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
	AL11968793	A. BUILDING: _____ B. WING _____	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHDALE ALF, INC	4815 CENTERBROOK COURT NORTHDALE, FL 33624

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A 000	Initial Comments A biennial survey and a generator monitoring visit were conducted at Northdale ALF on . Deficiencies were identified at the time of 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 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	A 010		

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A 010	Continued From page 1 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 . 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.	A 010		

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A 010	Continued From page 2 (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 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	A 010		

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A 010	Continued From page 3 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, 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	A 010		

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A 010	Continued From page 4 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 obtain an updated health assessment when a resident had been admitted to hospice services. Furthermore, the facility failed to obtain an interdisciplinary care plan that described the care and services that hospice provided and those that the facility provided and was agreed upon by hospice, the facility, and the resident (or responsible party) for three Residents (#1, #3, and #6) of three sampled residents that were admitted to hospice services. Findings included: A record review for Resident #1, #3, and #6, conducted on , revealed that Residents #1, #3, and #6's resident records did not contain an updated health assessment that noted the residents' required services of hospice. Resident #1's health assessment form had no date of the examination and was not noted on the required , form. There were no interdisciplinary care plans that specified the care and services that hospice provided and those that the facility provided and were agreed upon by hospice, the facility, and the resident (or residents' responsible party) for Residents #1, #3, and #6. There were no documents from hospice in Resident #1, #3, and #6's record. During an interview on from 2:45 p.m. through 3:10 p.m. the Administrator agreed	A 010		

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A 010	Continued From page 5 Resident #1, #3, and 6's health assessment forms were not updated upon the residents' admission to hospice services and the forms did not note the residents' required services of hospice on page one. The Administrator agreed that there were no documents from hospice services maintained in the Residents #1, #3, and #6' records. The Administrator agreed that there were no interdisciplinary care plans in place for Residents #1, #3, and #6. Class III	A 010		
A 011 SS=D	59A-36.006(5) FAC Admissions - Discharge (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or health care practitioner, the resident must be discharged in accordance with Section 429.28, F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to discharge a resident that no longer met the criteria for continued residency in an assisted living facility for one Resident (#5) of one sampled resident. Findings included: Observations of Resident #5, conducted on from 9:15 a.m. through 3:30 p.m., showed Resident #5 remained in bed lying on his . At 1:03 p.m. during the medication pass, Staff C crushed Resident #5's prescribed medications , Iron, and , , into	A 011		

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A 011	Continued From page 6 powder. Staff C then mixed the medication powder with yogurt and proceeded to feed Resident #5 the medication/yogurt mixture. Resident #5 did not participate in any way. At 2:27 p.m., Staff C and D attempted to transfer Resident #5 from bed to chair. Resident #5 was unable to bear ⌄ and the employee had to immediately lay Resident #5 in the bed. Resident #5 was not on isolation precautions. A record review for Resident #5, conducted on , revealed Resident #5 was admitted to the facility on . Resident #5 was not admitted to hospice services. According to Resident #5's health assessment form dated , the resident required medication administration and total care with ambulation, and toileting and had a communicable which could be transmitted to other resident's and staff. Resident #5's health assessment form did not note that resident #5 was bedbound. During an interview on from 2:45 p.m. through 3:10 p.m. the Administrator agreed that Resident #5 was not appropriate for the facility. The Administrator stated that Staff C was an unlicensed Medication Technician and not a licensed Nurse. The Administrator was unable to provide evidence that Resident #5 did not pose a threat to spread communicable to other residents and staff. Class III	A 011		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards	A 032		

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A 032	Continued From page 7 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.	A 032		

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A 032	Continued From page 8 (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 all direct care staff and administration participated in two elopement drills annually for eight employees (Administrator and Staff A, B, C, D, E, F, and G) of eight sampled employees. Findings included: A review of the elopement drills, conducted on , revealed that the Administrator and Staff D participated in one elopement drill on . Staff A, B, C, E, F, and G had not	A 032		

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A 032	Continued From page 9 participated in an elopement drill. The last elopement drill provided for review by the facility (prior to the reviewed) was dated . During an interview on at 2:43 p.m., the Administrator agreed that Staff A, B, C, E, F, and G had not participated in any elopement drills. The Administrator agreed that himself, and Staff D participated in one of the two elopement drills that were required. Class III	A 032		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications	A 052		

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A 052	Continued From page 10 intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the	A 052		

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A 052	Continued From page 11 physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and	A 052		

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A 052	Continued From page 12 make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean	A 052		

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A 052	Continued From page 13 interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure proper assistance with self-administration of medications by not comparing medication labels to medication observation records for three Residents (#1, #4, and #6). Additionally, the facility failed to ensure that residents participated with assistance with self-administration of medications for three Residents (#1, #4, and #6). Furthermore, the facility failed to ensure that Medication Technicians washed and/or sanitized their before, during, and after assisting with self-administration of medications for three Residents (#1, #4, and #6) of four sampled residents. Findings included: An observation of the medication pass with Staff C for Residents #1, #4, and #6, conducted on from 12:00 p.m. through 12:59 p.m., Staff C did not compare medication labels to medication observation records for Residents #1, #4, and #6. Staff C administered medications to Residents #1, #4, and #6. Residents #1, #4, and #6 did not participate with the medication administration in any way. Staff C did not wash or sanitize her before or after administering medications to Residents #1, #4, and #6.	A 052		

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	AL11968793	A. BUILDING: _____ B. WING _____	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHDALE ALF, INC	4815 CENTERBROOK COURT NORTHDALE, FL 33624

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A 052	Continued From page 14 A record review for Resident #1, #4, and #6, conducted on , revealed that Residents #1, #4, and #6 required assistance with self-administration of medications according to their most recent health assessment forms. During an interview on from 2:45 p.m. through 3:10 p.m. the Administrator agreed that unlicensed Medication Technicians were supposed to assist residents with medications by placing the medication in their or providing over assistance. The Administrator agreed that Medication Technicians did not have a license to administer medications to residents. The Administrator stated that Staff C was an unlicensed Medication Technician and not a licensed Nurse. The Administrator agreed that proper assistance with medications included comparing medication labels to medication observation records. The Administrator agreed that Medication Technicians were supposed to wash and/or sanitize their before, during and after the medication pass. Class III	A 052		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or	A 053		

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A 053	Continued From page 15 behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including ⌣ testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to have licensed nurses to administer medications to one Resident (#5) of one sampled resident that required medication administration. Findings included:	A 053		

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A 053	Continued From page 16 During an observation of the medication pass with Staff C for Resident #5, conducted on at 1:03 p.m., Staff C crushed Resident #5's prescribed medications 1 gram, Iron 325mg, and , , 25 milligrams (mg) and placed the medication powder into yogurt. Staff C fed Resident #5 the medication/yogurt mixture. Resident #5 was not able to participate with the medication administration. A record review for Resident #5, conducted on , revealed that Resident #5 required medication administration according to the resident's most recent health assessment form dated . During an interview on from 2:45 p.m. through 3:10 p.m. the Administrator stated that Staff C was an unlicensed Medication Technician and not a licensed nurse. After reviewing Resident #5's health assessment form, the Administrator agreed that the facility was not providing a licensed nurse to administer Resident #5's medications to the resident. Class III	A 053		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength	A 054		

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A 054	Continued From page 17 of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ␣ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to immediately update MORs each time medications were offered or given to five Residents (#1. #2, #4, #5, and #6). Additionally, the facility failed to ensure that primary care provider names and telephone numbers were noted on medication observation records (MORs) for five Residents (#2, #3, #4, #5, and #6). Furthermore, the facility failed to ensure that MORs were free from errors and duplications for three Residents (#2, #4, and #5) of six sampled residents. Findings included:	A 054		

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A 054	Continued From page 18 During an observation of the medication pass, conducted on at 12:00 p.m. and 12:59 p.m., Staff C did not document Resident #1 and #6's prescribed medications as given at the time she gave the medications. A MORs review for Resident #2, conducted on , revealed that Resident #1's MORs had medications and treatments not documented as given which included ˬ checks and ˏ , from through . There were no times for any medication to be given and noted morning and bedtime. Resident #2's prescribed medication ˏ 0.1% , cream did not note the area to apply the medication. Resident #2's primary care provider's name and telephone number was not noted on the MORs. A MORs review for Resident #3, conducted on , revealed that Resident #3's primary care provider's name and telephone number was not noted on the MORs. A MORs review for Resident #4, conducted on , revealed that Resident #4's MORs had medications not documented as given which included ˬ 5mg and Neupro 4 milligrams (mg) , patch from through . These medications were noted on the MORs twice (duplicated). There were no times for any medication to be given and noted morning, noon, evening, and bedtime. Resident #4's prescribed medication 5mg noted to give one or two tablets at bedtime. There was no reason noted to determine which dose should be given. Resident #4's primary care provider's name and telephone number was not noted on the	A 054		

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A 054	Continued From page 19 MORs. A MORs review for Resident #5, conducted on , revealed that Resident #5's MORs had medications not documented as given which included Softener (dose not noted) from through and D-3 400 mg and 1 gram from through . The 1 gram was also noted on another page of the MORs (duplicated). Resident #5's primary care provider's name and telephone number was not noted on the MORs. A MORs review for Resident #6, conducted on , revealed that Resident #6's MORs had medications not documented as given which included , 5 mg from through . Resident #6's primary care provider's name and telephone number was not noted on the MORs. During an interview on from 2:45 p.m. through 3:10 p.m., the Administrator agreed that Resident #2, #3, #4, #5, and #6's primary care providers names and telephone numbers were no noted on their MORs. The Administrator agreed that Resident #2, #4, #5, and #6's MORs had medications and/or treatments not documented as given to the residents. The Administrator stated that medications were supposed to be documented right after giving the medications. The Administrator agreed that Residents #2, #4, and #5's MORs had errors and duplications on their MORs. Class III	A 054		

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A 162	Continued From page 20	A 162		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents	A 162		

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A 162	Continued From page 21 receiving assistance with the activities of daily living must have their ␣ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ␣ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at:	A 162		

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A 162	Continued From page 22 http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.	A 162		

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A 162	Continued From page 23 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure durable power of attorney documents were in resident records for one Resident (#6). Furthermore, the facility failed to ensure ˘ were obtained and recorded twice annually for six Residents (#1, #2, #3, #4, #5, and #6) of six sampled residents. Findings included: A record review for Residents #1, #2, #3, #4, #5, and #6, conducted on , revealed that there were no ˘ recorded in Residents #1, #2, #3, #4, #5, and #6. Resident #1, #3, and #6 were admitted to hospice services and there were no consents documented in Resident #1, #3, and #6's record to not obtain ˘ . Resident #6's durable power of attorney signed the residency contract and there were no durable power of attorney documents in the resident's record. During an interview on from 2:45 p.m. through 3:10 p.m., the Administrator agreed that residents #1, #2, #3, #4, #5, and #6 did not have ˘ recorded twice annually in the residents' records. The Administrator agreed that Resident #6's record did not contain the resident's durable power of attorney documents. Class III	A 162		

Agency for Health Care Administration

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CZ813	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090 Background Screening. (3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure background screening results and a signed attestation of compliance were in employee records for one employee (Staff C) of four sampled employees. Findings included: An employee record review for Staff C, conducted on , revealed that Staff C's employee record did not contain an eligible level II background screening and a signed attestation of compliance. During an interview on at 2:35 p.m. the Administrator agreed that Staff C's employee record did not contain evidence of an eligible level II background screening and a signed attestation of compliance. The Administrator stated that Staff C was hired in , . Unclassified	CZ813		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening	CZ814		

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CZ814	Continued From page 1 Clearinghouse.- (2)(b) Until such time as the ˬ , 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 ˬ , , 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 ˬ , , 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 ˬ , , 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. (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate	CZ814		

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CZ814	Continued From page 2 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 observation, record review, and interview, the facility failed to ensure a newly hired employee was added to the facility's background screening employee roster within five days from the date of hire for one employee (Staff C) of four sampled employees. Findings included: Observations of Staff C, conducted on from 9:15 a.m. through 3:30 p.m., revealed that Staff C worked actively assisting resident with their needs during the survey. A review of the facility's background screening employee roster, conducted on , revealed that Staff C was not listed as a current and active employee. A review of the staffing schedule, conducted on , Staff C worked on	CZ814		

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CZ814	Continued From page 3 ' ' ' ' , and . During an interview on at 2:35 p.m the Administrator agreed that Staff C had not been added to the facility's background screening clearinghouse employee roster. The Administrator stated that Staff C was hired in , . Unclassified	CZ814		
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	CZ875		

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	AL11968793	A. BUILDING: _____ B. WING _____	05/23/2025

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CZ875	Continued From page 4	CZ875		

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 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

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CZ875	Continued From page 5 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, 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	CZ875		

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CZ875	Continued From page 6 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. (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	CZ875		

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CZ875	Continued From page 7 after , , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that within thirty days of employment employees completed a one-hour online training with the department regarding and related forms of for two employees (Staff A and B) of three sampled employees. Findings included: An employee record review for Staff A and B, conducted on , revealed that Staff A and B's employee records did not contain evidence that the employees completed the one-hour online training with the department regarding 's and related forms of within thirty days of employment. Staff A was hired on . Staff B was hired on . During an interview on at 2:35 p.m., the Administrator agreed that Staff A and B's employee records did not contain evidence that the employees completed the one-hour online training with the department regarding 's and related forms of within thirty days of employment. Class III	CZ875		