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
	AL11970355	A. BUILDING: _____ B. WING _____	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WAVERLY	9309 MERCY WAY TRINITY, FL 34655

(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 A complaint investigation (#2025010553, 2025012438, 2025014415) was conducted at The Waverly on and . Deficiencies were identified at the time of the visit.	A 000		
A 025 SS=J	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: A complaint investigation (2025014415, 2025010553, 2025012438) was conducted at The Waverly on - . Deficiencies were identified at the time of the survey. A Class I deficiency was found at Tag A0025. A Class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, , , or to a resident receiving care in a facility.	A 025		

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A 025	Continued From page 2 The Waverly failed to provide adequate personal supervision and oversight required for each resident, to include awareness of general health, safety, and well-being to prevent . The Class I noncompliance began on , . The facility's Administrator was notified of the Class I noncompliance on at 5:20 p.m. The census at the start of the survey was 82. The following is a description of the deficiencies found at the time of the visit. Based on record reviews and interviews, the facility failed to provide the personal supervision and oversight required for each resident, to include daily observation by designated staff of the activities of the resident while on the premise, and awareness of general health, safety, and well-being for one resident (Resident #14) of one resident sampled. Furthermore, the facility failed to respond to call pendants within a timely manner for emergencies and assistance with activities of daily living for 82 of 82 residents. The facility's noncompliance placed all 82 residents at risk of imminent danger or harm. Findings included: A record review of a facility's reported incident, conducted on , revealed Resident #14 had an incident filed with an incident date of . The reported incident showed, during routine rounds on Resident #14 was not located in their room at 7:25 a.m. and a full	A 025		

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A 025	Continued From page 3 facility search was initiated. On at 8:20 a.m., Resident #14 was located in the kitchen walk in freezer. (Photographic evidence obtained) On a record review of Resident #14's Resident Health Assessment form 1823 (1823) with a faxed date of and facility sheet with a print date of , revealed Resident #14 had the following: a. Diagnosis: b. Physical or Sensory limitations: c. /Behavioral Status: Alert and d. Elopement Risk: No The 1823 noted Resident #14 required assistance with self-administration of medication, supervision with ambulation, bathing, self-care, toileting and transferring. Resident #14 was admitted to the facility on . A record review of Resident #14's discharge instructions from a local hospital showed Resident #14 was out of the facility from to due to an unrelated medical condition. During an interview on at 1:28 p.m. the Wellness Director stated Resident #14 would up and down the elevator (behavior noted on) but after the medication was started on the stopped. The Wellness Director stated on Resident #14's family representative asked about Resident #14's medication and Resident #14's family representative was referred to the doctor. The Wellness Director stated on Resident #14's family representative called the doctor to change Resident #14's medication. The Wellness	A 025		

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A 025	Continued From page 4 Director stated on Resident #14's family representative, facility staff and , staff had a care plan meeting and per family's request agreed to titrate Resident #14's medication down. The Wellness Director stated on the new physician order was received with the medication to be titrated from 0.5 milligrams tablet by twice daily to 0.25 milligrams by twice daily. The Wellness Director said on the Wellness Director received a call from the family representative informing the Wellness Director that Resident #14 was caught in the air conditioner on the family's personal camera. The Wellness Director said a was ordered for but this was unable to be gotten due to Resident #14's incident that morning. A record review conducted on of Resident #14's Medication Observation Records (MORs), noted Resident #14 received the first dose of the medication after titrating down to 0.25 milligrams by twice daily was given on at 8:00 a.m. and 8:00 p.m. per physician's order. During an interview with the Administrator conducted on at 12:25 p.m., the Administrator stated Resident #14 was seen on surveillance footage leaving their room on at around 12:30 a.m. Resident #14 proceeded to around the community and was last seen on surveillance footage at around 4:30 a.m. Between the hours of 12:30 a.m. to 4:30 a.m. on Resident #14 was around the community. Resident #14 was seen entering and exiting the kitchen area and the kitchen's cooler multiple times. The facility noticed Resident #14 was missing from	A 025		

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A 025	Continued From page 5 their room at approximately 7:05 a.m. and immediately issued a facility wide search. Resident #14 was found at 8:10 a.m. inside of the freezer located in the kitchen lying down on their side, shivering, , open, able to respond to commands by nodding but could not speak. The facility called 911 and Resident #14 was immediately sent to a local hospital for emergency services. The Administrator stated the facility called the local hospital at 11:00 a.m. and learned that Resident #14 had , . The Administrator stated that when Resident #14 was admitted to the facility on , Resident #14 would around the facility looking for their spouse but would never try to exit the facility. During an interview with the Wellness Director conducted on at 1:17 p.m., the Wellness Director stated if residents are not on two-hour checks and the doors are closed, staff would assume they are sleeping and do not have to go into the resident room. Wellness Director also stated that when Resident #14's medication was titrated down the facility did not increase supervision for Resident #14. A record review was conducted on of Resident #14's , notes dated , noted, "patient remains significantly , , . Abstract reasoning remains poor, thought content remains tangential and disorganized. Staff report continued , disorientation and inability to retain information." A , progress note, dated , noted "recommendation was made for continued close monitoring and possible memory care placement for safety and supervision". The note continued to read, "potential risk of discontinuing medications including worsening agitation, , , and behavioral disturbances."	A 025		

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A 025	Continued From page 6 (Photographic evidence obtained). A record review was conducted of charting notes for Resident #14 by home health care agency dated . The charting notes documented Resident #14 with "severe memory , , disorientation. Difficulty understanding and [accepting] situation." An additional charting note dated noted Resident #14 was " , difficult to reinforce and redirect. Needs continuous reinforcement due to short-term memory loss." A record review was conducted on of Staff H's statement regarding the incident dated . Staff H wrote Resident #14 was last observed in their room at 11:45 p.m. on . Staff H also wrote that Staff H had to go to the memory care unit to relieve a staff member that went on break. Staff H wrote that when the next shift came in at 7:00 a.m., the employees noticed Resident #14 was missing from their room. (Photographic evidence obtained). During an interview on at 11:32 a.m., Staff H, an unlicensed Medication Technician, stated Resident #14 was not on two hour-checks. On , Staff H stated, "I observed Resident #14's room door was closed, and I didn't think to open it." Furthermore, Staff H stated, Staff H went to the Administrator four days before the incident on and told Administrator more staff was needed. Staff H stated we are always short staffed; we don't take breaks and there are no breaks at night. A record review of the staffing schedule for and , was conducted on . The schedule revealed that there was only one staff member scheduled for the	A 025		

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A 025	Continued From page 7 Assisted Living side of the facility on the 11:00 p.m. to 7:00 a.m. shift. The Assisted Living resident census on was 48. (Photographic evidence obtained) During an interview on at 12:17 p.m., Staff FF, a cook, stated there was no way to lock the double doors leading to the kitchen and the key to the fridge was missing so the door could not be locked. Staff FF stated they made a complaint to the Administrator before and told the Administrator that the kitchen should be locked. Staff FF stated, "I was concerned someone would come in and turn the stove on and start a fire." During an interview on at 10:17 a.m. Staff J, Resident Aide, stated the facility was short staffed and that there was usually one staff member for fifty residents on the Assisted Living side. During an interview on at 3:13 p.m., Staff J, a Resident Aide, stated Staff H was on the second floor alone and had all the second-floor residents the night of . Staff J stated, on the morning of after checking Resident #14' s room, Staff J found Resident #14 in the freezer. Resident #14 was unresponsive and shivering. Staff J did not move Resident #14 out of the freezer because the facility policy was, "we are not allowed to move [Resident #14]". Staff J stated it took local law enforcement about minutes to arrive and local emergency services about 20-30 minutes to arrive. Staff J stated it was , and someone had to hold the door open. Furthermore, Staff J stated that they expressed concerns about needing more staff to manage and Resident #14 needed memory care. Staff J stated "I worked seven 24-hour shifts from the time I started. In between two-hour checks, I would have to take a	A 025		

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A 025	Continued From page 8 nap." Staff J stated that they have worked both memory care units and upstairs by themselves a few times. A record review of the facility's Pendant Call Log dated , revealed there were seven pendant calls during the 11:00 p.m. to 7:00 a.m. shift. Resident #19 called for assistance using the call pendant on at 1:12 a.m. and the "To Room Elapsed Time" noted on the pendant call log was forty-two minutes. Resident #13 called for assistance using the call pendant on at 1:17 a.m. and the "To Room Elapsed Time" noted on the pendant call log was twelve hours and forty-five minutes. For the dates to , the average time of response to pendant calls was one hour and twenty-five minutes. The highest response time was ninety-eight hours. (Photographic evidence obtained) During an interview on at 1:05 p.m. Resident #10 stated there are delays with pendant call response times. During an interview on at 1:09 p.m. Resident #11 stated that there were delays with pendant call response times. During an interview on at 1:16 p.m. Resident #12 stated there were delays with pendant call response times. During an interview on at 1:25 p.m. Resident #11 stated that there were delays with pendant call response times. During an interview on at 9:52 a.m. Staff V, an unlicensed Medication Technician, stated the facility was short staffed and a lot of	A 025		

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A 025	Continued From page 9 employees had to work double shifts. During an interview on at 10:00 a.m. Staff I, Resident Aide, stated the facility was short staffed and staff worked a lot of double shifts. During an interview on at 10:26 a.m. Staff K, Resident Aide, stated the facility was short-staffed and staff felt overwhelmed by the lack of staff. During an interview on at 2:30 p.m. the Administrator agreed the pendant calls were not responded to in a timely manner and that pendant calls should be responded too quickly. The Administrator also agreed Resident #14 was not checked on for seven hours on Class I	A 025		
A 032 SS=D	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	A 032		

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A 032	Continued From page 10 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (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	A 032		

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A 032	Continued From page 11 facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all direct care staff participated in two elopement drills per year for 49 of 49 Staff. Furthermore, the facility failed to ensure that residents who were at risk for elopements had identification on their person that included the resident's name and the facility's name, address, and telephone number for 34 of 34 resident in the memory care unit. Findings included: An attempted record review of the facilty's list of residents who were at risk for elopement, conducted on , revealed the facility had no list of residents identified as high risk elopement when requested at 9:30 a.m., 11:00 a.m., and 12:30 p.m.. During an observation of the memory care unit, conducted on from 9:50 a.m. through 10:30 a.m., revealed none of the residents had identification on their person. A review of the elopement drills, conducted on , revealed that the elopement drills were signed by each staff person that participated in them. The elopement drill dated had seven staff that signed the participation form but only three names were legible. The elopement drill dated had nine participates in which only two names were legible. The elopement drill dated had four	A 032		

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A 032	Continued From page 12 participants and no names were legible. (Photographic evidence obtained). During an interview on at 11:00 a.m. the Administrator stated there are some residents in memory care who are at risk for elopements. During an interview on at 12:30 p.m. the Administrator stated not all staff had participated in elopement drills twice per year and the residents who are considered elopment risk did not have .. During an interview on at 2:30 p.m. the Administrator had not identified which residents were at risk for elopement. Class III	A 032		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539	A 079		

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A 079	Continued From page 13 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. 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 of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be	A 079		

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A 079	Continued From page 14 physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the	A 079		

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A 079	Continued From page 15 requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.	A 079		

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A 079	Continued From page 16 (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs for a census of 82 residents admitted to the facility. Findings included: A record review of the facility's Resident Roster conducted on revealed that 48 residents lived in the Assisted Living unit and 34 residents lived in the Memory Care unit. A record review of the staff schedule conducted on revealed there was one staff member scheduled for the Assisted Living unit and three staff members scheduled for the Memory Care unit for all 11:00 p.m. to 7:00 a.m. shifts. A record review of the facility's Pendant Call Log for the dates to , conducted on , revealed the average time of response to pendant calls was one hour and twenty-five minutes. The highest response time was ninety-eight hours. A record review of the facility's Pendant Call Log conducted on revealed the following pendant call response times for Resident #11:	A 079		

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A 079	Continued From page 17 - Resident #11 pressed their pendant for assistance on at 3:43 a.m. and the call was completed after two hours and thirty-five minutes. - Resident #11 pressed their pendant for assistance on at 7:09 a.m. and the call was completed after one hour and nineteen minutes. - Resident #11 pressed their pendant for assistance on at 6:58 a.m. and the call was completed after one hour and fifty-eight minutes. During an interview on at 1:09 p.m. Resident #11 stated that there are delays with pendant call response times at night. A record review of the facility's Pendant Call Log conducted on revealed the following pendant call response times for Resident #10: - Resident #10 pressed their pendant for assistance on at 7:31 a.m. and the call was completed after one hour and thirteen minutes. - Resident #10 pressed their pendant for assistance on at 3:21 a.m. and the call was completed after one hour and three minutes. - Resident #10 pressed their pendant for assistance on at 4:40 a.m. and the call was completed after one hour and twenty-one minutes. During an interview on at 1:05 p.m. Resident #10 stated there are delays with pendant call response times. A record review of the facility's Pendant Call Log conducted on revealed the following pendant call response times for Resident #13:	A 079		

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A 079	Continued From page 18 - Resident #13 pressed their pendant for assistance on at 1:17 a.m. and the call was completed after twelve hours and forty-eight minutes. During an interview on at 1:25 p.m. Resident #13 stated there are delays with pendant call response times. During an interview on at 9:52 a.m. Staff V stated the facility was short staffed and that a lot of employees have to work double shifts. During an interview on at 10:00 a.m. Staff I stated the facility was short staffed and they work a lot of double shifts. During an interview on at 10:17 a.m. Staff J stated the facility was short staffed and that there is usually one staff member for fifty residents on the Assisted Living side. During an interview on at 10:26 a.m. Staff K stated the facility was short-staffed and staff felt overwhelmed by the lack of staff. During an interview on at 2:30 p.m. the Administrator agreed the pendant calls were not responded to in a timely manner and that pendant calls should have been responded too quicker. Photographic Evidence obtained. Class III	A 079		

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A 081	Continued From page 19	A 081		
A 081 SS=D	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. 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.	A 081		

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A 081	Continued From page 20 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: 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	A 081		

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A 081	Continued From page 21 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. (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	A 081		

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A 081	Continued From page 22 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, the facility failed to provide direct care staff with the required in-service trainings, which included a two-hours pre-service orientation and control prior to providing direct care and activities of daily living and behavioral needs, elopement response, incident reporting, adverse incident reporting, emergency procedures, nutrition and safe food handling, and resident rights and recognizing and reporting , neglect, and , trainings within thirty days of hire for three employees (Staff C, D, and E) of five sampled employees. Findings included: A record review for Staff C, D, and E, conducted on , revealed that Staff C, Staff D, and Staff E's employee records did not contain evidence that the employees had two-hours pre-service orientation or control training prior to providing direct care to residents. Staff C, Staff D, and Staff E's employee records did not contain evidence that the employee had activities of daily living and behavioral needs, elopement response, incident reporting, adverse incident reporting, emergency procedures, nutrition and safe food handling, and resident rights and	A 081		

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A 081	Continued From page 23 reporting , neglect, and , trainings within thirty days of employment. Staff C was hired on . Staff D was hired on . Staff E was hired on . During an interview on at 12:30 p.m. the Administrator agreed Staff C, Staff D, and Staff E's employee did not contain evidence that the employees had all required trainings. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) / (/). 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, the facility failed to ensure that employees had training regarding / , (/) within thirty days of employment for two employees (Staff D and E) of two sampled employees. Findings included:	A 082		

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A 082	Continued From page 24 An employee record review for Staff D and Staff E, conducted on , revealed that Staff D and Staff E did not have training regarding / within thirty days of employment. Staff D was hired on . Staff E was hired on . During an interview on at 12:30 p.m. the Administrator agreed Staff D and Staff E did not have training regarding / . Class III	A 082		
A 083 SS=D	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 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.	A 083		

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A 083	Continued From page 25 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that there was an employee with first aid and . , ( ) training was on duty for seven employees (Staff A, B, C, D, E, H, and I) of nine sampled employees. Findings included: An employee record review for Staff B, Staff C, Staff D, Staff E, Staff H, and Staff I, conducted on , revealed that there were no first aid and trainings documented in the employees' records. Staff A had a training by an online only participant. Staff A was hired on . Staff B was hired on , Staff C was hired on . Staff D was hired on . Staff E was hired on . Staff H was hired on . Staff I was hired on . A review of the staffing schedule, conducted on , revealed that on and during the 11:00 p.m. to the 7:00 a.m. shift Staff C, Staff E, Staff H, and Staff I worked. During an interview on /205 at 12:30 p.m. the Administrator agreed there were some days when the scheudled staff worked and did not have first aid and training. Class III	A 083		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE	A 084		

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A 084	Continued From page 26 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 fulfilment 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 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	A 084		

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A 084	Continued From page 27 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; 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	A 084		

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	AL11970355	A. BUILDING: _____ B. WING _____	10/16/2025

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A 084	Continued From page 28 429.256(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 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, the facility failed to ensure that employees assisting with medications had six-hour training regarding the assistance with self-administration of medications for one employee (Staff A) of one sampled employee.	A 084		

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A 084	Continued From page 29 Findings included: An employee record review for Staff A, conducted on , revealed that Staff A did not have a six-hour training regarding assistance with self-administration of medications. The job description in the employee's record noted job title as a Medication Technician. Staff A was hired on . During an interview on at 12:30 p.m. the Administrator agreed Staff A was a Medication Technician and did not have the required six-hour training in the employee record. Class III	A 084		
A 090 SS=D	59A-36.011(11) FAC Training - (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 employees completed a	A 090		

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A 090	Continued From page 30 one-hours training for ( ) for two employees (Staff D and Staff E) of five sampled employees. Findings included: An employee record review for Staff D and Staff E, conducted on , revealed that Staff D and Staff E did not have training for in the employees' records. Staff D was hired on . Staff E was hired on . During an interview on at 12:30 p.m. the Administrator agreed Staff D and Staff E did not have training for in the employees' records. Class III	A 090		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each	A 160		

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A 160	Continued From page 31 resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a , ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and	A 160		

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A 160	Continued From page 32 recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules	A 160		

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A 160	Continued From page 33 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log that included the discharge information for multiple residents. Findings included: A record review of the facility's Admission and Discharge Log, conducted on , revealed that the Admission and Discharge Log was missing documentation. According to the facility's Admission and Discharge Log, there was no documentation of where residents were discharged to, where residents were admitted from, date of birth, and date of discharge for multiple residents. During an interview on at 2:30 p.m., the Administrator agreed the facility Admission and Discharge Log was missing documentation. Photographic evidence obtained. Class III	A 160		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known,	A 162		

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A 162	Continued From page 34 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ␣ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents 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	A 162		

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A 162	Continued From page 35 contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: 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,	A 162		

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A 162	Continued From page 36 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain resident records with an updated and completed copy of the Resident Health Assessment form, AHCA Form 1823 for two Residents (Resident #17 and Resident #18) of three sampled residents. Findings included: A record review for Resident #17, conducted on , revealed the Resident Health Assessment Agency Health Care Administration form 1823 (1823) was missing information under the "Facility Information" section of the 1823.	A 162		

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A 162	Continued From page 37 A record review for Resident #18, conducted on , revealed the Resident Health Assessment Agency Health Care Administration form 1823 (1823) was missing the date of examination. During an interview on at 2:30 p.m. the Administrator agreed the 1823 form was missing information for both Resident #17 and Resident #18. Photographic evidence obtained. Class III	A 162		

Agency for Health Care Administration

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ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	ZZ814		

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ZZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure employees were added to Agency for Healthcare Administration (AHCA) Background Screening Roster within five business days of hire date, for twenty-five employees (Wellness Director, Staff D, Staff E, Staff H, Staff I, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, Staff Q, Staff R, Staff S, Staff T, Staff U, Staff V, Staff W, Staff X, Staff Y, Staff Z, Staff AA, Staff BB, Staff CC, Staff DD) of twenty-five sampled employees. Findings included: A review of the facility's staff list conducted on revealed the following: - The Wellness Director had a hire date of - Staff D was listed as a Resident Aide and had a hire date of . - Staff E was listed as a Resident Aide and had	ZZ814		

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ZZ814	Continued From page 2 a hire date of . - Staff H was listed as a Medication Technician and had a hire date of . - Staff I was listed as a Resident Aide and had a hire date of . - Staff K was listed as a Resident Aide and had a hire date of . - Staff L was listed as a Medication Technician and had a hire date of . - Staff M was listed as a Medication Technician and had a hire date of . - Staff N was listed as a Cook and had a hire date of . - Staff O was listed as a Resident Aide and had a hire date of . - Staff P was listed as a Medication Technician and had a hire date of . - Staff Q was listed as a Dishwasher and had a hire date of . - Staff R was listed as a Resident Aide and had a hire date of . - Staff S was listed as a Medication Technician and had a hire date of . - Staff T was listed as Housekeeping and had a hire date of . - Staff U was listed as a Medication Technician and had a hire date of . - Staff V was listed as a Medication Technician and had a hire date of . - Staff W was listed as a Resident Aide and had a hire date of . - Staff X was listed as a Resident Aide and had a hire date of . - Staff Y was listed as a Resident Aide and had a hire date of . - Staff Z was listed as a Dietary Aide and had a hire date of . - Staff AA was listed as a Dietary Aide and had a hire date of . - Staff BB was listed as a Medication	ZZ814		

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ZZ814	Continued From page 3 Technician and had a hire date of . - Staff CC was listed as Housekeeping and had a hire date of . - Staff DD was listed as a Receptionist and had a hire date of . A review of the facility's AHCA background screening roster conducted on revealed the Wellness Director, Staff D, Staff E, Staff H, Staff I, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, Staff Q, Staff R, Staff S, Staff T, Staff U, Staff V, Staff W, Staff X, Staff Y, Staff Z, Staff AA, Staff BB, Staff CC, and Staff DD were not listed on the facility's AHCA Background Screening Roster. During an interview on at 2:30 p.m. the Administrator agreed the facility had five days to add staff members to the AHCA Background Screening Roster. Photographic evidence obtained. Unclassified	ZZ814		
ZZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of	ZZ815		

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ZZ815	Continued From page 4	ZZ815		

the provider.
(c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.
(d) Any person who is a controlling interest.
(e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ◡ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ◡ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee.

(3) All ◡ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of

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ZZ815	Continued From page 5 nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged	ZZ815		

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ZZ815	Continued From page 6 instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3).	ZZ815		

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ZZ815	Continued From page 7 The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining ⌣ , pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the	ZZ815		

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ZZ815	Continued From page 8 agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.	ZZ815		

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ZZ815	Continued From page 9 (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.	ZZ815		

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ZZ815	Continued From page 10 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that employee records contained evidence of an eligible level 2 background screening for two employees (Staff N and Staff CC) of twenty-five sampled employees. Findings included: An employee record review for Staff N, conducted on , revealed that Staff N's employee record did not contain evidence of an eligible level 2 background screening. Staff N was listed as a Cook and had a hire date of . An employee record review for Staff CC, conducted on , revealed that Staff CC's employee record did not contain evidence of an eligible level 2 background screening. Staff CC was listed as Housekeeping and had a hire date of . During an interview on at 02:30 p.m. the Administrator agreed there was not an eligible level 2 background screening for Staff N and Staff CC. Unclassified	ZZ815		
ZZ875 SS=D	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's	ZZ875		

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ZZ875	Continued From page 11 or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training 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.	ZZ875		

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ZZ875	Continued From page 12 (d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues. (e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized 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"	ZZ875		

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ZZ875	Continued From page 13 means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning ,, chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (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	ZZ875		

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ZZ875	Continued From page 14 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 the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that within thirty days of employment employees completed a one-hour online training with the department regarding and related forms of for one employee (Staff C) of six sampled employees that provided personal care or had regular contact with residents. Findings included: An employee record review for Staff C, conducted on , revealed that Staff C's employee record did not contain evidence that the employee completed the one-hour online training with the department regarding 's and related forms of within thirty days of employment. Staff C was hired on . During an interview on at 12:30 p.m. the Administrator agreed Staff C's employee	ZZ875		

Agency for Health Care Administration

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ZZ875	Continued From page 15 record did not contain evidence that the employee completed the one-hour online training with the department regarding 's and related forms of within thirty days of employment. Class III	ZZ875		