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
		A. BUILDING: _____ B. WING _____	/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & MEMOF	**1000 AIRPORT PULLING RD S NAPLES, FL 34104**

(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 # conducted /24 through 12/17/24, at Beach House Naples Assisted Living Facility & Memory Care, an assisted living facility, in Naples FL. Complaint #2024011709 was substantiated without deficient practice. The following is a description of the deficiencies. . .	A 000		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011(2-3) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d).	A 081		

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

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A 081	Continued From page 2 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 infection control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its infection control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, 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 abuse, neglect, and exploitation. The facility must use its abuse 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	A 081		

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A 081	Continued From page 3 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 staff interview, the facility failed to ensure 2 (Staff A, and B) out of 3 staff records reviewed had proper documentation of in service training's completed within 30 days of hiring , . findings included: 1. Record review ⌄ /m technician Staff A was hired on 6/19/24. Caregiver Staff B was hired 9/5/24.	A 081		

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A 081	Continued From page 4 Staff A completed a half an hour training titled " , m " 7/4/24. Training was completed using an on-line training software. Staff B completed a half an hour on line training titled " , m ". was completed on 9/14/24. Training was completed using an on-line training software. There was no evidence that the training was tailored to facility's elopement policies and procedures. There was no evidence of Staff A and B's competency. There was no evidence Staff A and B received a , , facility's elopement policy and procedure. On 12/17/24 at 10:30 a.m., during an interview, the facility's memory unit director, responsible for completion of elopement drills, confirmed that there was no evidence of Staff A and B's competency. Also she confirmed there was no evidence Staff A and B participated in an elopement drill in lieu of competency. 2. Staff A completed a 1-hour on-line training in the topic titled "Resident Rights in Assisted Living". There was no other training for Staff A addressing resident Abuse, Neglect and Exploitation. In addition there was no evidence the the on-line training provided utilized the facility's policies and procedures. mpleted a 1-hour on-line training titled "Resident Rights in Assisted Living" that was com /9/24. There was an additional 1-hour on-line training titled" Abuse, Neglect, and Exploitation. completed on 9/7/24. There was no evidence the the on-line training provided utilized the facility's policies and procedures. 3. Staff B completed a 1-hour in-service training	A 081		

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A 081	Continued From page 5 /24 titled "Shine training: ADLS." There was no evidence of an additional 2.5-hours of in-service training that covers the following subjects: Resident Behavior and Needs, and Providing Assistance with Activities of Daily Living. During an interview /24 at 1:34 p.m., the Business Office Manager said she was not the one providing the in-service training's to the staff. She said the new hired staff complete their training's on-line utilizing a facility approved training software. She was not aware who the actual instructor was and if he/she was qualified to provide the training's. During an interview /24 at 4:00 p.m., the Administrator confirmed the lack of the appropriate training for Staff A and B. The Administrator acknowledged the staff utilized a corporate approved on-line software in order to complete their required training's and the training was not tailored to the facility' policies and procedures. The Administrator acknowledged that Staff A and B did not receive copies of the facility's Elopement policy and procedure. The Administrator acknowledged there was no evidence of staff competency in regards to facility's polices and procedures. Class III . .	A 081		
A 090 SS=D	59A-36.011(11) FAC Training - Do Not Resuscitate Orders (11) DO NOT RESUSCITATE ORDERS TRAINING.	A 090		

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A 090	Continued From page 6 (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 Not Resuscitate Orders. (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 DNROs 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, facility failed to have evidence of proper 1-hour in-service training within 30 days of employment that covers Do Not Resuscitate Orders (DNRO) for 2 (Staff A, and B) out of 3 staff sampled. The : review for caregiver/medication technician Staff A (hired on 6/19/24) found no evidence of a 1-hour in-service training in the facility's polices and , D 's. Record review for caregiver Staff B (hired on 9/5/24) found a on-line training titled "About Advance Directives" completed on 9/16/24. There was no evidence that the training the facility's policies and procedures. During an interview on 12/17/24 at 4:00 p.m., the Administrator acknowledged that was an issue and could not verify the trainer's credentials. The Administrator said all training's were completed	A 090		

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A 090	Continued From page 7 on-line using a corporate approved software. The Administrator was not aware of who was the instructor providing the training's; what was his/hers credentials. The Administrator acknowledged Staff A did not complete the DNRO training. The Administrator acknowledged the training provided was not tailored to 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 copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The	A 091		

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A 091	Continued From page 8 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 staff interview, the facility failed to ensure proper documentation was included in personnel files for 2 (Staff A, and B) out of 3 staff records reviewed. The findings included: Record review found caregiver/medication technician Staff on 6/19/24. Caregiver Staff on 11/8/24. The following was excluded from the certificates of completion for training's for Staff A, and B: 1: Training program agenda, 2: Training location. 3. Trainer's name, and credentials or , . D ˬ an interview on 12/17/24 at 4:00 p.m., the Administrator acknowledged that was an issue and could not verify the trainer's credentials. The Administrator said all training's were completed on-line. The Administrator was not aware of the instructor providing the trainings, and what was his/hers credentials. The Administrator confirmed there were no agenda's for any of the in-service training's. Class III .	A 091		

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	AL11968979	A. BUILDING: _____ B. WING _____	12/17/2024

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic ˘ , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to ensure 2 (Staff A, and B) of 3 staff records reviewed, had a Level 2 Background screening employment status updated within 5 business days on the Agency's Background Screening Clearinghouse website pursuant to Chapter 435, Florida Statutes. This has the potential for staff with disqualifying offenses to have access to adults. The findings included: Record review showed caregiver/medication technician Staff A was hired on . Review of the Facility's Clearinghouse Employee Roster showed Staff A was added on the Clearinghouse Roster on . Record review showed caregiver Staff B was hired on . Review of the Facility's Clearinghouse Employee Roster showed Staff B	CZ814		

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CZ814	Continued From page 2 was added on the Clearinghouse Roster on . During an interview on at 10:30 a.m., the Business Office Manager confirmed that Staff A and B were added late to the Facility's Clearinghouse Roster. The Business Office Manager said she was not aware of the regulatory requirement for adding and removing staff from the Roster. During an interview on at 4:00 p.m., the Administrator acknowledged that Staff A and B were added late to the Facility's Clearinghouse Roster. Unclassified .	CZ814		