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
	AL11970223	A. BUILDING: _____ B. WING _____	R 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
81 OAKS SENIOR LIVING	8000 HAWKINS RD SARASOTA, FL 34241

(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 revisit to a survey was conducted at 81 Oaks Senior Living,, on . Deficiencies were identified at the time of the survey: .	{A 000}		
{A 009} SS=D	59A-36.006(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide	{A 009}		

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{A 009}	Continued From page 1	{A 009}		

but will arrange for the resident and additional cost, if any;
10. The facility rules and regulations that residents must follow as described in Rule 59A-36.007, F.A.C.;
11. The facility policy concerning pursuant to Section 429.255, F.S., and Rule 59A-36.009, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.;
12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in Rule 59A-36.021, F.A.C.;
13. If the facility advertises that it provides special care for individuals with and related , a written description of those special services as required in Section 429.177, F.S.; and,
14. The facility's resident elopement response policies and procedures.
(b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following:
1. A copy of the resident's contract that meets the requirements of Rule 59A-36.018, F.A.C.,
2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided,
3. A copy of the resident's bill of rights as required by Rule 59A-36.007, F.A.C.; and,
4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and

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{A 009}	Continued From page 2 address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 (2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure resident agreements/contracts contained all requirements per 59A-36.018 (1)(a) FAC. including limited nursing services and costs. This is an uncorrected deficiency. Per 59A-36.018 F.A.C. Resident Contracts: (1) (a): A list of specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive.	{A 009}		

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{A 009}	Continued From page 3 The findings included: Record review of the facility Assisted Living and Memory Care Resident Agreement/contract, revealed, the Agreement does not contain a list of specific services to be provided by the facility for limited nursing services (LNS) which the resident elects to receive, including associated costs if any. On at 4:15 p.m., during an interview, the Executive Director (ED) said that the previous ED made an update to the contract about scooters, but there was nothing else done relating to the contact. The ED said she did not know that there was an issue with the LNS services costs not being addressed in the contract, and acknowledged per regulations it needs to be. Class III .	{A 009}		
{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	{A 081}		

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{A 081}	Continued From page 4 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 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.	{A 081}		

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{A 081}	Continued From page 5 (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. 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 ,	{A 081}		

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{A 081}	Continued From page 6 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all direct care employees completed the required training within 30 days of hire for 3 (Staff N, P and Executive Director) of 3 records reviewed. The facility failed to ensure the	{A 081}		

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{A 081}	Continued From page 7 required training completed was based on facility policies and procedures for 3(Staff N, P and Executive Director) of 3 employee records reviewed. The findings included: On , record review of employee files revealed Medication Technician Staff N had a hire date of . Further review revealed documentation of completion of 2 hours of Preservice Orientation on through Allen Flores Academy, an online computer-based training system. The training was not completed based on facility policies and procedures. There was no documentation of completion of 1 hour of Adverse Incident Reporting and Emergency Procedures training based on specific facility-based policies and procedures, 1 hour of Resident Rights and Recognizing/Reporting and Neglect training, 1 hour of Safe Food Handling Training, 1 hour of Control training based on specific facility-based policies and procedure, Elopement Response training based on specific facility-based policies and procedures, and 3 hours of Activities of Daily Living and Behavioral Needs training in Staff N's file. On , record review of employee files revealed Caregiver Staff P had a hire date of . Further review revealed documentation of completion of 2 hours of Preservice Orientation on through Allen Flores Academy, an online computer-based training system. The training was not completed based on facility policies and procedures. There was no documentation of completion of 1 hour of Adverse Incident Reporting and Emergency Procedures training based on specific facility-based policies	{A 081}		

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{A 081}	Continued From page 8 and procedures, 1 hour of Resident Rights and Recognizing/Reporting and Neglect training, 1 hour of Safe Food Handling Training, 1 hour of Control training based on specific facility-based policies and procedure, Elopement Response training based on specific facility-based policies and procedures, and 3 hours of Activities of Daily Living and Behavioral Needs training were not documented in Caregiver Staff P's file. On , record review of employee files revealed that the Executive Director (ED) had a hire date of , with a promotion to the ED [position on . Further review revealed no documentation of completion of 1 hour of Control training, Elopement Response training based on facility policies and procedures, and 3 hours of Activities of Daily Living and Behavioral Needs training in the Executive Director's file. On at 3:45 p.m., during an interview, the Director of Human Resources (DHR) said herself and the Executive Director oversee staff files. The Director of Human Resources said that she was unaware of the regulations regarding staff training based on facility policies and procedures, or training courses of any kind. The DHR said when she was hired in , she was never given a plan of correction or a template in order to for the files to be compliant. On at 4:15 p.m., during an interview, the Executive Director said that none of the trainings were adjusted or updated and acknowledged that they need to be facility specific and completed for each staff member.	{A 081}		

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{A 081}	Continued From page 9 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 staff records reviewed contained documentation of the required / training for 2 (Staff N, Staff P) of 3 records reviewed. The findings included: Record review of employee files revealed Medication Technician Staff N had a hire date of . Staff N's employee file contained no documentation of having completed the required / training. Record review of employee files revealed Caregiver Staff P had a hire date of . Staff P's employee file contained no documentation of having completed the required / training.	{A 082}		

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{A 082}	Continued From page 10 On at 3:45 p.m., during an interview, the Director of Human Resources (DHR) said herself and the Executive Director oversee staff files. The Director of Human Resources said that she was unaware of the regulations regarding facility-based staff training or training courses of any kind. The DHR said when she was hired in , she was never given a plan of correction or a template in order to for the employee files to be compliant. On at 4:15 p.m., during an interview, the Executive Director said that none of the trainings were adjusted or updated and acknowledged that they need to be completed for each staff member. Class III .	{A 082}		
{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	{A 090}		

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{A 090}	Continued From page 11 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 all direct care employees completed 1 hour of ( ) training for 3 (Executive Director, Staff N, Staff P) out of 3 records reviewed. The findings included: Record review of employee files revealed Medication Technician Staff N had a hire date of . Staff N's employee file contained no documentation of having completed 1-hour training on based on the facility policies and procedures. Record review of employee files revealed Caregiver Staff P had a hire date of . Staff P's employee file contained no documentation of having completed 1-hour training on based on the facility policies and procedures. Record review of employee files revealed the Executive Director (ED) had a hire date of , with a promotion to the ED position on . The ED's employee file contained no documentation of having completed 1-hour training on based on the facility policies and procedures. On at 3:45 p.m., during an interview, the Director of Human Resources (DHR) said herself and the Executive Director oversee staff files. The Director of Human Resources said that she was unaware of the regulations regarding staff training based on facility policies and procedures or training courses of any kind. The DHR said	{A 090}		

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{A 090}	Continued From page 12 when she was hired in , she was never given a plan of correction or a template in order to for the employee files to be compliant. On at 4:15 p.m., during an interview, the Executive Director said that none of the trainings were adjusted or updated and acknowledged that they need to be, and completed for each staff member. Class III	{A 090}		

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{ZZ875} SS=D	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 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	{ZZ875}		

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{ZZ875}	Continued From page 1	{ZZ875}		

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, specialized care for persons with 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 , communication strategies, medical information,

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	AL11970223	A. BUILDING: _____ B. WING _____	R 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
81 OAKS SENIOR LIVING	8000 HAWKINS RD SARASOTA, FL 34241

(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 2	{ZZ875}		

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 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.

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{ZZ875}	Continued From page 3 (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). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to satisfy 430.5205 F.A.C. " and Related Forms of Education and Training Act" ensuring all staff completed the one hour training video from the Department of Elder Affairs (DOEA) for 2 (Staff N, Staff P) out of 3 records reviewed. This is an uncorrected deficiency. The findings included: Record review of employee files revealed Medication Technician Staff N had a hire date of . Staff N's employee file contained no documentation of having completed the required	{ZZ875}		

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{ZZ875}	Continued From page 4 1-hour DOEA training video. Record review of employee files revealed Caregiver Staff P had a hire date of . Staff P's employee file contained no documentation of having completed the required 1-hour DOEA training video. On at 3:45 p.m., during an interview, the Director of Human Resources said that herself and the Executive Director oversee staff files. The Director of Human Resources said she was unaware of what the regulations are regarding facility-based staff training or training courses of any kind. She said that when she was hired in , she was never given a template in order for the files to be compliant. On at 4:15 p.m., during an interview, the Executive Director said that none of the trainings were adjusted or updated and acknowledged that the trainings need to be completed for each staff member. Class III .	{ZZ875}		