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
	AL11966458	A. BUILDING: _____ B. WING _____	C 07/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT CENTRAL TAMPA	5010 N 40 STREET NORTH TAMPA, FL 33610

(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
CZ875	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 and related forms of training for four employees (Administrator and Staff B, C, and D) of five sampled employees. Findings Included: An employee record review for the Administrator, conducted on , revealed that the Administrator's employee record did not contain evidence that the employee completed four-hours training regarding 's within six months of employment. The Administrator was	CZ875		

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CZ875	Continued From page 4 hired on . An employee record review for Staff B and C, conducted on , revealed that Staff B and C's employee records did not contain evidence that the employees completed three-hours training within three months and four-hours training within six months regarding and related forms of . Staff B and C were 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 received written information regarding 's and a one-hour online training with the department regarding 's and related forms of . During an interview with the Administrator, conducted on from 03:40pm through 03:47pm, the Administrator agreed that she and Staff B, C, and D had not completed 's and related forms of training as required. Unclassified	CZ875		
A 000	Initial Comments A complaint investigation (complaint number: 2024009556) and a generator monitoring were conducted at Best Care Senior Living at Central Tampa on . Deficiencies were identified at the time of survey.	A 000		
A 032 SS=G	59A-36.007(7) FAC Resident Care - Elopement Standards	A 032		

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A 032	Continued From page 5 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 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	A 032		

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A 032	Continued From page 6 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, 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 observation, record review, and interview, the facility failed to have a written elopement policy and procedures that identified the staff responsible for implementing the elopement response, the identification of staff responsible making contacts, and the provision of care for the remaining residents during an elopement. Additionally, the facility failed to ensure that residents who were at risk of elopement had identification on their person that included the resident's name and the facility's name, address, and telephone number. Also, the facility failed to ensure that all direct	A 032		

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A 032	Continued From page 7 care staff and administration had participated in elopement drills for three employees (Staff H, I, and J). Furthermore, the facility failed to ensure that staff followed the resident checks policy and procedures for two employees (Staff C and D). The failure to provide proper supervision to prevent elopement and failure to follow policies and procedures placed fifteen Residents (#1, #5, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20) who were at risk of elopement at risk for harm, injury, and at an increased risk for future or recurring elopements. Findings Included: A review of the facility's . . . . . self-reported elopement, conducted on , revealed that Resident #1 eloped from the facility at approximately 02:36am during the night shift (11:00pm - 07:00am). The day shift (07:00am - 03:00pm) reported that Resident #1 could not be found at 09:30am to the Administrator. During an interview with Staff E, conducted on at 10:40am, Staff E stated that Resident #1 jumped the . . . fence on and had not returned to the facility. A review of previous elopements from the facility, conducted on . . . . . , revealed that Resident #9 eloped from the facility on and again on . . . . . . Resident #8 had eloped from the facility on . A record review for Resident #1, conducted on , revealed that Resident #1 was admitted to the facility on after being	A 032		

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A 032	Continued From page 8	A 032		

placed at the facility with a court order in lieu of placement at an inpatient , , hospital. According to Resident #1's health assessment dated , Resident #1 was assessed as at risk for elopement. Resident #1's diagnoses included , . Resident #1's elopement incident was recorded in the resident's record on at 02:46pm. Resident #1's plan of care noted that the resident was at risk for elopement. There were no witness statements obtained from the on-duty employees during the elopement with Resident #1's elopement investigation.

A review of the through staffing schedule, conducted on , revealed that there were two employees scheduled each day for the 11:00pm through 07:00am. One employee was scheduled for the memory care unit. The other employee was scheduled for the assisted living unit.

A review of the resident census list, conducted on , revealed that there were eighteen residents admitted to the memory care unit and thirty-two residents admitted to the assisted living unit.

A review of the list of residents at risk for elopement, conducted on , revealed that there were nine residents that resided on the assisted living unit that were at risk for elopements which included Residents #1, #5, #9, #10, #11, #12, #13, #15, and #19. There were six residents that resided on the memory care unit that were at risk for elopements which included Residents #8, #14, #16, #17, #18, and #20.

A review of the home health agency's list of residents with diagnoses, conducted on

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A 032	Continued From page 9 , revealed that there were thirty of fifty residents with diagnoses that included but were not limited to (type), with , with behavioral disturbances, with disturbances, with , disturbances, , of and , type II , , drug subacute dyskinesia, ( ), (stages 4 and 5), , recurrent major , COVID-19, , and isolation measures for , . A review of the undated Elopement Response Policies and Procedures, conducted on , revealed that the facility's elopement response policy and procedures did not include the identification of the staff responsible for implementing each part of the elopement response policies and procedures including their specific duties and responsibilities. The elopement response policies and procedures did not include the identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident was not located. The elopement response policies and procedures did not include the process for the continued care of all residents within the facility in the event of an elopement. The elopement policy and procedures noted that "all at risk for elopement residents have an identification on their persons that includes their name, facility's name, address, and telephone number" and "the caregiver will check daily for ID (identification) placement" (photographic evidence obtained).	A 032		

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A 032	Continued From page 10 A review of elopement drills, conducted on [redacted], revealed that Staff H, I, and J had not participated in any elopement drills. A review of the undated Resident Checks policy and procedures, conducted on [redacted], revealed that residents must be supervised by direct staff at all times and that staff must do their rounds checking on residents and assisting the residents with their activities of daily living every two hours. Staff were to notify their direct supervisor immediately with any incidents. During an observation, conducted on [redacted] at 03:13pm, it was observed on the video feed dated [redacted] at approximately 02:36am that Resident #1 scaled over the wall/fencing in the front courtyard, ran to the right of the facility, out of the opened gate, and crossed the street and ran north. During an interview with Staff C, conducted on [redacted] at 03:15pm, Staff C stated that the last time that she observed Resident #1 on [redacted] was at 01:00am when the resident was [redacted] the assisted living unit's hallway. Staff C stated that Residents #5 and #9 were at risk for elopement. Staff C was not able to identify any other residents who were at risk for eloping. Staff C stated that she never made sure that residents who were at risk of elopement had identification on their person and that the resident did not have arm [redacted]. Staff C stated that she normally worked the overnight 11:00pm - 07:00am shift. Staff C stated that the facility employed two staff members on the overnight shift for fifty residents. Staff C stated that one employee worked in the memory care unit and one employee worked in the assisted living unit.	A 032		

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A 032	Continued From page 11 Staff C stated that one of her duties was to wake, wash, and dress fifteen of eighteen memory care residents as well as pass their medications between 05:00am and 07:00am. Staff C stated that there was no other staff to keep an . , . on the resident once they were up. During an observation of Resident #5, conducted on . . . . . at 02:25pm, Resident #5 did not have an identification on his person. During an interview with Staff B, conducted on . . . . . at 02:46pm, Staff B stated that Staff A and herself discovered that Resident #1 was missing from the facility on . . . . . at approximately 09:15am. Staff B stated that Residents #8 and #9 were at risk for elopements. Staff B was not able to identify any other resident that was at risk for eloping. Staff B stated that she never checked Resident #8 and #9 that they had identification on their person. During an interview with the Administrator, conducted on at 03:13pm, the Administrator stated that Staff C and D were working on when Resident #1 eloped from the facility and Resident #1 had not been found. The Administrator stated that Staff C and D were assisting other residents and were not aware that Resident #1 had left the facility. The Administrator agreed that Staff D was assigned to the assisted living unit and that the employee had not performed every two hours checks according to the facility's resident checks policy and procedures. At 03:45pm, The Administrator agreed that Staff H, I, and J had not participated in any elopement drills. At 03:50pm, the Administrator agreed that residents at risk for elopements were supposed to have an identification on their person and that the	A 032		

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A 032	Continued From page 12 staff were supposed to ensure that the residents had their identification on their person. Class II	A 032		
A 077 SS=D	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, 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	A 077		

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A 077	Continued From page 13 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 ; 2. If employed on or after , 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 , 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 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	A 077		

Agency for Health Care Administration

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	AL11966458	A. BUILDING: _____ B. WING _____	C 07/15/2024

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A 077	Continued From page 14 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 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	A 077		

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A 077	Continued From page 15 =Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to appoint in writing an assisted living core trained manager responsible for the operation and maintenance of the facility. Findings Included: During observations, conducted on [redacted] from 09:45am through 10:45am, the Administrator was not present at the facility. During interviews with Staff E and F, conducted on [redacted] at 09:45am, Staff E and F stated that they were in charge of the facility but were unable to provide any of the requested initial documents. During an employee record review attempt for the assisted living core trained facility manager, conducted on [redacted], revealed that the Administrator was the only assisted living core training manager that was employed at the facility. An employee record review for the Administrator, conducted on [redacted], revealed that the Administrator was employed as an Administrator for three locations within this company. During an interview with the Administrator, conducted on [redacted] at 01:30pm, the Administrator agreed that she was employed as the Administrator at three locations. The Administrator agreed that there was no assisted living core trained manager at this facility.	A 077		

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A 077	Continued From page 16 Class III	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). (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	A 081		

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A 081	Continued From page 17 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 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	A 081		

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A 081	Continued From page 18 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 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	A 081		

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A 081	Continued From page 19 (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 that employees received elopement response training within thirty days of employment for one employee (Staff A) of five 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 the employee completed training for elopement response. Staff A was hired on . During an interview with the Administrator, conducted on . . . . . at 03:40pm, the Administrator agreed that Staff A's employee record did not contain evidence that the employee completed training for elopement response. Class III	A 081		
AL243 SS=D	429.075(1) FS; 59A-36.011(9) FAC LMH - Training	AL243		

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AL243	Continued From page 20 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and	AL243		

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AL243	Continued From page 21 managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the . . . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.	AL243		

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AL243	Continued From page 22 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that employees who were in direct contact with mental health residents completed a six-hours limited mental health training within six months of employment for one employee (Staff B) of five sampled employees. Findings Included: An employee record review for Staff B, conducted on [redacted], revealed that Staff B's employee record did not contain six-hours limited mental health training. Staff B was hired on [redacted]. During an interview with the Administrator, conducted on at 03:47pm, the Administrator agreed that Staff B had not had six-hours limited mental health training. Class III	AL243		