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
	AL11969236	A. BUILDING: _____ B. WING _____	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY COMMONS CYPRESS POINT	6870 ALISTER WAY FORT MYERS, FL 33912

(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, limited nursing services, emergency power plan monitoring, health facility reporting system, visitation form, and complaint survey for #2023010164, #2023006059, and #2023010948 was conducted on ´ hrough 12 . t Discovery Commons Cypress Point, an assisted living facility, in Fort Myers, FL. Complaint #2023010948 was not substantiated. Complaint #2023006059 was not substantiated. Complaint #2023010164 was substantiated without deficient practice. The following is a description of the deficiencies. .	A 000		
A 010 SS=D	429.26(1 ·3, FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued	A 010		

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A 010	Continued From page 1	A 010		

residency of an individual in a facility:
(a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party.
(b) A facility may admit or retain a resident who requires the use of assistive devices.
(c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.
(d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:
a. Move, turn, or reposition without total physical assistance;
b. Transfer to a chair or wheelchair without total physical assistance; or
c. Sit safely in a chair or wheelchair without personal assistance or a physical restra
2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days.
3. If a facility is licensed to provide extended congregate care, a resident may continue to

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A 010	Continued From page 2 reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face to face medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:	A 010		

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A 010	Continued From page 3 (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a stage , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A t , resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.	A 010		

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A 010	Continued From page 4 (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview the facility failed to update resident's Health Assessment Form 1823 after significant change (elopement risk) for 3 (#9, #15, #16) of 4 residents reviewed. The findings included: 1. Record review showed resident # 9 was admitted to the facility on 5/31/2 ew of the Health Assessment (HA) for resident# 9 completed on 5/ indicated that resident# 9 was not elopement risk. Resident # 9 eloped from the facility on 6/2: he Care plan for resident #9 was updated on 7/ dicating the resident was deemed as elopement risk. Record review showed that resident #9's Health Assessment Form 1823 was not updated after the significant change (elopement). 2. Requested and obtained a list of residents deemed as an elopement risk All 30 residents in the facility's memory unit were included on the list.	A 010		

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A 010	Continued From page 5 3. Record review showed resident # 15 was admitted to the facility' on 3/15/2: lent #15 resides in the facility's memory unit. Review of the Health Assessment (HA) for resident #15 completed on 8/ ndicated that resident #15 was not elopement risk. Care plan for resident # 15 was updated on 5/ dicating the resident was deemed as an elopement risk. Record review showed that resident #15's Health Assessment Form 1823 was not updated even though she was deemed an elopement risk. 4. Record review showed resident # 16 was admitted to the facility on 12/2/1 dent #16 resides in the facility's memory unit. Review of the Health Assessment (HA) for resident #16 completed on 4/ nd indicated that resident #16 was not elopement risk. The Care plan for resident #16 was updated on 5/ licating the resident was deemed as an elopement risk. Record review showed that resident #16's Health Assessment Form 1823 was not updated after the significant change (elopement risk). 5. During an interview, the facility's Health and Wellness Director (HWD) on 12 4:00 p.m., confirmed that resident #9 , #15, and #16's Health Assessment Form 1823 was not updated. and said, she was not aware of the regulatory requirement. 6. During an interview with Executive director on 234 at 3:45 p.m., she acknowledged that the HA for residents # 9, #15, and #16 were not updated after significant changes (elopement risk). Class III	A 010		

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A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards	A 032		

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

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A 032	Continued From page 7	A 032		

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,
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 residents deemed as an elopement risk have identification on their persons that includes their name, the facility's name, address, and telephone number. The facility failed to implement their elopement policy and procedure in reference to the protocol that needed to be followed for residents deemed as an elopement risk.

The findings included:

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A 032	Continued From page 8 Requested and obtained the facility policy titled: CL12-Elopement. Policy Date: 03/07 .State Regulation References: (3) 59A-36.007. As part of its resident elopement response polices and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identifications on their person that includes their name and the facility's name and address, and telephone number. Requested and obtained a list of residents deemed as an elopement risk. During an interview, the Wellness Director and Administrator on 12/ 9:10 a.m., said, all 30 residents in the memory unit were deemed as an elopement risk. Observation on 12 t 9:45 a.m., at the facility's memory unit showed that only 1 out of the 30 residents in the memory unit had an identification on their person that included their name, the facility's name, address and telephone number. During an interview, staff E caregiver on 12/4/2 at 9:47 a.m., confirmed that all residents in the memory unit were deemed as an elopement risk and only one had any identification on their person that included their name, the facility's name, address and telephone number. During an interview, staff F medication technician/caregiver on 12/ 0:00 a.m., confirmed that all residents in the memory unit were deemed as an elopement risk and only 1 out of 30 residents had any identification on their person that included their name, the facility's name, address and telephone number. During an interview, staff G caregiver on 12/4/2	A 032		

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A 032	Continued From page 9 at 10:15 a.m., confirmed that all residents in the memory unit were deemed as an elopement risk and only one resident had any identification on their person that included their name, the facility's name, address and telephone number. During a follow up interview, the Health and Wellness Director on 12/ 11:00 a.m., confirmed that all of the residents in the memory unit were deemed as an elopement risk and they were supposed to have identification on their person that included their name, the facility's name, address and telephone number. During an interview with the Administrator on at 3:45 p.m., she confirmed the facility failed to ensure that all residents identified as an elopement risk had identification on their person with their name, the facility's name, address and telephone number. Class III .	A 032		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011(2 , 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.	A 081		

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A 081	Continued From page 10	A 081		

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.

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

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A 081	Continued From page 11	A 081		

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 infect)l, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its :ontrol policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood , , 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.

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A 081	Continued From page 12 2. Recognizing and reporting resident abuse, neglect, and ex, ɜ 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 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 2 (staff A, B) of 3 staff records reviewed had proper documentation of required trainings completed within 30 days of hire as	A 081		

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A 081	Continued From page 13 required. The findings included: 1. Record review revealed staff A, caregiver/medication technician, was hired on Further review revealed, Staff A completed 30 minutes of training titled Managing elopement online on 9 24. 30 minutes of training titled " Preventing, recognizing, and reporting abuse online on 9 24. and an additional 45 minutes of training titled "Abus glect and Exp completed on 1(nline, 1 hour online ontrol training completed on 10/1 30 minutes of training on 8/6/2 d" Shine training: ADLS" There was no evidence of additional 2.5 hours of the of training that covers the following subjects: -Resident behavior and needs. - Providing assistance with the activities of daily living. The training completed was done through Relias an online computer based system. The training provided was not based on the facility;'s policies and procedures as required. The certificates did not include name of instructor/credentials/location. 2. Record review revealed Staff B caregiver was hired on 8 Further review revealed Staff B completed 30 minutes of online training titled Managing elopement on 8 hour online training titled About infe rol and Prevention completed on 8/ ne, 30 minutes of training titled: Policy: State of Florida nd an additional 45 minutes training titled Understanding We d Elopement completed online on 8/6/2 minutes of training for Preventing, Recognizing and reporting Ab ompleted online on 8/3/2	A 081		

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A 081	Continued From page 14	A 081		

through Relias a computer software system. 30 minutes of training on 8/6/ d" Shine training: ADLS" There was no evidence of additional 2.5 hours of the of training that covers the following subjects:
-Resident behavior and needs.
- Providing assistance with the activities of daily living. The training completed was done through Relias an online computer based system. The training provided was not based on the facility;'s policies and procedures as required. The certificates did not include name of instructor/credentials/location. The certificates did not include the instructors credentials and license number and the location of the training. The training was not based on the facility's policies and procedures

During in interview with Human Resources personnel on 12 t 1:34 p.m. she said she was not the one providing the training's to staff. She said the new hired staff watches a video and she just signs the form that they completed the training. She was not aware who the actual instructor was and if he/she was qualified to provide the training.

During an interview the Administrator on 4/5/24 at 3:00 p.m., confirmed the lack of the appropriate training for Staff A and B. She acknowledged that staff utilized a corporate approved online software in order to complete their required training's and the training was not based on the facility' policies and procedures.

Class III

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 087	Continued From page 15	A 087		
A 087 SS=D	58A-5.0194 FAC / aining - Prov & Curriculum Appr	A 087		

(1) The / I or Related Dis
("ADRD") training provider and curriculum must be approved by the department or its designee before commencing training activities. The department or its designee will maintain a list of approved ADRD training providers and curricula, which may be obtained from http://usfweb3.usf.edu/trainingonAging/default.aspx.
(a) ADRD Training Providers.
1. Individuals who seek to become an ADRD training provider must provide the department or its designee with the documentation of the following educational, teaching, or practical experience:
a. A Master's degree from an accredited college or university in a health care, human service, or elated field; or
b. A Bachelor's degree from an accredited college or university, or licensure as a registered nurse, and:
(I) Proof of 1 year of teaching experience as an educator of caregivers for individuals with related diso
(II) Proof of completion of a specialized training program specifically relating to Alzhein or related disc id a minimum of 2 years of practical experience in a program providing direct care to individuals with related diso
(III) Proof of 3 years of practical experience in a program providing direct care to persons with related diso
c. Teaching experience pertaining to Alzhe or related disc y substitute on a year-by-year basis for the required Bachelor's

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A 087	Continued From page 16	A 087		

degree.
2. Applicants seeking approval as ADRD training providers must complete DOEA form ALF/ADRD-001, Application for Alzhe or Related Dis aining Provider Certification, dated No , which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 and online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04000.
(b) ADRD Training Curricula. Applicants seeking approval of ADRD curricula must complete DOEA form ALF/ADRD-002, Application for Alzhei or Related Dis aining Three-Year Curriculum Certification, dated , which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 and online at http://www.flrules.org/Gateway/reference.asp?No =Ref-04001. Approval of the curriculum will be granted based on how well the curriculum addresses the subject areas referenced in subparagraphs 58A-5.0191(4)(a)2. and 58A-5.0191(4)(a)5., F.A.C. Curriculum approval will be granted for 3 years. After 3 years the curriculum must be resubmitted to the department or its designee for approval.
(2) Approved ADRD training providers must maintain records of each course taught for a period of 3 years following each training presentation. Course records must include the title of the approved ADRD training curriculum, the curriculum approval number, the number of hours of training, the training provider's name and approval number, the date and location of the course, and a roster of trainees.

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A 087	Continued From page 17 (3) Upon successful completion of training, the trainee must be issued a certificate by the approved training provider. The certificate must include the trainee's name, the title of the approved ADRD training, the curriculum approval number, the number of hours of training received, the date and location of the course, the training provider's name and approval number, and dated signature. (4) The department or its designee reserves the right to attend and monitor ADRD training courses, review records and course materials approved pursuant to this rule, and revoke approval for the following reasons: non-adherence to approved curriculum, failing to maintain required training credentials, or knowingly disseminating any false or misleading information. (5) ADRD training providers satisfying the requirements of Section 400.1755, F.S., relating to nursing homes, and Section 400.6045, F.S., relating to hospices, will satisfy the Level 1 and Level 2 training provider requirements of subparagraph 58A-5.0191(4)(a)3. and paragraph 58A-5.0191(4)(a), subsection (5), F.A.C. ADRD training curricula satisfying the requirements of Section 400.1755, F.S., relating to nursing homes, and Section 400.6045, F.S., relating to hospices, will satisfy the Level 1 curriculum requirements of subparagraph 58A-5.0191(4)(a)3., F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure the instructor providing [or Related Dis ning met the regulatory requirements set forth by the Department of Elder Affairs (DOEA) 58A-5.0191(4)(a)2. and 58A-5.0191(4)(a)5.,	A 087		

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A 087	Continued From page 18 F.A.C. The findings included: The Facility has a memory care unit and advertises that they provide services to residents with A [or Related Dis During an interview with the Administrator on at 9:34 a.m., she confirmed that the facility has a memory unit and advertises that it provides special care for persons with I other related disord 1. Record review revealed staff A caregiver/medication technician was hired on . Staff A completed an online 4 hour Level I Florida Assisted Living Alzh and Related Di 11/1 Staff A completed completed an online 4 hour Level II Florida Assisted Living Alzhe and Related Di 11/1 e Certificates did not include trainers credentials. There was no evidence on record that the trainer was approved by the Department of Elder affairs. 2. Record review reveled Staff B caregiver was hired on 8 Staff B completed an online 4 hour Level I Florida Assisted Living Alzhe and Related Di 8/7/ e Certificate did not include trainers credentials. There was no evidence on record that the trainer was approved by the Department of Elder affairs. during an interview with the Administrator on at 4:00 p.m., she acknowledged that there was no evidence the online instructor was approved by the DOEA. She acknowledged that	A 087		

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A 087	Continued From page 19 staff utilized a corporate approved online software in order to complete their required training's and could not verify the instructors credentials. Class III. .	A 087		
A 090 SS=D	59A-36.011(11) FAC Training - Do (11) [T RS 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 Do (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 D s 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 have evidence of proper 1 hour inservice training completed within 30 days of employment that covers D , F , specific to the facility policy and procedures for 2 (A, B) out of 3 staff reviewed. The findings included: 1. Record review revealed staff A caregiver/medication technician was hired on Further review revealed a 30 minute	A 090		

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A 090	Continued From page 20 online training certificate titled "about advance directives" dated 9/1 he training certificate did not include instructors name, credentials, agenda. There was no evidence that the training was based on the facility's policies and procedures. 2. Record review for staff B caregiver revealed a hire date of 8/ rther review revealed a 30 minute online training certificate titled " about advance directives" completed on 8/3/ ıe training certificate did not include instructors name, credentials, agenda. There was no evidence that the training was based on the facility's policies and procedures. During an interview the Administrator on 12/5/ at 4:00 p.m., acknowledged that was an issue, and could not verify the trainer's credentials. The Administrator said all training's were completed online using Relias, a corporate approved software. She was not aware of who was the instructor providing the training's, or what was his/hers credentials. The Administrator also said there were no agenda's for any of the training's. The Administrator acknowledged the training provided was based on the facility's polices and procedures. 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	A 091		

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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 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 ensure that training certificate documentation included in personnel files met regulatory requirements for 2 (Staff A, B) of 3 staff records reviewed.

The findings included:

1. Record review revealed staff A caregiver/medication technician was hired on

2. Record review revealed Staff B caregiver was hired on 8 Review of staff A, and Staff B's

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A 091	Continued From page 22 employee records revealed documentation of certificates of completion for training as required, the certificates did not include the following: 1: Training program agenda, 2: Training location . 3. Trainer/instructor name, credentials and or professional license number. During an interview with the Administrator on at 3:00 p.m., she acknowledged that was an issue and could not verify the trainer's credentials. The Administrator said all training's were completed online using Relias, a corporate approved software. The Administrator was not aware of who was the instructor providing the training, and or what was his/hers credentials. She also confirmed there were no agendas for any of the training's completed. Class III .	A 091		

Agency for Health Care Administration

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CZ875 SS=D	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 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 or related forms of , 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 -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of , 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 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 all staff obtain within 30 days of employment, 1 hour inservice training provided by the Department of Elder Affairs which contains 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 or related forms of for 3 (Administrator, staff A, and staff B) of 3 staff records reviewed. The findings included: 1. Record review revealed the Administrator was	CZ875		

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DISCOVERY COMMONS CYPRESS POINT	6870 ALISTER WAY FORT MYERS, FL 33912

(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	Continued From page 4 hired on . Further review showed no evidence the Administrator completed the 1 hour inservice training. 2. Record review revealed staff A (medication technician/caregiver) was hired on . Further review showed no evidence that Staff A completed the 1 hour inservice training. 3. Record review revealed staff B (caregiver) was hired on . Further review showed no evidence that Staff B completed the 1 hour inservice training. 4. On at 4:00 p.m., the Administrator acknowledged that herself and staff A and B, did not complete within 30 days of employment, the required 1 hour inservice training that was provided by the Department of Elder Affairs that contained 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 or related forms of . She said she was not aware of the regulatory requirement. Class III .	CZ875		