

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/14/2025
NAME OF PROVIDER OR SUPPLIER AZALEA AT DELRAY BEACH		STREET ADDRESS, CITY, STATE, ZIP CODE 5859 HERITAGE PKWY DELRAY BEACH, FL 33484		
(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
ZZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's _____ to the Federal Bureau of Investigation for a national criminal history record check unless the person's _____ are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the _____ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit _____ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the _____ to the Federal Bureau of Investigation for a national criminal history record check. The _____ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print _____ notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person _____. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	ZZ816		

AHCA Form 3020-0001

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

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ZZ816	Continued From page 1 professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if . . . for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (d) Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, . . . , herein incorporated by reference, must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if . . . for any	ZZ816			

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ZZ816	Continued From page 2 disqualifying offense. The Attestation of Compliance is available at https://www.flrules.org/Gateway/reference.asp?No=Ref-17724, and available from the Agency for Health Care Administration's website at: https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-central-services/background-screening/additional-information/regulations. (e) An administrator or chief financial officer must be screened and qualified prior to _____ to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, correspondence will be sent to the individual being screened requesting the _____ report and court disposition information. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that, the facility did not have a complete Attestation of Compliance Form in file for 4 of 5 sample Staff (Staff B, C, D and E). The findings included: 1) A review of the personnel file for Staff B	ZZ816			

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ZZ816	Continued From page 3 (Caregiver / Medication Technician) revealed she was hired on . Further review revealed Staff B, did not have a complete Attestation form in her employee file. 2) A review of the personnel file for Staff C (Caregiver / Medication Technician) revealed she was hired on . Further review revealed Staff C, did not have a complete Attestation form in her employee file. 3) A review of the personnel file for Staff D (Medication Technician) revealed she was hired on . Further review revealed Staff D, did not have a complete Attestation form in her employee file. 4) A review of the personnel file for Staff E (Health Wellness Director) revealed she was hired on . Further review revealed Staff E, did not have a complete Attestation form in her employee file. During an interview on at approximately 3:15 PM team of surveyors met with the Administrator, he acknowledged the findings mentioned above. No additional documentation was provided. Unclassified	ZZ816			

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A 000	Initial Comments An unannounced Relicensure, Generator Monitoring and Complaint survey (#2024002127, #2024003994, #2024011034 and #2024014073) was commenced on _____ and concluded on _____ at Azalea At Delray Beach. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000			
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 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.	A 032			

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A 032	Continued From page 1 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. (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 interview and record review, it was determined that, the facility failed to provide documentation of staff participation in Elopement Drills conducted twice a year for the year of 2024 for 3 out of 3 sample staff (Staff G, I, and J).	A 032		

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A 032	Continued From page 2 The findings included: In an interview on _____ at 1:38 PM with the Administrator, he was informed to provide documentation for the facility's Elopement Drills conducted twice a year for the year of 2024. 1) Review of the facility's personnel file for Staff G (Caregiver) with a hire date of _____ revealed Staff A had no documentation of participating in Elopement Drills twice a year for the year of 2024. 2) Review of the facility's personnel file for Staff I (Caregiver) with a hire date of _____ revealed Staff B had no documentation of participating in Elopement Drills twice a year for the year of 2024. 3) Review of the facility's personnel file for Staff J (Caregiver) with a hire date of _____ revealed Staff C had no documentation of participating in Elopement Drills twice a year. In an interview on _____ at approximately 3:40 PM the Administrator acknowledged the findings. No additional documentation was provided during the survey.	A 032			
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable _____. The examination performed by the health care provider must have	A 078			

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A 078	Continued From page 3 been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to	A 078			

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A 078	Continued From page 4 provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: - Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, - Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that, the facility failed to ensure staff had documented evidence of a negative () examination and Communicable Status for 3 of 5 sampled Staff (Staff C, D and E). The findings included: - Review of the personnel file for Staff C (Medication Technician /Caregiver) with a hire date of revealed Staff C, did not have documentation for Communicable Status and annually negative evidence since hired. No additional documentation was provided during survey. - Review of the personnel file for Staff D (Medication Technician) with a hire date of review revealed Staff D, did not have documentation for Communicable Status	A 078			

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A 078	Continued From page 5 and annually negative evidence since hired. No additional documentation was provided during survey. 3) Review of the personnel file for Staff E (Health Wellness Director) with a hire date of revealed Staff E, did not have documentation for Communicable Status and evidence of a negative status. No additional documentation was provided during survey. During an interview on at approximately 4:45 PM team of surveyors met with the Administrator and he was informed of the findings mentioned above. No additional documentation was provided during survey. Class III	A 078			
A 081	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee 's personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025.	A 081			

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A 081	Continued From page 6 However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:	A 081			

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A 081	Continued From page 7 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and . The facility must use its prevention policies and procedures when offering this training.	A 081			

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A 081	Continued From page 8 (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that, the facility failed to ensure direct care staff had completed the required in-service training, for 4 of 5 sampled staff (Staff B, C, D and E). The findings included:	A 081			

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A 081	Continued From page 9 1) A review of the personnel file for Staff B (Caregiver / Medication Technician) revealed she was hired on . Staff B did not have Control Training in her employee file. 2) A review of the personnel file for Staff C (Caregiver / Medication Technician) revealed she was hired on . Staff C did not have Preservice Orientation documenting In-Service Training and Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Incident Reporting Training, in her employee file. 3) A review of the personnel file for Staff D (Medication Technician) revealed she was hired on . Staff D did not have Preservice Orientation documenting In-Service Training in her employee file. 4) A review of the personnel file for Staff E (Health Wellness Director) revealed she was hired on . Staff E did not have Preservice Orientation documenting In-Service Training in her employee file. During an interview on at approximately 3:15 PM team of surveyors met with the Administrator, he acknowledged the findings mentioned above. No additional documentation was provided. Class III	A 081		
A 082	59A-36.011(4) FAC Training - / (4) . /ACQUIRED . DEFICIENCY	A 082		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/14/2025
NAME OF PROVIDER OR SUPPLIER AZALEA AT DELRAY BEACH		STREET ADDRESS, CITY, STATE, ZIP CODE 5859 HERITAGE PKWY DELRAY BEACH, FL 33484	
(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)
A 082	Continued From page 10 (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that, the facility failed to ensure that within 30 days of employment staff obtained required training for (/) for 3 out of 5 sampled staff (Staff B, C, and D) The findings included: 1) A review of the personnel file for Staff B (Caregiver / Medication Technician) revealed she was hired on . Staff B did not have documentation for / training in her personnel file. 2) A review of the personnel file for Staff C (Caregiver / Medication Technician) revealed she was hired on . Staff C did not have documentation for / training in her personnel file. 3) A review of the personnel file for Staff D (Medication Technician) revealed she was hired on . Staff D did not have documentation for / training in her	A 082	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AZALEA AT DELRAY BEACH

**5859 HERITAGE PKWY
DELRAY BEACH, FL 33484**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 082	Continued From page 11 personnel file. During an interview on _____ at approximately 3:15 PM team of surveyors met with the Administrator, he acknowledged the findings mentioned above. No additional documentation was provided. Class III	A 082		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall	A 084		

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A 084	Continued From page 12 include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;	A 084			

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A 084	Continued From page 13 i. Assist with _____ ; j. Use a _____ to perform _____ testing; k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate, temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a	A 084			

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A 084	Continued From page 14 minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that, the facility failed to ensure that staff who provides assistance with self-administration of medications had completed 2-hour continuing education training for assistance with self-administer medications for 1 of 3 sampled staff (Staff B). The findings included: A review of the personnel file for Staff B (Caregiver / Medication Technician) revealed she was hired on . Staff B had no documentation of the required 2-hour annual training assisting with self-administration of medications for the year 2025. Further review revealed her initial 6-hour training was dated . During an interview on . . . at approximately 3:00 PM team of surveyors met with the Administrator and Staff E (Health Wellness Director) they both acknowledged the findings. No additional documentation was provided. Class III	A 084			
A 090	59A-36.011(11) FAC Training -	A 090			

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A 090	Continued From page 15 (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the required () Training and the facility policies and procedures were completed for 1 of 5 sampled direct care staff (Staff C). The findings included: A review of the personnel file for Staff C (Caregiver / Medication Technician) revealed she was hired on . Staff C did not have documentation for policies and procedures training in her file. During an interview on at approximately 3:15 PM team of surveyors met with the Administrator, he acknowledged the findings. No additional documentation was provided. Class III	A 090			

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A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be	A 152			

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A 152	Continued From page 17 This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined that, the facility failed to provide a safe, clean, and decent living environment free of safety hazards for all residents that reside in the Assisted Living (AL) and Memory Care Unit (MCU). The findings include: During an interview on _____ at approximately 10:15 AM with the Administrator, he was informed to provide documentation for the last two years of the annual inspections from the Department of Health (DOH). Review of the Facility's annual Group Care inspection report from DOH dated _____ revealed the facility was cited for five (5) violations, in which are still outstanding. The report was documented as follows: 1) Violation#6 Temperature, observed water above 120 degrees Fahrenheit (120F) Assisted Living room's #83, 275, and 251. Memory care room's #20, 23, and 30. 2) Violation#17 Maintenance Water damaged by the window # _____ Hole in the wall inside A/C closet A/C closet wall with moldlike substance in # _____ Damage wall with small hole in resident's bathroom, # _____ Leak under sink in bathroom, # _____ door damage in bathroom. Stained ceiling by bonfire area in memory care. Stained ceiling by in memory care dining room. Stained ceiling in laundry room first floor.	A 152		

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A 152	Continued From page 18 Main laundry room with damaged wall behind and by the side of the dryer machines. Laundry room first floor: one nonfunctional light. c) Violation #27 Infestation /Presence Two alive roaches in vanity under sink bathroom # . Memory care. Seven roaches in vanity under sink in bathroom #24 Memory care. d) Violation #27 Beds Mattress covert missing in # e) Violation #45 Other observed no proof of # for resident's dogs in # During an interview on at approximately 2:00 PM team of surveyors met with the Administrator and Staff K (Maintenance Director) they both acknowledged the findings. No additional documentation was provided. Class III	A 152		