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
	AL11963725	A. BUILDING: _____ B. WING _____	06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELISON ASSISTED LIVING OF BELLA VITA	1420 EAST VENICE AVENUE VENICE, FL 34292

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, emergency power plan, health facility reporting system, generator, visitation form, and complaint survey for #2023009770 was conducted on . . . . at Elison Assisted Living of Bella Vita, an assisted living facility in Venice, Florida. Complaint #2023009770 was substantiated. The following is a description of the deficiencies.	A 000		
A 052 SS=D	429.256(.); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an . . syringe that is prefilled with the proper dosage by a pharmacist and an . . , . that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's	A 052		

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

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A 052	Continued From page 2	A 052		

the purpose for taking the medication.
(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.

59A-36.008
(3) ASSISTANCE WITH SELF-ADMINISTRATION.
(a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.
(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.
(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected

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

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A 052	Continued From page 4 interviews with unlicensed staff, and review of the facility policy and procedure for medication assistance and . . washing, the facility failed to orally advise residents of the doses for 5 (Residents #3, #8, #9, #10, and #11) of 6 residents observed. They failed to orally advise residents of medication names for 3 (Residents #9, #10, and #11) of 6 residents observed. They failed to sanitize their . . ... before 4 (Residents #7, #8, #9, and #11) of 6 residents observed. These failures increase the chance of medication errors and resident . The findings included: Review of the "Policy and Procedure for Medication Assistance and MARs/MORs [Medication Administration Records/Medication Observation Records]" dated . . . : Procedure: . . . #7 - WASHING: Associates will perform proper . . . washing before and after medication assistance. . . . #9: READING LABEL: Associate verifies medication label three times with MAR/MOR or eMAR [electronic Medication Administration Record] . . . Before assisting resident. . . Review of the Policy and Procedure for "Handwashing for Associates", dated . . . , Purpose: Handwashing is regarded as the single most important means of preventing the spread of . All associates should wash their . . . to prevent the spread of . . . . and . . . to other residents, other associates, and visitors. Suggested Guidelines: 1. A minimum twenty (20) second handwashing should be performed in situations including but not limited to . . . Before preparing or handling medications . . . Gels: If soap, water, or towels are unavailable, the associate should use an	A 052		

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A 052	Continued From page 5 gel according to manufacturer's guidelines . . . rubs should be used before and after each resident . . . On at 8:25 a.m., Medication Technician (MT) Staff C was observed to assist Resident #3 with medication self-administration. During the observation, Staff C did not orally advise the resident of the medication doses. On at 8:34 a.m., MT Staff C was observed to assist Resident #8 with medication self-administration. Staff C just finished with Resident #3. Staff C did not sanitize her before assisting Resident #8. On at 8:43 a.m., during an interview, MT Staff C said she thought she was allowed to give medicine to 2 residents before sanitizing her , and that is why she didn't sanitize between Residents #3 and #8. Staff C said she did not know she was required to orally advise residents of the medication doses. On at 8:50 a.m., MT Staff D was observed to assist Resident #9 with self-administration of medications. Staff D did not orally advise the resident of medication names or doses. Staff D said, "Wanna take your meds now?" as she gave Resident #9 the medications. Staff D then picked up the resident's dog and put it in another room. Staff D donned gloves. Staff D did not sanitize after holding the dog before donning the gloves. Staff D did not advise of the name or dose of the . Staff D assisted with the , then removed the gloves. Staff D did not sanitize her afterward. MT Staff D was observed to obtain a cream for Resident #7. Staff D walked to the	A 052		

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A 052	Continued From page 6 resident's apartment and applied the cream. Staff D did not sanitize before assistance with the resident's cream. On at 9:01 a.m., MT Staff D was observed to assist Resident #10 with medication self-administration. Staff D greeted the resident and said, "Here you go." Staff D did not orally advise of the names or doses. Staff D did not sanitize her afterwards. On at 9:06 a.m., MT Staff D was observed to assist Resident #11 with medication self-administration. She prepared medications for Resident #11 consisting of pills, wash, and . Staff D did not sanitize her . Staff D did not orally advise of the medication names or doses. On at 9:22 a.m., during an interview, MT Staff D said she was aware she did not sanitize between Residents #7 and #11 and she should have. She said the residents get the same thing every day and if they ask, she will tell them the medication names and doses. On at 12:22 p.m., during an interview, the Resident Services Director said there are no residents who require assistance with medication self-administration who have waivers for medications, meaning the unlicensed staff must orally advise each resident of the names and doses of the medication. On at 12:23 p.m., during an interview, the Administrator said none of the residents within the facility have signed waivers relieving the unlicensed staff from advising the resident of the medication name and dose. She said the staff should be advising the resident of the names and	A 052		

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A 052	Continued From page 7 doses of the medication they are about to take. Class III .	A 052		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require	A 055		

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A 055	Continued From page 8	A 055		

central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.
(c) Centrally stored medications must be:
1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,
4. Kept separately from the medications of other residents and properly closed or sealed.
(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.
(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are

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A 055	Continued From page 9 still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain the medication in a safe manner for 1 (Resident #11) of 1 resident observed for medication storage. The findings included: Review of the facility "Policy and Procedure Medication Assistance and MARS/MORS [Medication Administration Records/Medication Observation Records], dated , Procedure:. . . #16. Storage: Follow these storage guidelines: . . . If resident receives assistance with their medications, over-the-counter medications cannot be stored in their apartments unless permitted via a physician's order. . ." Record review of Resident #11's Health Assessment Form 1823 dated documented the resident needed assistance with self-administration of medications. On at 9:20 a.m., medications including	A 055		

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A 055	Continued From page 10 , , Bayer , , and 2 bottles of over-the-counter syrup were observed in Resident #11's apartment, unsecured on the kitchen counter. (photographic evidence obtained) On 12:43 p.m., during an interview, the Resident Services Director said Resident #11 does not have a special-order permitting storage of medication in the apartment. They should not be there. Class III .	A 055		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the	A 078		

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A 078	Continued From page 11 individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by	A 078		

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A 078	Continued From page 12 the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable and evidence of freedom from . . . . . ( ) documented annually thereafter for 1 (Administrator) of 3 employee records reviewed. The findings included: Record review of the Administrator's personnel record revealed a hire date of . The Administrators' record contained evidence of documentation of a test placement completed on . . . . , with a negative reading on . . . . . The personnel record also contained a Medical Examination Report dated . . . . indicating no work restrictions. Further review of the Administrator's employee record revealed no evidence of documentation of a statement from a health care provider indicating she was free from signs or symptoms of communicable . On at 2:25 p.m., during an interview, the Business Office Manager confirmed there was no documentation of evidence of a statement signed by the healthcare provider indicating the administrator, was free from signs and symptoms of communicable . . . . . . Class III .	A 078		

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A 081	Continued From page 13	A 081		
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). (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.	A 081		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELISON ASSISTED LIVING OF BELLA VITA	1420 EAST VENICE AVENUE VENICE, FL 34292

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A 081	Continued From page 14 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 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this	A 081		

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A 081	Continued From page 15	A 081		

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 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

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A 081	Continued From page 16 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 employees completed 1 hour of in-service training for Recognizing/Reporting /Neglect, control, Reporting major incidents, reporting adverse incidents, facility emergency procedures, incident reporting training, 3 hours of Assistance with Daily Living (ADL) and Behavior needs training as required by Florida Administrative Code within 30 days of employment for 2 (Staff A, and B) of 3 employee records reviewed. The findings included: Record review of Staff A's employee file revealed a hire date of for "Resident Assistant", which included direct patient care. Record review of the State of Florida Board of Nursing (BON) license verification revealed there was no Certified Nursing Assistant (CNA) certification exempting Staff A from the required Activities of Daily Living and Behavioral Needs Training for 3 hours as the regulation require. https://mqa-internet.doh.state.fl.us/MQASearchServices/HealthCareProviders Staff A's employee file did not contain evidence of	A 081		

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A 081	Continued From page 17 the required ADL and Behavioral Needs Training. Record review for Staff B revealed a hire date of as a caregiver/medication aide. Staff B's employee record contained documentation of a certificate of completion for 20 minutes of training for NH Food Safety and Sanitation on , 30 minutes of training for NH Safety and Nutritional Needs on for a total of 50 minutes, regulation requires 1 hour of training to be completed. Further review of Staff B's employee record revealed no evidence of documentation of completion of 1 hour of training for Resident Rights and Recognizing/Reporting and Neglect training, Reporting Major Incident, Reporting Adverse incidents, Incident Reporting and Facility Emergency procedures, 3 hours of training for ADL and Behavioral needs. On at 2:25 p.m., during an interview, the Business office manager confirmed the missing trainings for Staff A, and B. 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	A 082		

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A 082	Continued From page 18 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 staff completed (/) training within 30 days of hire as required by Florida Administrative Code for 1 (Staff B) of 3 employee records reviewed. The findings included: Record review for Staff B revealed a hire date of , as a Caregiver/Medication Aide. Staff B's employee record contained no evidence of documentation of completion of / training as required within 30 days of hire. On at 2:00 p.m., during an interview, the Business Office Manager confirmed the missing training for Staff B as required within 30 days of hire. 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,	A 090		

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A 090	Continued From page 19 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 employees completed 1 hour of training ( ) based on the Facility's policy and procedures as required by Florida Administrative Code within 30 days of employment for 2 (Staff A, and B) of 3 employee records reviewed. The findings included: Review of Staff A's employee file revealed a hire date of for "Resident Assistant", which included direct patient care. Staff A's employee file contained a handout titled "Frequently Asked Questions About a " ( ), signed by Staff A on . Staff A's employee file did not contain evidence of at least 1 hour of training in the Facility's policies and procedures regarding within 30 days after employment, as the regulations require. Record review for Staff B revealed a hire date of as a caregiver/medication aide. Staff B's employee record contained evidence of a documentation titled "Frequently asked questions about a " ( ) with an acknowledgement of receipt indicating Staff B acknowledged receiving and understanding the above information signed . Further review of Staff B's employee record revealed no	A 090		

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A 090	Continued From page 20 evidence of documentation of completion of 1 hour for training as required within 30 days of hire. On at 2:00 p.m., during an interview, the Business Office Manager confirmed the missing training for Staff A, and B, as required within 30 days of hire. Class III .	A 090		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The	A 091		

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A 091	Continued From page 21 department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to appropriately document required trainings for 2 (Staff A, and B) of 3 employee records reviewed. The findings included: Record review for Staff A revealed a hire date of [redacted] as a Resident aide. Further review of Staff A's employee record revealed documentation of a certificate of completion for 30 minutes of Bloodborne [redacted] awareness on [redacted], 15 minutes for NH Resident Rights on [redacted], 30 minutes of NH Fire Safety on [redacted], 1 hour NH Recognizing, Preventing and Reporting on [redacted], NH Elopement Policy and Procedure on [redacted], and 16 hours of NH New Associate Orientation - 2 day In-Person Training on [redacted]. The certificates contained no agenda, no location of training, no dated signature and credentials of the instructor. NH Executive Director Community Tour and Explanation of licensure (In Person) on [redacted], the certificate contained no agenda, no hours of training completed, no location of training and no dated signature and credentials of the instructor. Record review for Staff B revealed a hire date of [redacted] as a Resident Aide/Med Technician. Further review of Staff B's employee record revealed documentation of a certificate of completion for 1 hour of [redacted] control on [redacted], 20 minutes of NH Food and Sanitation on [redacted], 30 minutes of NH Safety and	A 091		

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A 091	Continued From page 22 Nutritional Needs, NH Elopement Policy and Procedure on , and 16 hours of NH New Associate orientation - 2 day In-Person Training on . The certificates contained no agenda, no location of training, no dated signature or credentials of the instructor. NH Executive Director Community Tour and Explanation of licensure (In Person) on , the certificate contained no hours of training completed, no agenda, no location of training and no dated signature and credentials of the instructor. On .. .. at 2:25 p.m., during an interview, the Business Office Manager confirmed the training certificates did not contain the location and the dated signature and credentials of the instructor for the trainings completed for Staff A, and B. Class III .	A 091		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:	A 152		

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A 152	Continued From page 23 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [redacted] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [redacted] or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be [redacted]. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility failed to maintain the hot water temperature less than 120 degrees in accordance with state regulations. This had the potential to affect all 94 residents of the building. The findings included: On [redacted] at 12:50 p.m., the Maintenance Director (MD) provided a copy of the weekly "Tels" log specific to hot water temperature checks for record review. Hot water temperatures were documented on the Tel's log as, "good, within tolerable range and on some occasions 113-114 degrees."	A 152		

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A 152	Continued From page 24 On . . . . . at 1:03 p.m., during an interview, the MD said the housekeeping department checks the hot water temps in each building, A, B, and C weekly. The housekeeping department will notify him if there is something unusual. On . . . . . at 1:28 p.m., the MD was observed to check the water temperature at the sink of the B building first floor congregate bathroom with his thermometer. He said the temperature was 123.8 degrees, but should be 120 degrees or less. On at 1:38 p.m., the MD was observed to check the water temperature of room B-211. He said the thermometer read 135.1 degrees, which was too high. "Photographic Evidence Obtained" On . . . . . at 1:40 p.m., the MD was observed to check the hot water temperature of room B-208 and said his thermometer read 134.9 degrees. He stated, "We purge the hot water tank once every . . months. We usually don't mess with the temperature gauge. Clearly, we need to get someone to change the gauge, I will have to adjust the water temperature gauge because that is too hot." "Photographic Evidence Obtained" On . . . . . at 1:54 p.m., during an interview, the Administrator verified the water temp of the building should be 120 degrees or less. The Administrator said she checked with corporate and there is no policy for water temperature, they just follow the regulation. On at 2:18 p.m., during an interview, the MD stated, "We purged some of the hot water out of the system. We are rechecking the room temps on each floor to ensure they are 120 or less. The plan going forward will be to check a	A 152		

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A 152	Continued From page 25 couple of rooms on each floor until the temps are stabilized. We will have someone come out to replace the gauge because it is reading different [than the actual water temperature]." Class III .	A 152		