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
	AL11969059	A. BUILDING: _____ B. WING _____	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE COCONUT POINT	8460 MURANO DEL LAGO DR BONITA SPRINGS, FL 34135

(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 relicensure, limited nursing service, emergency power plan, and health facility reporting system survey was conducted at American House Coconut Point on through . Deficiencies were identified at the time of survey.	A 000		
A 007 SS=D	59A-36.006(1) FAC Admissions - Criteria (1) ADMISSION CRITERIA. (a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license: 1. Be at least . 2. Be free from signs and symptoms of any communicable that is likely to be transmitted to other residents or staff. An individual who has ( ) may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule. 3. Be able to perform the activities of daily living, with supervision or assistance if necessary. 4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. 5. Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication. a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the	A 007		

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A 007	Continued From page 1	A 007		

resident's surrogate, guardian, or attorney-in-fact.
b. The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident.
6. Not have any special dietary needs that cannot be met by the facility.
7. Not be a danger to self or others as determined by a health care practitioner, or a mental health practitioner licensed under Chapter 490 or 491, F.S.
8. Not require 24-hour licensed professional mental health treatment.
9. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.;
10. Not have any or 4 . A resident requiring care of a may be admitted provided that:
a. The resident either:
(I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or
(II) Resides in a limited nursing services licensed facility and care is provided by the facility pursuant to a plan of care issued by a health care practitioner;
b. The condition is documented in the resident's record and admission and discharge logs; and,
c. 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.
11. Residents admitted to standard, limited nursing services, or limited mental health

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A 007	Continued From page 2 licensed facilities may not require any of the following nursing services: a. airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine; b. Assistance with , c. Monitoring of gases, d. Management of post-surgical drainage tubes and vacuum devices; e. The administration of products in the facility; or f. Treatment of surgical or , unless the surgical or and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record. 12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services: a. , and , , performed in the facility; b. , , , performed in the facility. 13. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 14. Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. 15. Be appropriate for admission to the facility as determined by the facility administrator. The administrator must base the determination on: a. An assessment of the strengths, needs, and preferences of the individual; b. The medical examination report required by Section 429.26, F.S.; c. The facility's admission policy and the services the facility is prepared to provide or arrange in	A 007		

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A 007	Continued From page 3 order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and, d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule Chapter 69A-40, F.A.C. (b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable , , or assistance with routine , care of site , placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves. (c) Nursing staff may not provide training to unlicensed persons, as defined in Section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from , with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license. (d) Not withstanding any other provisions of this rule, an individual enrolled in and receiving licensed hospice services may be admitted to an assisted living facility pursuant to Section 429.26(1)(d), F.S. (e) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.	A 007		

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A 007	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure 1(Resident #20) of 3 residents reviewed was able to perform the activities of daily living with supervision or assistance if necessary and did not require total care from staff. The findings included: Resident #20 was admitted to the facility on . The Healthcare Assessment Form (1823) dated revealed Resident #20 required "Total Care" (Staff completes the action for the resident) for activities of daily living including ambulation, bathing, , eating, self-care (grooming), and toileting. On at 4:06 p.m., observed Resident #20 in the apartment with Medication Technician Staff F and Care Giver Staff G. Staff F asked Resident #20 to transfer to the wheelchair. Staff F stated to Resident #20, "try for me." Resident # 20 did not assist in the transfer activity. Staff F raised the "Power Lift Recliner" to the upright position. Staff F and G both lifted Resident #20 into the wheelchair. The 2 staff performed the activity for the resident. Resident #20 did not bear or or pariciapate in the ADL. Staff F asked the Resident #20 to put on her sweater. Resident #20 did not participate or assist in the ADL activity. Staff F and G wheeled Resident #20 into the bathroom to check her adult brief. Staff F asked Resident #20 to stand and hold the grab bar, in the front of the toilet. Resident #20 did not assist in standing or holding the grab bar. Staff F and G lifted the resident and quickly and checked her	A 007		

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A 007	Continued From page 5 adult brief. Resident #20 did not participate or assist in ADL. Staff F handed Resident #20 a warm, damp washcloth, and asked her to wipe her . Staff F used slow, understandable language in a volume Resident #20 could hear to explain the activity. Resident #20 took the washcloth into her , but did not wipe her . Resident #20 threw the washcloth to the sink. Staff F picked up the washcloth and handed the washcloth to the resident a 2nd time. Staff F explained the activity to the resident in a way and volume the resident could understand a second time. Resident #20 did not wash her . Resident #20 threw the washcloth to the sink again. Staff F explained to Resident #20 she was going to wipe her . Resident #20 did not assist or participate in the activity. Staff F then told the resident it was time for dinner, and pushed Resident #20 in the wheelchair to the dining room. On at 4:30 p.m., during an interview Staff F said Resident #20 does not assist in transferring, , toileting, or grooming. Staff F said have to do everything for Resident #20. On at 4:59 p.m. during an interview the AWD (Assistant Wellness Director) said the facility admits residents who need total care for their activities of daily living including , toileting, and grooming. The AWD said Resident #20's Health Assessment completed on 11/28/25 was correct. Class III .	A 007		

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A 010	Continued From page 6	A 010		
A 010 SS=D	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, 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	A 010		

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A 010	Continued From page 7 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 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.	A 010		

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A 010	Continued From page 8 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 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	A 010		

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A 010	Continued From page 9 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 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 failed to ensure an updated and accurate Health Assessment Form (1823) was completed for 2 (Residents #12 and #13) of 2 residents reviewed	A 010		

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A 010	Continued From page 10 for significant change in condition. The findings included: Record Review revealed Resident #13 was admitted to the facility on . Hope Hospice services began on . Further review revealed Resident Health Assessments Form (1823) completed on , , and . There was no documentation of an updated Health Assessment Form completed within 30 days after Resident #13 started receiving hospice services on . On at 9:00 a.m., during an interview, the AWD (Assistant Wellness Director) said hospice services is a significant change and there should have been a new Health Assessment completed for Resident #13 within 30 days of hospice services being initiated on . Record Review revealed Resident #12 was admitted to the facility on . Further review revealed documentation of physician orders dated for hospice services. A Health Assessment was completed on . The facility did not obtain an updated Health Assessment (1823) within 30 days of the hospice services being ordered for Resident #12. On at 9:00 a.m., during an interview, the AWD said the start of hospice services is a significant change and a new Health Assessment Form (1823)should have been completed for Resident #12. Class III .	A 010		

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A 052	Continued From page 11	A 052		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit	A 052		

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A 052	Continued From page 12 dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.	A 052		

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A 052	Continued From page 13 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,	A 052		

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A 052	Continued From page 14 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation,record review, and interview, the facility failed to ensure staff who assist with self-administration of medications do so appropriately to include informing residents of the names and doses of medications being given for 4 (Residents #14, #15, #17, and #18) of 4 residents observed for medications. The facility failed to ensure unlicensed staff were not administering medications. The findings included: On at 8:52 a.m., observed Resident #14	A 052		

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A 052	Continued From page 15 receive assistance with self-administration of medication while in bed. Medication Technician Staff C crushed the medications and mixed it with pudding. Staff C spoon fed Resident #14 the mixture while the resident was lying in bed. Staff C did not tell the resident the names or the doses of the medication. On at 9:18 a.m., observed Resident #15 receive medication assistance in the dining room. Staff C put the medication in pudding and spoon fed the medications to Resident #15. Staff C did not tell the resident the names or the doses of the medication. On at 9:47 a.m. observed Resident #17 receive medication assistance in the dining room. Staff C put the medication in pudding and spoon-fed the medications to Resident #17. Staff C did not tell the resident the names or the doses of the medication. On at 10:07 a.m., observed Resident #18 receive medication assistance in the dining room. Staff C stated to Resident #18, "I have your medication and ." Staff C did not tell the resident the names or the doses of the medication. On at 10:16 a.m. Staff C confirmed she did not tell the residents the names or doses of the medication. Staff C confirmed she spoon fed Residents #14, #15, and #17 their medications. Staff C said they will not take the medications by themselves. On at 11:30 a.m., during an interview, the AWD (Assistant Wellness Director) said none of the facility residents have medication waivers	A 052		

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A 052	Continued From page 16 exempting staff from telling the residents the names and doses of the medication, the staff should tell residents the names and doses of the medication they assist with. The WD said the med techs cannot spoon feed the residents their medications. Class III .	A 052		
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).	A 081		

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A 081	Continued From page 17 (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 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	A 081		

Agency for Health Care Administration

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A 081	Continued From page 18 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (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	A 081		

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A 081	Continued From page 19 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 based on facility policies and procedures for 4 (Staff B, Staff D, Staff E, Executive Director) of 4 employee records reviewed The findings included: Record review for Medication Technician (MT) Staff B revealed a date of hire of . Further review revealed documentation of completion of 2 hours of Pre-Service Orientation training dated , the certificate had no employee and or administrator signatures, 2 hours of Control and Universal Precautions training dated , 1 hour of , Neglect and , training dated , and 1 hour of	A 081		

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A 081	Continued From page 20 Elopement and ˳ training dated through MyALFtraining.com, an online computer-based training system. The training completed was not based on the facility policies and procedures. Record review for Caregiver Staff D revealed a date of hire of . Further review revealed documentation of completion of 2 hours of Pre-Service Orientation training on , the certificate had no employee and or Administrator signatures, 1 hour of , Neglect and , training dated , and 1 hour of Elopement and ˳ training dated through MyALFtraining.com, an online computer-based training system. The training completed was not based on the facility policies and procedures. There was no evidence of completion of 1 hour of Control training on file for Staff D. Record review for Caregiver Staff E revealed a date of hire of . Further review revealed documentation of completion of 2 hours of Pre-Service Orientation training dated , the certificate had no employee and or Administrator signatures, 1 hour of Control and Universal Precautions training dated , 1 hour of , Neglect and , training dated , and 1 hour of Elopement and ˳ training dated through MyALFtraining.com, an online computer-based training system. The training completed was not based on the facility policies and procedures. Record review for the Executive Director revealed a date of hire of ., Further review revealed documentation of completion of 2 hours of Control and Universal Precautions training dated , 1 hour of , Neglect	A 081		

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A 081	Continued From page 21 and , training dated , and 1 hour of Elopement and , training dated through MyALFtraining.com, an online computer-based training system. The training completed was not based on the facility policies and procedures. On at 12:05 p.m., during an interview, the Business Office Manager said the facility utilizes the MyALFtraining.com, a computer-based training platform for staff training. On at 2:00 p.m., during an interview, the Executive Director said each department does their own internal trainings and none of it is documented, then the staff begin their computer-based trainings which last a few days. The ED said all of the trainings are done online, and nothing is done that is of a facility specific nature. On at 2:15 p.m., during an interview, the Executive Director acknowledged the trainings needed to be based on the facility policies and procedures. Class III .	A 081		
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 .	A 090		

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A 090	Continued From page 22 (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 all direct care employees completed 1 hour of ( ) training based on the facility policies and procedures for 4 (Staff B, D, E, Executive Director) of 4 records reviewed. The findings included: Record review for Medication Technician (MT) Staff B revealed a date of hire of . Further review revealed documentation of completion of 1 hour of training dated through MyALFtraining.com, an online computer-based training system. The training completed was not based on the facility policies and procedures. Record review for Caregiver Staff D revealed a date of hire of . Further review revealed documentation of completion of 1 hour of training dated through MyALFtraining.com, an online computer-based training system . The training completed was not based on facility policies and procedures. Record review for Caregiver Staff E revealed a date of hire of . Further review revealed documentation of completion of 1 hour of training dated through MyALFtraining.com, an online computer-based training system. The	A 090		

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A 090	Continued From page 23 training completed was not based on facility policies and procedures. Record review for the unlicensed Executive Director revealed a date of hire of . Further review revealed documentation of completion of 1 hour of training dated through MyALFtraining.com, an online computer-based training system . The training completed was not based on facility policies and procedures. On at 12:05 p.m., during an interview, the Business Office Manager said the facility utilizes the MyALFtraining.com, a computer-based training platform for staff training. On at 2:00 p.m., during an interview, the Executive Director said each department does their own internal trainings and none of it is documented, then the staff begin their computer-based trainings which last a few days. The ED said all the trainings are done online, and nothing is done that is of a facility specific nature. On at 2:15 p.m., during an interview, the Executive Director acknowledged the trainings needed to be based on the facility policies and procedures. Class III .	A 090		