of completion for 1-hour - completed online on . . . , not from the facility's policy and procedure. Record review of Staff N's file revealed a hire date of . . . . . as a medication aide/resident aide. Staff N's file contained evidence of a	A 090		

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A 090	Continued From page 60 certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Record review of Staff O's file revealed a hire date of as a resident aide. Staff O's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Record review of Staff P's file revealed a hire date of as a Registered nurse. Staff P's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Record review of Staff Q's file revealed a hire date of as a medication aide supervisor. Staff Q's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Record review of Staff R's file revealed a hire date of as a medication aide. Staff R's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Record review of Staff S's file revealed Staff H was hired as a caregiver. Staff S's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure.	A 090		

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A 090	Continued From page 61 Record review of Staff T's file revealed a hire date of as a medication aide/resident aide. Staff T's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. R Record review of Staff U's file revealed a hire date of as a medication aide/resident aide. Staff U's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Record review of Staff Y's file revealed a hire date of as a medication aide/resident aide. Staff Y's file contained evidence of a certificate of completion for 1-hour - orientation completed online on , not from the facility's policy and procedure. Record review of Staff Z's file revealed a hire date of as a medication aide/resident aide. Staff Z's file contained evidence of a certificate of completion for 1-hour - orientation completed online on , not from the facility's policy and procedure. Record review of Staff AA's file revealed a hire date of as a medication aide/resident aide. Staff AA's file contained evidence of a certificate of completion for 1-hour - orientation completed online on , not from the facility's policy and procedure. Record review of Staff BB's file revealed a hire date of as a resident aide. Staff BB's file	A 090		

Agency for Health Care Administration

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A 090	Continued From page 62 contained evidence of a certificate of completion for 1-hour - orientation completed online on , not from the facility's policy and procedure. Record review of Staff DD's file revealed a hire date of as a resident aide. Staff DD's file contained evidence of a certificate of completion for 1-hour - orientation completed online on , not from the facility's policy and procedure. Record review of Staff EE's file revealed a hire date of as a medication aide/resident aide. Staff EE's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Record review of Staff FF's file revealed a hire date of as a Licensed practical nurse (LPN). Staff FF's file contained evidence of a certificate of completion for 1-hour - completed online on , not from the facility's policy and procedure. Class I	A 090		