

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965313	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER THE CARLISLE ASSISTED LIVING AND MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST OCEAN AVENUE LANTANA, FL 33462		
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A 000	Initial Comments An unannounced Change of Ownership (CHOW), Limited Nursing Services (LNS), and Generator Monitoring survey was conducted on at The Carlisle Assisted Living and Memory Care. Deficiencies related to the CHOW survey were identified at the time of visit. Note: LNS census: 0	A 000			
A 030	59A-36.007(5) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; _____, Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida _____ Hotline.	A 030			

AHCA Form 3020-0001

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

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A 030	Continued From page 1 1(800)96-_____ or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. _____ and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident _____, neglect, and _____; 6. Administrative and housekeeping schedules and requirements; 7. _____ control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical _____. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which	A 030			

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A 030	Continued From page 2 residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from _____ and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's	A 030			

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A 030	Continued From page 3 representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . . . for health care services, the provision of or arrangement of transportation to health care . . . , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal	A 030			

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A 030	Continued From page 4 representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that	A 030			

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A 030	Continued From page 5 retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated or under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined, the facility failed to implement and follow an effective grievance procedure that demonstrated a system for receipt and resolution of all grievances of residents and/or their representatives. This was evidenced by the facility's failure to maintain documentation of	A 030			

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A 030	Continued From page 6 resolutions to resident grievances. The findings included: A review of the facility's grievance policy titled, "Policy and Procedures for Resident Complaint/Grievance" (no effective date) revealed the following information: 1) The resident's monthly meeting is used as a medium for residents to express themselves in terms of complaints or grievances related to any issue that affects them in their living environment. 2) The provider or staff who has the responsibility of initiating the meetings, documents grievances and complaints voiced by the residents as well as interventions done by appropriate staff to each complaint for satisfactory solution. 3) On an ongoing basis residents are allowed to voice problems to the provider or staff in charge, at any given time on individual basis. The problems shall be also documented on a Complaint Log as well as follow-up actions taken by the provider to resolve such problems. 4) The provider shall ascertain feedback from the residents in order to determine if interventions made resolution for satisfactory to resident(s) who made the complaint. A review of the facility's grievance binder revealed grievances and resident council meeting documented from , to , of 2025. Further review of the documentation revealed there were multiple resident concerns regarding food, activities, and maintenance mentioned through grievances that had no documentation of resolution. Additionally, upon reviewing the	A 030			

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A 030	Continued From page 7 resident council notes there were more concerns regarding food and activities and there was no documentation in file that addressed these concerns. During an interview with the Administrator on at 5:40 PM, he was informed that the facility failed to follow their grievance protocol due to the lack of resolution documentation. Additionally, he was informed that fully honoring resident rights and grievances required both intake and resolution of the grievance to be documented. The Administrator acknowledged the findings and stated that he would be maintaining documentation of resolution in the grievance binder going forward. Class III	A 030			
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. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the	A 083			

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A 083	Continued From page 8 training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain documentation that of at least 1 staff member per shift completed courses in First Aid and . This was evidenced by the facility's failure to ensure 3 out of 3 (Staff I, Staff J, Staff K) sampled staff completed an American Association (AHA) approved training first aid training; and 1 out of 3 sampled staff (Staff J) completed an American Association (AHA) approved training. The findings included: A sample of the care staff files were requested for review. The review revealed the following information: A review of Staff I's (Patient Care Assistant) file revealed was hired on . Further review revealed, Staff I had no active first aid training on file as of 2025. A review of Staff J's (CNA) file revealed was hired on . Further review revealed Staff J had no active first aid training on file as of 2025. Additionally, Staff J had no active first aid training on file as of 2025. A review of Staff K's (HHA) file revealed was hired on . Further review revealed Staff K had no active first aid training on file as of 2025.	A 083			

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A 083	Continued From page 9 During an interview conducted with the Administrator on _____ at 5:41 PM, he stated that he had a nurse on staff that fulfilled the regulation requirement of one staff on site with first-aid training at all times (per shift). At this time, he was informed in the event the staff should call out, he was responsible for having another staff that was certified in _____ and First Aid. He was notified that 3 out of 3 sampled staff (Staff I, Staff J, and Staff K) had no active first aid training on file as of 2025 and 1 out of 3 sampled staff (Staff J) had no active first aid training on file as of 2025. A request was made for active and First-Aid trainings for the 3 shifts (7AM-3PM, 3PM-11PM, and 11PM-7PM) present to verify compliance. Documentation was not provided and the Administrator stated they will have a training on First-Aid/ _____ next week. Class III	A 083			

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ZZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	ZZ830		

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ZZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	ZZ830			

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ZZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit their comprehensive emergency plan (CEMP) within 30 days of a significant modification. This was evidenced by the facility's failure to submit their CEMP after a change of ownership occurred within the facility. The findings included: A review of the facility's documentation revealed the facility underwent a change of ownership on . During an interview with the Administrator on at 8:55 AM he was asked for the facility's most recent CEMP submission. Documentation was provided. A review of the facility's CEMP approval from the local emergency management department revealed the plan was approved on through . Further review revealed this approval was for the previous owner's name. A review of the local emergency management's CEMP submission portal revealed the facility had not submitted an updated CEMP under the new ownership. Further review also revealed the facility did not submit their EECF until and it was in pending review status. During an interview with the Administrator on at 5:34PM, he was asked if the facility had submitted a new CEMP under the new ownership. He stated that they had not submitted	ZZ830			

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ZZ830	Continued From page 3 a new CEMP because the local emergency mangament officials told him the facility did not have to. At this time, he was informed that a change of ownership was a significant change that constituted a resubmission of the CEMP within 30 days due changes in _____ like, mutual aid agreements and transportation services. Both _____ require updated contractual agreements with the new ownership and must be documented in the CEMP. He was also informed of the crucial impact of not having an updated CEMP in the midst of hurricane season. The Administrator acknowledged the findings. Class III	ZZ830			
ZZ875	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	ZZ875			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965313	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER THE CARLISLE ASSISTED LIVING AND MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST OCEAN AVENUE LANTANA, FL 33462		
(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
ZZ875	Continued From page 4 's or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each 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	ZZ875		

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE CARLISLE ASSISTED LIVING AND MEMORY CARE

**450 EAST OCEAN AVENUE
LANTANA, FL 33462**

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ZZ875	Continued From page 5 home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with _____'s or related forms of _____, in addition to the training specified in paragraphs (a) and (b), employees must receive the following training: 1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d). 2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of _____-specific training. Such training must include, but is not limited to, understanding _____ and related forms of _____, the stages of _____'s _____, communication strategies, medical information, and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning _____. For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or _____-on experience to help develop and refine the employee's skills for caring for a person with _____'s _____ or a related form of _____. The continuing education must cover at least one of the topics included in the _____-specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through	ZZ875		

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER THE CARLISLE ASSISTED LIVING AND MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST OCEAN AVENUE LANTANA, FL 33462		
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ZZ875	Continued From page 6 on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning , chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , must complete the training required in this section before . Proof of completion of equivalent training completed before , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , may complete training using approved curriculum under paragraph (5)(d) until	ZZ875			

Agency for Health Care Administration

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ZZ875	Continued From page 7 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 maintain the mandatory annual continuing education training for 's as a facility that advertises specialty services for (memory care). This was evidenced by the facility's failure to ensure 3 out of 3 (Staff I, Staff J, Staff K) sampled staff completed a 4 hour Department of Elderly Affairs (DOEA) approved training for 2023, 2024, and 2025. The findings included: During an interview conducted with the Administrator on at 09:05AM, he stated that the facility had a secured memory care unit. At this time, a sample of the care staff files were requested for review. The review revealed the following information: -A review of Staff I's (Patient Care Assistant) file revealed was hired on . Further review revealed, Staff I had not completed a 4 hour DOEA approved training for 's and Related (ADRD) in 2024 or 2025. -A review of Staff J's (CNA) file revealed was hired on . Further review revealed Staff J had not completed a 4 hour DOEA approved training for 's and Related (ADRD) in 2023, 2024 or 2025.	ZZ875			

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ZZ875	Continued From page 8 -A review of Staff K's (HHA) file revealed was hired on . Further review revealed Staff K had not completed a 4 hour DOEA approved training for 's and Related (ADRD) in 2024 or 2025. During an interview conducted with the Administrator on at 2:21 PM, he stated that all his staff were trained on ADRD standards on an annual basis. At this time, he was informed that 3 out of 3 sampled staff (Staff I, Staff J, and Staff K) had not completed any ADRD training since 2022. A request was made for the 2025 continuing education training for the 3 staff members and rest of the direct care staff. Documentation was not provided. Class III	ZZ875			