

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968832</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/17/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE INN AT AGING GRACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2408 SOUTEL DR<br/>JACKSONVILLE, FL 32208</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| ZZ875                                                             | <p>430.5025(4 &amp; ) / ;<br/>Training</p> <p>(4) Employees of covered providers must complete the following training for 's and related forms of ;</p> <p>(a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of .</p> <p>(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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>(c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each</p> | ZZ875                                                                                     |                                                                                                                          |                                                        |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**THE INN AT AGING GRACE**

**2408 SOUTEL DR  
JACKSONVILLE, FL 32208**

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| ZZ875                    | <p>Continued From page 1</p> <p>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.</p> <p>(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.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>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).</li> <li>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,</li> </ol> | ZZ875               |                                                                                                                          |                          |

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| ZZ875                                                             | <p>Continued From page 2</p> <p>and stress management.</p> <p>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.</p> <p>(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.</p> <p>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.</p> | ZZ875                                                                          |                                                                                                                          |                          |                                                        |

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| ZZ875                    | <p>Continued From page 3</p> <p>(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.</p> <p>(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.</p> <p>(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).</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all staff member had at least 4 hours of training on _____'s _____ and related _____ (ADRD) within the first 7 months of employment, for 2 of 2 staff members whose records were reviewed (the Administrator and Staff B).</p> <p>Findings Included:</p> <p>A review of the Administrator's record, on _____, revealed no ADRD training. He had been working in the facility longer than 7 months.</p> <p>A review of Staff B's record, on _____, revealed</p> | ZZ875               |                                                                                                                          |                          |

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| ZZ875                                                             | Continued From page 4<br><br>no ADRD training. She had been working in the facility for longer than 7 months.<br><br>In an interview with the Administrator at 12:20pm, on _____, he stated that he was not aware of the requirement for ADRD training.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ZZ875                                                                                     |                                                                                                                          |  |                                                        |
| A 000                                                             | Initial Comments<br><br>An abbreviated relicensure survey with limited mental health monitoring was conducted at The Inn at Aging Grace on _____. Deficiencies were identified at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A 000                                                                                     |                                                                                                                          |  |                                                        |
| A 083                                                             | 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.<br>(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.<br>(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 | A 083                                                                                     |                                                                                                                          |  |                                                        |

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| A 083                                                             | <p>Continued From page 5</p> <p>considered as having met the training requirements for both First Aid and C.P.R.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to ensure at least one staff member with current First Aid credentials was scheduled to be in the facility at all times for care and services of the 20 residents as needed.</p> <p>Findings Included:</p> <p>A review of the Administrator's record revealed training which was valid through 2027. The certification was only for _____ and not First Aid; no other First Aid training was located in the record. The Administrator was on the schedule and worked, at times, in the facility without any other staff members present.</p> <p>A review of Staff B's record revealed no First Aid certifications. There was only _____ certification which was good until 2027. This _____ certification did not indicate First Aid was included. Staff B was on the schedule and worked, at times, in the facility without any other staff members present.</p> <p>In an interview with the Administrator, at 12:10pm on _____, he acknowledged the staff's training did not also include a First Aid training.</p> <p>Class III</p> | A 083                                                                          |                                                                                                                          |                          |                                                        |
| AL243                                                             | <p>429.075(1) FS; 59A-36.011(9) FAC LMH - Training</p> <p>429.075<br/>(1) To obtain a limited mental health license, a facility must hold a standard license as an</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AL243                                                                          |                                                                                                                          |                          |                                                        |

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| AL243                                                             | <p>Continued From page 6</p> <p>assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families.</p> <p>59A-36.011<br/>(9) LIMITED MENTAL HEALTH TRAINING.<br/>(a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training:</p> <ol style="list-style-type: none"> <li>1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. <ol style="list-style-type: none"> <li>a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility.</li> <li>b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule.</li> </ol> </li> <li>2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator,</li> </ol> | AL243                                                                          |                                                                                                                          |                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE INN AT AGING GRACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2408 SOUTEL DR<br/>JACKSONVILLE, FL 32208</b>                                |                          |                                                        |
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| AL243                                                             | <p>Continued From page 7</p> <p>online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics:</p> <p>a. Mental health diagnoses; and,</p> <p>b. Mental health treatment such as:</p> <p>(I) Mental health needs, services, behaviors and appropriate interventions;</p> <p>(II) Resident progress in achieving treatment goals;</p> <p>(III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and,</p> <p>( ) Crisis services and the procedures.</p> <p>3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule.</p> <p>4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement.</p> <p>(b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 2 of 2 sampled employees (the Administrator and Staff B) completed 3 hours</p> | AL243                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968832</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/17/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE INN AT AGING GRACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2408 SOUTEL DR<br/>JACKSONVILLE, FL 32208</b>                                |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| AL243                                                             | <p>Continued From page 8</p> <p>training on mental health issues every 2 years.</p> <p>Findings Included:</p> <p>A review of the Administrator's records revealed that he received 8 hours of limited mental health training on . There were no additional training certificates on the subject of mental health in his record.</p> <p>A review of Staff B's record on revealed that she received 8 hours of limited mental health training on . There were no additional training certificates on the subject of mental health in her record.</p> <p>In an interview at 12:30pm on , the Administrator stated that he was not aware they needed to have 3 hours of limited mental health continuing education hours every 2 years following the initial training.</p> <p>Class III</p> | AL243                                                                          |                                                                                                                          |                          |                                                        |