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
	AL11968003	A. BUILDING: _____ B. WING _____	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF MELBOURNE	964 S HARBOUR CITY BLVD MELBOURNE, FL 32901

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

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CZ875	Continued From page 1	CZ875		

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's 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 's , 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 personnel record review and interview, the facility failed to ensure that 1 of 7 sampled staff (D) completed the required one hour and related forms of training by the department within 30 days and within 7 months completed the required three hours of training additional in 's for all staff who interact and have regular contact with residents in an assisted living facility. Findings: Employee D's record review revealed a hire date of and work in dual roles at the assisted living facility as below:	CZ875		

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CZ875	Continued From page 4 a) bus driver b) activities coordinator On at 2:25 PM, an interview with Employee D confirmed that she drives the bus for outing activities for the Memory Care residents once a month. There was no documented evidence that any training was completed in the file. On at 11:30 AM, an interview with the Business Office Manager confirmed the finding. Class III	CZ875		
A 000	Initial Comments A re-licensure survey and complaint investigations #2024012522, 2024012962, and 2024013071 and a generator monitoring were conducted on and . There were deficiencies identified at the time of the survey.	A 000		
A 010 SS=D	429.26( ) 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	A 010		

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A 010	Continued From page 5 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 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 .	A 010		

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A 010	Continued From page 6 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 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 -to-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	A 010		

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A 010	Continued From page 7	A 010		

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) 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 , 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 ill 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,

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A 010	Continued From page 8 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. (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 residents Health Assessment Form 1823 within 30 days of a significant change for 2 of 6 residents sampled residents (#1 & #6). Findings: 1. A review of resident #6 record revealed he was admitted on and discharged . His record contained a Resident Health Assessment form (1823) dated . His diagnoses included . were not noted under special precautions on his resident assessment. He required supervision with ambulation, grooming, toileting, and transfer and assistance with bathing and . A review of the facilities notes revealed: On resident #6 in his bathroom.	A 010		

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A 010	Continued From page 9	A 010		

On documented at 2:40pm resident in his apartment.
On documented at 4:56pm resident on the floor in his room.
On documented at 1:30pm resident in the bushes in the Memory care courtyard.
A review of resident #6's Service Plan found no resident specific documentation was entered for .

2. Resident #1's record review revealed an admission date of . The last 1823 Health Assessment dated listed the medical history of , frequent , history of type II no , and . She needs assistance with activities of daily living (ADLs) in ambulation, bathing, , grooming, toileting and transferring. Independent with eating. She uses a walker for ambulation with no other special precautions. She needs assistance with self-administration of medications.

A facility note dated at 6:17 PM by nurse F documented Resident #1 outside in front of the building. Resident #1 was getting out of the car with another resident #17. Resident #1's got caught up in the walker wheel causing Resident #1 to backwards landing flat on her . Resident #1 denied hitting her and denies . Resident #1 had on sandals with ankle straps and was using her walker at the time; and was assisted to her room in a wheelchair. Resident #1 reported having left at the time but refused to go to hospital. Vitals good. The physician and daughter were

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A 010	Continued From page 10 notified. A facility note dated at 12:44 PM by nurse F documented Resident #1 found on floor in front of her recliner. She stated she slid out of her chair. No injuries observed and no injury noted. Resident #1 reported having some discomfort while and frequent and appeared ordered and results pending. There was adequate lighting, but her walker was not within reach. Notified physician and daughter. Resident #1 declined to go to hospital at this time. Although, the most recent 1823 Health Assessment dated by the healthcare provider did not list Resident #1 as a risk with special precautions. There was no documented evidence Resident #1 was a risk after her two in . A facility note dated at 1:06 PM by nurse F documented that Resident #1 was on her way to an activity outing and while getting on the facility's bus, she and her right , and with from the . 911 was called and Resident #1 was taken to the hospital. Resident #1 did not return to the assisted living she needs a higher level of care in a nursing home. On at 4 PM, an interview with the Administrator confirmed the finding. (Photographic Evidence Obtained) Class III	A 010		

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A 025	Continued From page 11	A 025		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.	A 025		

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A 025	Continued From page 12	A 025		

(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.
(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.
(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.
(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision to prevent an injury of unknown origin and with injuries for 4 of 7 residents sampled. (1, 2, 3, 6)

Findings:

1. Resident 1's record review revealed an admission date of . The last 1823 Health Assessment dated listed the medical history of , , frequent , , , , history of , , , , type II no , , , , , , and , , . She needs assistance with

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A 025	Continued From page 13 activities of daily living (ADLs) in ambulation, bathing, , grooming, toileting and transferring. Independent with eating. She uses a walker for ambulation with no other special precautions. She needs assistance with self-administration of medications. A facility note dated at 11:26 AM by nurse G documented Resident #1 was observed on the floor in her apartment on her right , . Resident #1 stated that she had bent over to pick up a piece of garbage off the floor and lost her balance, hitting her . Resident #1 complained of right , , and did not want to go to hospital. The physician and daughter were notified. A facility note dated at 6:17 PM by nurse F documented Resident #1 outside in front of the building. Resident #1 was getting out of the car with another resident #17. Resident #1's got caught up in the walker wheel causing Resident #1 to backwards landing flat on her . Resident #1 denied hitting her and denies , . Resident #1 had on sandals with ankle straps and was using her walker at the time; and was assisted to her room in a wheelchair. Resident #1 reported having left , at the time but refused to go to hospital. Vitals good. The physician and daughter were notified. A facility note dated at 12:44 PM by nurse F documented Resident #1 found on floor in front of her recliner. She stated she slid out of her chair. No injuries observed and no injury noted. Resident #1 reported having some discomfort while and frequent and appeared . ordered and results pending. There was adequate lighting, but	A 025		

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	AL11968003	A. BUILDING: _____ B. WING _____	11/13/2024

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A 025	Continued From page 14 her walker was not within reach. Notified physician and daughter. Resident #1 declined to go to hospital at this time. Although, the most recent 1823 Health Assessment was dated by the healthcare provider but did not list Resident #1 as a risk with special precautions. There was no documented evidence Resident #1 was a risk after the past three . A facility note dated at 1:06 PM by nurse F documented that Resident #1 was on her way to an activity outing and while getting on the facility's bus, she and her right , and with from the . 911 was called and Resident #1 was taken to the hospital. On at 1:19 PM, a telephone interview with daughter stated that this last on will not allow her mother (Resident #1) to return to living in the assisted living facility. She stated her mother now requires a higher level of care. The daughter further stated that her mother can no longer bear and that she verbally spoke to the previous interim Administrator about interventions for the past , but nothing was done. On at 2:25 PM, an interview with Employee D (bus driver) stated that that she followed Resident #1 up the first, second and third stair of the bus, then turned around to help the next resident on the bus when she quickly heard Resident #1 . Employee D admitted that she did not wait or secure Resident #1 in the seat and seatbelt before assisting the next resident. Employee D stated that during previous outings on the bus, the walker would be put to the side and would help Resident #1 up the 3 steps and	A 025		

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A 025	Continued From page 15 Resident #1 was always able to sit down in seat and secure her seatbelt on her own. Employee D observed Resident #1 noticed that was coming from Resident #1's and comforted her, while covering with her . Employee D yelled for assistance and the Front Desk called 911 and waited for the first responders to arrive. A few minutes later, the first responders arrived and transported Resident #1 to the hospital. A review of the service plan dated that did not describe interventions that were put in place. A review of the hospital record dated documented that Resident #1's on the bus resulted in a to right , and right with for . There was no documented evidence that facility followed their intervention policies and procedures for Resident #1 that had 4 from - (in three months); and there was no documented evidence of any therapies as a precaution to mitigate . On at 4 PM, an interview with the Administrator confirmed the finding. 2. A review of resident #2's record revealed she was admitted on . She lived in the memory care unit. Her record contained a Resident Health Assessment form (1823) dated . Her diagnoses included , history of , and . precautions were documented on her health assessment. She required assistance with bathing. She was independent with other activities of daily living	A 025		

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A 025	Continued From page 16 (ADL's). A review of resident #2's service plan did not document any mitigating strategies though her Health Assessment documented she required precautions. A review of the facility notes found: On Tuesday a late entry was documented for Friday by Nurse I. At approximately 7:45pm resident was sent to the hospital with complaints of left . She was diagnosed with a left . On a note documented at 11am by unlicensed caregiver J read when staff went in to give meds at 7pm (date not documented) staff noticed the resident could not move. The Resident was sent to the hospital via 911 for complaints of left . She was diagnosed with a left pubic . A review of the facility notes did not find any or other incidents documented. On at 10am an interview with the Administrator was conducted. She said there was an internal investigation done but it was inconclusive. She confirmed resident #2 sustained significant injury of unknown origin to her left , on . 3. On during a tour of the memory care unit resident #3 was observed in the hall next to the activity room in a wheelchair at 12:27pm. She was unable to answer any questions due to decline. A review of resident #3's record revealed she was admitted on . She lived in the memory care unit. Her record contained an 1823 health assessment	A 025		

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A 025	Continued From page 17 dated . Her diagnoses included and communication and with behaviors. She required supervision with ambulation, toileting, and transfer and assistance with bathing, , and grooming. A review of the facility notes found a note titled - incident. It was documented on at 9:57am by unlicensed caregiver J and read, care staff reported resident could not stand on right when transferring for care during the day. No reports of . The resident had right , , . Transferred to the hospital with a diagnosis of right and , . On at 10am an interview with the Administrator was conducted. She said there was an internal investigation done but it was inconclusive. She confirmed resident #3 sustained a significant injury of unknown origin to her right and , on . 4. A review of resident #6's record revealed he was admitted on . He lived in the memory care unit. His record included an 1823 health assessment dated . He was diagnosed with . He required supervision with ambulation, grooming, toileting, and transfer and assist with bathing and . A review of his Service Plan revealed documentation of Potential - resident will maintain and maximize current level of functioning with potential. The word "PERSONALIZE" was documented. No resident specific documentation was entered. A review of the facilities notes revealed: On Nurse K documented at 2:54pm, the writer was informed the resident had a in his bathroom. The facility concluded the was due	A 025		

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A 025	Continued From page 18 to a faulty wheelchair brake. On a note documented at 4:20pm by Nurse K documented Status post day 1. Resident encouraged to call for assistance. Further review found there was no documentation of a on . On a note documented by Nurse K at 4:56pm - the writer was notified resident was found sitting on the floor in front of his wheelchair. No injuries documented. On a note documented by Nurse H at 1:30pm - Writer was called to the memory care courtyard. Observed resident laying in the bushes. Denied , and discomfort. On a review of a note documented by Nurse I at 2:29pm revealed - Resident yelling for help from his room. The Resident was found on the floor complaining of lower left extremity , . Transferred to the hospital with a diagnosis of a right , . On at 10:45am an interview with the Wellness Director was conducted. She confirmed resident #6 was a risk and the staff tried to keep him in their sight, but he liked to stay in his room a lot. She did not know if interventions were documented on his Service Plan. She said they did their best to keep the residents engaged in activities, and they did frequent rounds to check on the residents. She confirmed the rounds were not documented, and she did not know how resident 2, 3, and 6 sustained . A review of a facility policy titled: Mobility and management dated revealed its purpose was to provide an overview of the process for establishing and maintaining a culture of safety	A 025		

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A 025	Continued From page 19 throughout the community. Appropriate mobility interventions identified will be documented in the resident's progress notes. On at 12:30pm interview with the Administrator, she confirmed the facility noted did not document mitigating strategies for resident #6 who sustained multiple . (Photographic Evidence Obtained) Class II	A 025		
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.	A 081		

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A 081	Continued From page 20 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to	A 081		

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A 081	Continued From page 21 facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:	A 081		

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A 081	Continued From page 22 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 personnel record review and interview, the facility failed to ensure that 1 of 7 sampled staff (D) completed in-service requirement regarding to three (3) hours of Activities of Daily Living (ADLs) and behavioral training when interacting and assisting resident's needs. Findings: Employee D's record review revealed hire date . Employee D has dual roles working in the assisted living facility per job description below: a) bus driver	A 081		

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A 081	Continued From page 23 b) activities coordinator There was no documented evidence that 3 hours ADLs and behavioral training was completed in the file. On at 11:30 AM, an interview with the Business Office Manager confirmed the finding. (Photographic Evidence Obtained) Class III	A 081		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.	A 083		

Agency for Health Care Administration

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A 083	Continued From page 24 This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure that 1 of 7 sampled staff (D) completed and held a current valid First Aid and , , ( ) card at all times when transporting residents to and from the assisted living facility during outside activities. Findings: Employee D's record review revealed hire date and work in dual roles at the assisted living facility as below: a) bus driver b) activities coordinator There was no documentation in the file that First Aid and was completed. There was no certification cards found. On at 2:25 PM, an interview with Employee D stated that she completed all of the required training including First Aid and . On at 11:30 AM, an interview with the Business Office Manager confirmed the findings. (Photographic Evidence Obtained) Class III	A 083		