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
	AL11965060	A. BUILDING: _____ B. WING _____	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEA ASSISTED LIVING FACILITY	5304 NW 16TH STREET LAUDERHILL, FL 33313

(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 unannounced Relicensure with Limited Mental Health (LMH), and a Generator Monitoring survey was conducted on at Alea Assisted Living Facility. Deficiencies related to the Relicensure and LMH services were identified during the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident,	A 010		

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A 010	Continued From page 1 additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the	A 010		

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A 010	Continued From page 2 applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's	A 010		

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A 010	Continued From page 3 record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities	A 010		

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A 010	Continued From page 4 holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility to assess a resident for continued residency after the resident exhibited a change of condition (elopement risk) after 1 out of 2 sampled residents (Resident #1), eloped from the facility on and . The findings included: A review of the facility's documentation of internal resident observation notes/incidents for Resident #1 revealed an entries from . The documentation revealed the following: a) 4:50 "Went for a walk did not come reported it to police and his son" b) No time "Still not as yet" c) No time "Still not as yet" d) No time "Still not as yet" c) No time "Still not as yet" d) No time " don't return as yet, police for him" e) No time "Still not as yet" f) No time "Still not as yet" g) No time "Still not as yet" h) No time "Still not as yet" i) No time "Still out" j) No time "Still out" k) No time "Still out the police come by ask about him" l) No time "Still out" m) No time "Still out" n) No time "Still out" o) No time "Still out. return to facility at 3:26PM son bring him"	A 010		

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A 010	Continued From page 5 [Photographic evidence obtained] Further review of the documentation revealed an additional incident with Resident #1 as followed: -16-2024 Resident walk out of the facility without signing the signout log. Call son. Police pick up at 5:30PM take to facility. [Photographic evidence obtained] A review of Resident #1's file revealed a Resident Health Assessment (AHCA Form 1823) dated . Further review of the assessment revealed that the resident had diagnoses of , , , Sleep , , and . His status was documented as , bouts of /anger, and alert and oriented x2. The resident was also documented to have and violence precautions. Further review of the resident's file revealed the resident required assistance with ambulation. The resident was not documented as an elopement risk. During an interview conducted with the Owner (Manager on Duty) on at 01:53PM, a request was made for Resident #1's updated 1823 with the elopement risk designation. The Owner was unable to produce an updated 1823 for the resident at this time. The Owner was informed of the importance of the updated 1823 as it reflected a change in the resident condition and reflected a change in Resident #1's care needs. The Owner acknowledged the findings. Class III	A 010		

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A 078	Continued From page 6	A 078		
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 education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their	A 078		

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A 078	Continued From page 7 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 record review and interview the facility failed to maintain documentation of an annual freedom from ( ) statement on file for 2 out of 3 sampled staff (Staff C). Additionally, the facility failed to maintain documentation of a mandatory communicable statement within 6 months prior to hire or within 30 days of hire for 1 out 3 sample staff (Staff B). The findings included: A review of Staff B (HHA)'s file revealed a hire	A 078		

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A 078	Continued From page 8 date of . Further review revealed there was no documentation of a communicable statement within 6 months prior to her date of hire nor within 30 days of her date of hire. Additionally, there were no freedom from statements on file for the years 2023 and 2024. A freedom from statement from was identified in the file. A review of Staff C (HHA)'s file revealed there was no hiring date assigned to her. Further review revealed a background clearinghouse result that Staff C had a permanent hire date of and an end date of .There was no other documentation on file that verified Staff C's employment was maintained with the facility. Additional review revealed a communicable statement that was dated on . However, there was no freedom from statement for 2025. During an interview conducted with the Administrator on at 4:10 PM she was informed that Staff B (HHA) and Staff C (HHA) were missing freedom from statements in their files and Staff B was missing a communicable statement. The manager on duty at the time of survey was unable to produce these documents onsite, therefore the Administrator acknowledged the findings. Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training	A 081		

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A 081	Continued From page 9 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. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted	A 081		

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A 081	Continued From page 10 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 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.	A 081		

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A 081	Continued From page 11 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 and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	A 081		

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A 081	Continued From page 12	A 081		

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure each new assisted living facility employee who had not previously completed core training attended a preservice orientation provided by the facility before interacting with residents. Additionally, the facility failed to ensure the staff received in-service training within 30 days of employment. This evidenced by 2 out of 2 sampled staff (Staff B and C) failing to complete a 2-hour preservice orientation; and 1 out of 2 sampled staff (Staff C) failing to complete a 1-hour in-service training for Elopement Response, Resident Rights and Reporting Major Incidents.

The findings included:

A review of Staff B (HHA)'s file revealed a hire date of . Further review revealed there was no documentation of a pre-service orientation on file.

A review of Staff C (HHA)'s file revealed there was no hiring date assigned to her. Further review revealed a background clearinghouse result that Staff C had a permanent hire date of and an end date of .There was no other documentation on file that verified Staff C's employment was maintained with the facility. Further review revealed there was no documentation of a pre-service orientation on file. Additional review revealed Staff C was also missing a 1-hr mandatory in-service training for

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A 081	Continued From page 13 elopement response, residemt rights, and reporting major incidents. During an interview conducted with the Administrator on at 4:01PM she was informed that Staff B (HHA) and Staff C (HHA) were missing trainings in their files. The manager on duty at the time of survey was unable to produce these training documents onsite, therefore the Administrator acknowledged the findings. Class III	A 081		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in 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	A 084		

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	AL11965060	A. BUILDING: _____ B. WING _____	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEA ASSISTED LIVING FACILITY	5304 NW 16TH STREET LAUDERHILL, FL 33313

(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 084	Continued From page 14	A 084		

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 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

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A 084	Continued From page 15 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 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.	A 084		

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A 084	Continued From page 16 429.52 (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 staff assisting with the self-administration of medications must completed a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. The findings included: During an interview conducted with Staff C (HHA) on at 2:27PM, she stated she did not remember when she first started working at the facility. She further stated that she was previously working at the facility years ago and she had just returned to the facility. Staff C also stated that she assisted with self-administration and supervision of the residents. Staff C further stated that her she completed an initial 6- hour training a few years ago (did not identify time) and she did not remember when she completed a 2-hour continuing education training for assistance with self-administration. A review of Staff C (HHA)'s file revealed there was no hiring date assigned to her. Further	A 084		

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A 084	Continued From page 17 review revealed a background clearinghouse result that Staff C had a permanent hire date of and an end date of .There was no other documentation on file that verified Staff C's employment was maintained with the facility. Additional review revealed there was no documentation of the completion of an initial 6-hour training nor was there documentation of a 2-hour continuing education training for assistance with self-administration. During an interview conducted with the Administrator on at 4:03PM she was informed that the Staff C (HHA) did not have her employment with the facility registered in the background clearinghouse. The Administrator stated that was correct and that she no longer works for the facility regularly. At this time, the Administrator was informed that Staff C was onsite working at the facility at the time of survey. Furthermore, she was informed that Staff C was represented on the staffing schedule and had working hours of 7PM-7AM.When asked if Staff C assisted with self-administration of medication, the Administration stated yes, occasionally. The Administrator then stated that Staff C returned to work for the facility last year. The Administrator was informed that Staff C (HHA) was missing the mandatory trainings and continuing education for assistance with self-administration in her files. The manager on duty (Owner) at the time of survey was unable to produce these training documents onsite, therefore the Administrator acknowledged the findings. Class III	A 084		

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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		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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 ensure qualified entity participating in the clearinghouse registered with the clearinghouse and maintained the employment or affiliation status of all persons included in the clearinghouse. This was evidenced by the facility's failure to register and maintain the employment status of 1 out of 3 sampled staff (Staff C). The findings included: During a tour of the facility conducted on from 9:12AM to 3:45PM, Staff B (HHA) and Staff C (HHA)were observed onsite providing care and services to the residents. Both Staff B and Staff C identified themselves as Home Health Aides (HHA). During an interview conducted with the Manager on at 10:15AM, a request was made	ZZ814		

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ZZ814	Continued From page 2 for the facility's staffing schedule. Documentation was provided. A review of the facility's staffing schedule revealed the following: -2 shifts -7AM-7PM (Day) -7PM-7AM(Night) Further review revealed Staff C was assigned the 7PM-7AM shift. During an interview conducted with Staff C (HHA) on at 2:27PM, she stated she did not remember when she first started working at the facility. She further stated that she was previously working at the facility years ago and she had just returned to the facility. Staff C also stated that she assisted with self-administration and supervision of the residents. A review of Staff C's file revealed there was no hiring date assigned to her. Further review revealed a background clearinghouse result that Staff C had a permanent hire date of and an end date of . There was no other documentation on file that verified Staff C's employment was maintained with the facility. During an interview conducted with the Administrator on at 4:03PM she was informed that the Staff C (HHA) did not have their employment with the facility registered in the background clearinghouse. The Administrator stated that was correct and that she no longer works for the facility regularly. At this time, the Administrator was informed that Staff C was onsite working at the facility at the time of survey. Furthermore, she was informed that Staff C was	ZZ814		

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ZZ814	Continued From page 3 represented on the staffing schedule and had working hours of 7PM-7AM. Subsequently, the Administrator was informed that Staff C must have their employment registered in the background clearinghouse if she was going to be working for the facility; and failure to do so was a threat to the safety and well-being of the residents. The Administrator acknowledged the findings. Unclassified	ZZ814		
ZZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ◡ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ◡ , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ◡ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ◡ , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ◡ , to the Federal Bureau of	ZZ816		

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ZZ816	Continued From page 4 Investigation for a national criminal history record check. The ⌄ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ⌄ , . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer	ZZ816		

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ZZ816	Continued From page 5 immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (d) Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , , herein incorporated by reference, must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. The Attestation of Compliance is available at https://www.flrules.org/Gateway/reference.asp?No=Ref-17724, and available from the Agency for Health Care Administration's website at: https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-central-services/background-screening/additional-information/regulations. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, correspondence will be sent to the individual being screened requesting the report and court disposition information. Pursuant to Section 435.05(1)(d), F.S., the missing information must	ZZ816		

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ZZ816	Continued From page 6 be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed ensure a background screening attestation was completed and retained by the provider upon hire to attest that they met the requirements for qualifying for employment, they had not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agreed to inform the employer immediately if for any disqualifying offense. This was evidenced by the facility's failure to retain a background attestation on file for 1 out 3 sampled staff (Staff C). The findings included: During a tour of the facility conducted on from 9:12AM to 3:45PM, Staff B (HHA) and Staff C (HHA)were observed onsite providing care and services to the residents. Both Staff B and Staff C identified themselves as Home Health Aides (HHA). During an interview conducted with the Manager on at 12:15 PM a request for staff files was made. Documentation was provided. A review of Staff C (HHA)'s file revealed there was no hiring date assigned to her. Further review revealed a background clearinghouse result that Staff C had a permanent hire date of and an end date of . Additional review of Staff C's file revealed that there was no documentation of a completed	ZZ816		

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ZZ816	Continued From page 7 background screening attestation on file. During an interview with the Administrator at 4:05PM, she informed that Staff C (HHA) did not have documentation of a background attestation on file. Additionally, she was informed that the failure to document Staff C's employment in the clearinghouse and the lack of background screening attestation on file was threat to the safety and well-being of the residents. The Administrator acknowledged the findings. Unclassified	ZZ816		
ZZ875	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with 's or related forms of . A record of the completion of the	ZZ875		

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ZZ875	Continued From page 8 training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers. (d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues. (e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide,	ZZ875		

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ZZ875	Continued From page 9	ZZ875		

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

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	AL11965060	A. BUILDING: _____ B. WING _____	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEA ASSISTED LIVING FACILITY	5304 NW 16TH STREET LAUDERHILL, FL 33313

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
ZZ875	Continued From page 10 electronic learning , chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , , must complete the training required in this section before , . Proof of completion of equivalent training completed before , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6).	ZZ875		

Agency for Health Care Administration

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ZZ875	Continued From page 11 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that each employee who provides personal care to or has regular contact with participants, patients, or residents completed a 1-hour training program provided by the department within 30 days of employment; and complete an additional 3 hours of training within 7 months of employment. This was evidenced by the facility's failure to ensure the 1 out of 3 sampled staff (Staff B) completed the training. The findings included: A review of Staff B (HHA)'s file revealed a hire date of . Further review revealed there was no documentation of a 1-hour department approved ADRD training completed within 30 days of hire. Additionally, there was documentation of a 3-hour department approved ADRD training within 7 months of hire. During an interview conducted with Staff B (HHA) on at 2:38PM, she stated that all her trainings were in her file. At this time, she was informed that she was missing the department required ADRD trainings. She acknowledged the findings. Unclassified	ZZ875		