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
	AL11967788	A. BUILDING: _____ B. WING _____	R-C 06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR OAKS AT LAKELAND HILLS	4141 LAKELAND HILLS BLVD LAKELAND, FL 33805

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CZ875 SS=D	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of .. A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	CZ875		

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CZ875	Continued From page 1	CZ875		

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with [redacted] 's [redacted] or related forms of [redacted], in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of [redacted]-specific training. Such training must include, but is not limited to, understanding [redacted] and related forms of [redacted], the stages of [redacted] 's [redacted], communication strategies, medical information,

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CZ875	Continued From page 2 and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.	CZ875		

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CZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, ... , or referred to provide services before , , , must complete the training required in this section before , . . . Proof of completion of equivalent training completed before . . , ... , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after . . , ... , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that employees completed a one-hour online training with the Department of Elder Affairs regarding . . . . 's . . . . . and related forms of within thirty days of employment for three employees (Staff A, Staff B, and Staff D). Additionally the facility failed to ensure employees completed additional training regarding 's and related forms of . . . . . within required timeframes for two (Staff A and Staff B) out of four sampled staff. Findings Included:	CZ875		

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CZ875	Continued From page 4 An employee record review for Staff A, conducted on , revealed that Staff A's employee record did not contain evidence that the employee completed a one-hour online training with the Department of Elder Affairs regarding 's and related forms of within thirty days of employment. Staff A's employee record did not contain evidence that the employee completed an additional four hours of training regarding 's and related forms of within six months of employment. Staff A was hired on . An employee record review for Staff B, conducted on , revealed that Staff B's employee record did not contain evidence that the employee completed a one-hour online training with the department regarding 's and related forms of within thirty days of employment. Staff B's employee record did not contain evidence that the employee completed an additional three hours of training regarding 's and related forms of within three months of employment. Staff B was hired on . An employee record review for Staff D, conducted on , revealed that Staff D's employee record did not contain evidence that the employee completed a one-hour online training with the department regarding 's and related forms of within thirty days of employment. Staff D was hired on . During an interview with the Administrator, conducted on at 01:40pm, the Administrator agreed that Staff A, B, and D's employee records did not contain evidence that	CZ875		

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CZ875	Continued From page 5 the employees received a one-hour online training with the department regarding . . . . . and related forms of . . . . . within thirty days of employment. The Administrator agreed that Staff B's employee record did not contain evidence that the employee received an additional three-hours training regarding 's and related forms of . . . . . within three months of employment. The Administrator agreed that Staff A's employee record did not contain evidence that the employee completed an additional four-hours training regarding . and related forms of . . . . . within six months of employment. Class III	CZ875		
{A 000}	Initial Comments A revisit to biennial survey was conducted at Arbor Oaks at Lakeland on . Deficiencies were identified at the time of survey.	{A 000}		
{A 032} SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident	{A 032}		

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{A 032}	Continued From page 6 has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,	{A 032}		

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{A 032}	Continued From page 7 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all direct care staff and administration participated in elopement response drills twice annually for twenty employees (Staff A, B, C, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, and U) of twenty-one sampled employees. Findings Included: A review of the facility's elopement response drills dated [redacted] at 02:40pm and 03:04pm, conducted on [redacted], revealed that Staff A, Staff B, Staff C, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, Staff Q, Staff R, Staff S, Staff T, and Staff U had not participated in the elopement response drills. A review of the facility's elopement response drill dated [redacted] at 02:05pm, conducted on [redacted], revealed that Staff A, Staff B, Staff C, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, Staff Q, Staff R, Staff S, Staff T, and Staff U had not participated in the elopement response drill. A review of the facility's elopement response drill	{A 032}		

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{A 032}	Continued From page 8 dated . . . . . at 02:15pm, conducted on 06/011/2024, revealed that Staff E, Staff H, Staff I, Staff J, Staff K, Staff L, Staff N, Staff O, Staff P, Staff Q, Staff R, Staff S, Staff T, and Staff U had not participated in the elopement response drill. A review of the facility's elopement response drill dated at 02:00pm, conducted on . . . . . , revealed that Staff H, Staff I, Staff J, Staff K, Staff L, Staff N, Staff O, Staff P, Staff Q, and Staff U had not participated in the elopement response drill. An employee record review for Staff A, B, C, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, and U, conducted on , revealed that Staff A was hired as a Resident Assistant on . . . . . Staff B was hired as a Resident Assistant on . . . . . Staff C was hired as a Resident Assistant on . Staff E was hired as a Resident Assistant on . . . . . Staff F was hired as a Resident Assistant on . Staff G was hired as a Resident Assistant on . Staff H was hired as a Resident Assistant on . . . . . Staff I was hired as a Medication Technician on . Staff J was hired as a Resident Assistant on . . . . . Staff K was hired as a Resident Assistant on . . . . . Staff L was hired as a licensed Practical Nurse on . Staff M was hired as a Resident Assistant on . . . . . Staff O was hired as a Resident Assistant on . Staff P was hired as a Medication Technician on . Staff Q was hired as a Resident Assistant on . . . . . Staff R was hired as a Resident Assistant on . Staff S was hired as a Resident Assistant on . . . . . Staff T was hired as a Resident Assistant on . . . . . Staff U was hired as a Medication Technician on .	{A 032}		

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{A 032}	Continued From page 9 During an interview with the Administrator, conducted on . . . . . at 02:30pm, the Administrator agreed that direct care employees that had not participated in any elopement response drills included Staff A, Staff B, Staff C, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, Staff Q, Staff R, Staff S, and Staff U. The Administrator agreed that Staff T had not participated in any elopement response drills since . The Administrator was unable to provide any other elopement response drills. Class III	{A 032}		
{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).	{A 081}		

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{A 081}	Continued From page 10 (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility 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	{A 081}		

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{A 081}	Continued From page 11	{A 081}		

administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in 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

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{A 081}	Continued From page 12 within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide direct care staff with training for a two hours of a pre-service orientation training and a one hour of control training prior to providing direct care. Furthermore, the facility failed to provide direct staff with trainings regarding activities of daily living, behavioral needs, elopement response, nutrition and safe food handling, and resident rights and recognizing and reporting , neglect, and , within thirty days of employment for four employees (Staff A, Staff B, Staff C, and Staff D)	{A 081}		

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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 081}	Continued From page 13 of four sampled employees. Findings Included: An employee record review for Staff A, conducted on , revealed that Staff A's employee record did not contain evidence that Staff A obtained training for control prior to providing direct care and training regarding activities of daily living, behavioral needs, and nutrition and safe food handling within thirty days of employment. Staff A had a training certificate dated for a two-hour pre-service orientation obtained by on online training provider. The certificate was not signed by the Administrator or the employee. There was no evidence that the training included the facility's license type and the services offered by the facility. There was no evidence that the training was relevant to Staff A's job duties. Staff A had a training certificate dated for elopement response training obtained by an online training provider. There was no evidence that Staff A received a copy or training regarding the facility's elopement response policy and procedures. Staff A was hired on . An employee record review for Staff B, conducted on , revealed that Staff B's employee record did not contain evidence that Staff B obtained training for control prior to providing direct care and training regarding activities of daily living, behavioral needs, and resident rights and recognizing and reporting , neglect, and within thirty days of employment. Staff B had a training certificate dated for a two-hour pre-service orientation obtained by on online training provider. The certificate was not signed by the Administrator or the employee. There was no	{A 081}		

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	AL11967788	A. BUILDING: _____ B. WING _____	R-C 06/11/2024

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{A 081}	Continued From page 14 evidence that the training included the facility's license type and the services offered by the facility. There was no evidence that the training was relevant to Staff B's job duties. Staff B had a training certificate dated . . . . . for elopement response training obtained by an online training provider. There was no evidence that Staff B received a copy or training regarding the facility's elopement response policy and procedures. Staff B was hired on . An employee record review for Staff C, conducted on . . . . . , revealed that Staff C's employee record did not contain evidence that Staff C obtained training for nutrition and safe food handling within thirty days of employment. Staff C had a training certificate dated . . . . . for a two-hour pre-service orientation obtained by on online training provider. The certificate was not signed by the Administrator or the employee. There was no evidence that the training included the facility's license type and the services offered by the facility. There was no evidence that the training was relevant to Staff C's job duties. Staff C had a training certificate dated . . . . . for elopement response training obtained by an online training provider. There was no evidence that Staff C received a copy or training regarding the facility's elopement response policy and procedures. Staff C was hired on . An employee record review for Staff D, conducted on . . . . . , revealed that Staff D's employee record did not contain evidence that Staff D obtained training for nutrition and safe food handling within thirty days of employment. Staff D had a training certificate dated . . . . . for a two-hour pre-service orientation obtained by on online training provider. The certificate was not signed by the Administrator or the employee.	{A 081}		

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{A 081}	Continued From page 15 There was no evidence that the training included the facility's license type and the services offered by the facility. There was no evidence that the training was relevant to Staff D's job duties. Staff D had a training certificate dated . . . . . for elopement response training obtained by an online training provider. There was no evidence that Staff D received a copy or training regarding the facility's elopement response policy and procedures. Staff D was hired on . During an interview with the Administrator, conducted on . . . . . at 1:40pm, the Administrator agreed that Staff A and B's employee records did not contain evidence that the employee obtained training regarding control prior to providing direct care and training regarding activities of daily living and behavioral needs within thirty day of employment. The Administrator agreed that Staff B, C, and D's employee records did not contain evidence that that the employees received training regarding nutrition and safe food handling within thirty days of employment. The Administrator agreed that Staff A, B, C, and D received online training through a training provider regarding a two-hour pre-service orientation and elopement response. The Administrator was unable to provide evidence that the pre-service training included the facility's license type, the services the facility offered, and that the training was relevant to Staff A, B, C, and D's job duties. The Administrator was unable to provide evidence that the elopement response training included the facility's elopement response policy and procedures. The Administrator was unable to provide evidence that Staff A, B, C, and D received a copy of the facility's elopement response policy and procedures.	{A 081}		

Agency for Health Care Administration

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{A 081}	Continued From page 16 Class III	{A 081}		
{A 082} SS=D	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that employees had the required one-time education course on / (/) within thirty days of employment for one employee (Staff C) of four sampled employees. Findings Included: An employee record review for Staff C, conducted on , revealed that Staff C's employee record did not have evidence that the employe completed a one-time education course regarding / within thirty days of employment. Staff C was hired on . During an interview with the Administrator, conducted on at 1:40pm, the Administrator agreed that Staff C's employee	{A 082}		

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{A 082}	Continued From page 17 record did not contain evidence that the employee completed a one-time education course regarding / . . . within thirty days of employment. Class III	{A 082}		
{A 090} SS=D	59A-36.011(11) FAC Training - . . . . (11) . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . . within 30 days after employment. (c) Training shall consist of the information 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 that employees completed one hour of training regarding the facility's policy and procedures for . (. . .) within thirty days of employment for four employees (Staff A, B, C, and D) of four sampled employees. Findings Included: An employee record review for Staff B and C, conducted on , revealed that Staff B and C's employee records did not contain	{A 090}		

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{A 090}	Continued From page 18 evidence that the employees received one hours of training regarding the facility's policy and procedures for . . . within thirty days of employment. Staff B was hired on . Staff C was hired on . . . . . . An employee record review for Staff A and D, conducted on , revealed that Staff A and D's employee records contained a . . . training certificate from an online training provider. Staff A's training certificate was dated . Staff D's training certificate was dated . . . . . There was no evidence that Staff A and D received one hour of training regarding the facility's . . . policy and procedures within thirty days of employment. Staff A was hired on . . . . . Staff D was hired on . During an interview with the Administrator, conducted on . . . . . at 01:40pm, the Administrator agreed that Staff B and C did not have evidence of one hour of training regarding the facility's policy and procedures. The Administrator agreed that Staff A and D received their training through an online training provider that was not affiliated with the facility. Class III	{A 090}		
{A 093} SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at:	{A 093}		

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{A 093}	Continued From page 19 http://www.flrules.org/Gateway/reference.asp?No =Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_ Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the	{A 093}		

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{A 093}	Continued From page 20	{A 093}		

seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.
(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _____ the time between meals.
(g) Food must be served attractively at safe and

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{A 093}	Continued From page 21 palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . . . . . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on . . . at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have approved menus that included the date of the approval and the original signature of the Reviewer. Findings Included: A review of four menus for a menu cycle, conducted on , revealed that each of the menus had a signature that was a photocopy and not the original signature of the facility's . . . . . Registered Dietician. There was no date of approval noted on the menus. During an interview with the Administrator, conducted on . . . . . at 2:30, the Administrator agreed that the signatures on the menus were a photocopy and not the original signature of the Registered Dietician. The Administrator agreed that there was no date of approval noted on the menus.	{A 093}		

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{A 093}	Continued From page 22 Class III	{A 093}		