Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911437	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLYMOUTH HOME FOR ADULTS	3225 PLYMOUTH STREET JACKSONVILLE, FL 32205

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An abbreviated relicensure survey with limited mental health monitoring was conducted at Plymouth Home for Adults on . Deficient practice was identified at the time of the survey.	A 000		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper	A 052		

Agency for Health Care Administration

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A 052	Continued From page 1 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or , medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or	A 052		

Agency for Health Care Administration

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A 052	Continued From page 2 discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from	A 052		

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A 052	Continued From page 3 facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and resident interview, the facility failed to perform hygiene when assistingt 3 of 8 sampled residents with self-administered medications (Residents #7, #12, and #13) . The findings include:	A 052		

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A 052	Continued From page 4 On at 11:50am, Employee A, Med Tech, was observed assisting Resident #7 with self-administration of medication. During the process Employee A dropped Resident #7's the pill on the floor. Employee A picked up the single pill with his gloved and handed it to the resident who immediately put it in his and swallowed it down with water. Employee A failed to perform hygiene prior to providing assistance with self-administration of medication for Resident #7. He also failed to perform hygiene after picking up the single pill from the floor with his gloved . On at 11:55am Employee A prepared to assist Resident #12 with self-administration of medication. During the process, he dropped the pill cup which to the floor. He picked up the pill cup from the floor with his gloved and proceeded with providing assistance self-administration of medication for the next resident without changing the glove that touched the floor. After being prompted on procedure, Employee A then removed the gloves from both and discarded them in a nearby trash bin. He then proceeded to donn a new pair of gloves without practicing hygiene. Employee A began preparing medications for Resident #13 using the same pill cup before being prompted about the pill cup falling onthe floor. He left the medication preparation room to wash the pill cup. An interview was conducted with the Assistant Administrator on at 4:47pm. He was advised that there we concerns found during the observation of assistance with self-administration of medication. He stated that the staff should be performing hygiene and changing gloves in	A 052		

Agency for Health Care Administration

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A 052	Continued From page 5	A 052		

between residents. He was asked what was the process if a pill is refused or dropped onto the floor. He stated in either instance staff are to throw the pill(s) into the sharps box and replace it with another pill. The Assistant Administrator did not think it was written into their policy. He confirmed staff should be receiving education through their 6 hour training on assisting with self-administration of medications.

Review of the facility's policy titled regarding assistance with self-administration of medication revealed:

"Unlicensed trained staff must be able to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and 58A-5.0185, F.A.C. In addition to the specifications of section 429.256(3), F.S., staff is to:

2. Exercise universal precautions and Plymouth Home for Adult's, Inc.'s control dispensing medication. policies and procedures by washing and wearing gloves. After initial washing employees may use sanitizer. "

Review of the Facility's Policy Control Policies and Procedures revealed:

"Handwashing: Staff is required to wash for at least 20 seconds using soap and/or to use -based rub before having direct contact with residents. Staff is to also wash their after having contact with , , or , nonintact skin, assisting with administration of medications."

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A 052	Continued From page 6 CLASS III	A 052		
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 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	A 078		

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A 078	Continued From page 7 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 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: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. 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 interview and record review, the facility failed to ensure 1 of 4 sampled employees, Employee A, obtained a written statement from a health care provider documenting freedom from signs or symptoms of communicable , or annual documentation of a ( ) examination, for 1 of 4 sampled employees, Employee C.	A 078		

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A 078	Continued From page 8 The findings include: 1. A review of Employee A's personnel file revealed he was hired as a Medication Technician (Med Tech) on . Further review of the employee record found there was no written statement from a health care provider documenting that he did not have any signs or symptoms of communicable within 30 days after beginning employment. An interview was conducted with the Assistant Administrator on at 3:43pm. He confirmed the missing documentation, adding, "That's my error. I thought those were one in the same, I'll have to send him to get that." 2. A review of the personnel file for Employee C revealed she was hired as a Med Tech hired on . Further review revealed there were no examinations past . An interview was conducted with the Assistant Administrator on at 3:55pm. He confirmed there was no updated examination on file for Employee C. Class III	A 078		
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,	A 152		

Agency for Health Care Administration

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A 152	Continued From page 9 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 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 . This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a safe, homelike environment for its 46 residents. The findings include: A tour of the facility was conducted on	A 152		

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A 152	Continued From page 10 at 12:05pm with Employee B, a Medication Technician. She explained that the facility was divided into sections. The tour began in Sections 4 and 5. The resident lounge, activity area, med room, and dining room were located in this section. Several broken/missing floor tiles were observed in the residents' bathroom, common areas, and hallways. She stated it had been like that for "some time." A window air conditioning (a/c) unit was observed in a resident's room. She stated the a/c had gone out in some of the residents' rooms and they were given the window units. Her attention was directed to a window unit in Section 4 where there was a gap between the a/c unit and the wall. Plastic was wedged between the window unit and the window. There was also a dark pasty substance in the window seal, corner and on the a/c unit. The window blinds were ill fitted and consisted of broken and/or missing slats. The framework of the hallway ceiling was exposed in an area because a patch of the material that covered it was missing. The sink in one of the residents' bathrooms was dislodged from where it had previously been mounted to a wall, creating a gap wide enough to hold the sink's drain stopper. The shower tiles contained a dark brown substance, and one of the two shower knobs did not have a handle for the user to turn it on/off. There were small flying insects on the curtain and inside of the walk-in shower. Also observed were bug carcasses on the floor of the walk-in shower. A second sink had a vanity which was misaligned from the cabinet base; the cabinet under the sink was missing knobs needed to open the doors. Photographic evidence obtained. Employee B was unaware of any repairs that had been done to the area. She stated that the housekeepers were responsible	A 152		

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A 152	Continued From page 11 for cleaning the residents' bathrooms. During an interview on at 12:08pm with Employee B, she stated that she was aware of the conditions of the building and that the issues had been reported to Administration, however, no repairs had been made as of the date of the survey. Upon entering the building labeled Section 6, an observation was made of cleaning chemicals and cloths placed on a rusted folding chair, next to a mop bucket. A purple plastic glove was observed in the window. Employee B stated that the items should not have been left in the area unattended. Broken tiles and areas of missing tile pieces were observed near the main entrance. The wooden floor in the resident bathroom was observed to be buckling with stains and discoloration, with severe fading as well as deep scratches. There were visible discolored streaks/patches of brownish orange on the porcelain toilet along the waterline. Rust stains were observed on the metal hardware on the sink. The sealant along the edges of the sink peeling from the wall. Photographic evidence obtained. During an interview on at 12:19pm with Employee B, she again stated the issues had been reported to Administration, however, no repairs had been made as of the date of the survey. During a tour of Section 7, the air vent in the main area was observed with a dark fuzzy substance covering the slats. On portions of the ceiling, paint was curling, flaking and lifting from the surface. Resident room doors had ragged, , , . The bathroom sink's plumbing was exposed beneath, and the wall	A 152		

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A 152	Continued From page 12 there held a thick tacky paste where the plumbing pipe entered the wall. Water was leaking from the bowl of the toilet into a toilet brush container. The metal lighting fixture above the bathroom sink was covered in rust stains and three of the four bulbs were missing from the fixture. Photographic evidence obtained. During an interview on at 12:26pm with Employee B,she stated she had made Administration aware of the concerns in this area, however, no repairs had been made as of the date of the survey. A window a/c unit was observed in the main area of Section 8. A crumbled bed sheet was wedged between the a/c unit and window seal, with a folded brown cardboard box wedged between the a/c unit and wall where it would have otherwise been open to the outside. The window blinds were broken and/or missing slats on several windows. There were broken and missing floor tiles throughout the section. On a second window a/c unit in a resident room, a of duct tape and plastic was wedged between the a/c unit and side of the window which was opened to the outside environment. Further observation revealed a portion of the window glass above this a/c unit was broken, with a piece of clear plastic placed over the glass. The a/c filter and vents were covered with a dark, fine powdery substance. The air vent in a resident's room was covered in a dark fuzzy substance. The floor tile in the residents' bathroom was covered in a pasty substance, dark in color. Observed a dark brown strip covered in insects pinned to the wall in the residents' bathroom. Paint was peeling/buckling on the ceiling in the hall. Photographic evidence obtained. During an interview on at 12:32 pm with Employee B, she stated that she was aware of	A 152		

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A 152	Continued From page 13 the conditions of the building and that the issues had been reported to administration, however, no repairs had been made as of the date of the survey. Section 9's resident bathroom contained visible discolored dark brown streaks and patches in the porcelain toilet along the waterline with a dark brownish black substance at the base of the toilet bowl and floor. Broken floor tiles were located at the entrance to the bathroom. insects were observed inside of the walk-in shower. Flying insects were observed inside of the bathroom near the walk-in shower. A thick fuzzy opaque substance was located on the floor and in the corner of the walk-in shower. The bathroom vanity beneath the sink was missing a cabinet door. The window in the shower partially opened with a pair of locking pliers wedged between the window pane and window frame. During an interview on at 12:40pm with Employee B she stated that she was aware of the conditions of the building and that the issues had been reported to administration, however, no repairs had been made as of the date of the survey. A tour of the facility was conducted on 5:10pm with the Assistant Administrator. He was shown the areas of concern in each section that was previously toured with Employee B. He stated that they were hiring someone to make the repairs. He demonstrated awareness of the broken tiles stating "it will be taken care of". He was shown the air vents. He simply nodded his without a verbal response. He was shown all of the windows with the window a/c units where plastic/sheets/cardboard was being used as a barrier to the outside. He stated they would	A 152		

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	AL11911437	A. BUILDING: _____ B. WING _____	08/21/2025

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A 152	Continued From page 14 have to take care of it. CLASS III	A 152		
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.	A 162		

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A 162	Continued From page 15 (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ⌄ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference	A 162		

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A 162	Continued From page 16 and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.	A 162		

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A 162	Continued From page 17 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 9 of 9 resident records included orders for medications which required a health care provider's order. The findings include: During a review of Resident #5's record, the physician orders could not be located. An interview was conducted with the Assistant Administrator on at 10:42am. He was asked to provide the physician orders for Resident #5. He stated that the orders for the residents were on the medication observation records (MOR). He was asked if there were any electronic copies available. He stated there weren't. He was asked if there were any copies filed in another location. He stated that he wasn't aware that he needed to maintain copies of the physician orders. Additional resident records for Residents #3, #7, 8, 9, 10, 11, 12, and 13 were reviewed. The physician orders for neither of the residents were in the residents' file. Upon the observation the Assistant Administrator confirmed physician orders were not in any of the resident records. CLASS III	A 162		
AL243	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current	AL243		

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AL243	Continued From page 18 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. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (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: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. 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. 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. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially	AL243		

Agency for Health Care Administration

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AL243	Continued From page 19 thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the procedures. 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. 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. (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. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 4 employees with prior limited mental health training obtained the minimum of 3 hours of continuing education in	AL243		

Agency for Health Care Administration

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AL243	Continued From page 20 limited mental health topics biennially (the Administrator) . The findings include: Record review of the Administrator's training certificates revealed Assisted Living Facility Training for Limited Mental Health Licensure was completed on . Further review of the records found no evidence the Administrator recieved a 3-hour update training in mental health diagnoses, needs, services, behaviors or related topics since the 2023 education. In an interview with Administrator and the Assistant Administrator on at 2:24 pm, the confirmed the updated training had not been completed as required. CLASS III	AL243		