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
	AL11910011	A. BUILDING: _____ B. WING _____	12/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA AT CARPENTERS (THE)	1001 CARPENTER'S WAY LAKELAND, FL 33809

(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 biennial survey, an extended congregate care monitoring visit, and a generator monitoring visit were conducted at The Villa at Carpenters on . Deficiencies were identified at the time of survey.	A 000		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all	A 032		

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A 032	Continued From page 1 facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of elopement drill training for four (Executive Director, Staff C, Staff A, and Staff D) of four sampled employee records Findings included: During record review was conducted on	A 032		

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A 032	Continued From page 2 . The facility failed provide evidence of elopement drill training for the Executive Director (ED), Staff C, Staff A, and Staff D. ED was hired on ; Staff C was hired on ; Staff A was hired on ; and Staff D was hired on . An interview with the Chief Operations Officer , conducted on at 1:59pm, confirmed that the facility did not have evidence of the trainings requested during the survey for the sampled employee records. Class III	A 032		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number;	A 054		

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A 054	Continued From page 3 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to have medication observation records (MORs) updated immediately when medications were given to seven Residents (#1, #3, #8, #13, #14, #15, and #16) of seven sampled residents. Findings Included: During an observation, conducted on at 10:45 AM, it was observed that Staff A was frantically signing MORs. A MORs review for Resident #1, conducted on , revealed that Resident #1's prescribed medications , 650mg, , 50mg, Mirabegron 25mg, and 50mg were not documented as given on at 08:00 AM. A MORs review for Resident #3, conducted on , revealed that Resident #3's prescribed medications Ceravite, C, , , 25mg, and Senex on-S 8.6-50mg documented as given on at 08:00 AM. Resident #3's 1% , , were not documented as given on at 12:00 PM and	A 054		

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A 054	Continued From page 4 at 08:00 AM & 12:00 PM. Resident #3's Ofloxacin , Solution 0.3% was not documented as given on at 12:00 PM and at 08:00 AM & 12:00 PM. Resident #3's , 40mg was not documented as given on , , , , , /2205, , and at 06:00 AM. A MORs review for Resident #8, conducted on , revealed that Resident #8's prescribed medications inhaler documented on at 09:00 AM and 20mg were not documented as given on at 08:00 AM. A MORs review for Resident #13, conducted on , revealed that Resident #13's prescribed medications HFA 230-21mcg inhaler, , 100mg, , 81mg, 3.125mg, , 75mg, 325mg, 1mg, 20mg, 25mg, Mirabegron 50mg, 25mg, and , 50mg were not documented as given on at 08:00 AM. Resident #13's HFA 230-21mcg inhaler was not documented as given on at 05:00 PM. Resident #13's 20mg was not documented as given on at 08:00 PM. Resident #13's 3.125mg was not documented as given on at 05:00 PM and at 05:00 PM. Resident #13's 5mg was not documented as given on at 08:00 PM. A MORs review for Resident #14, conducted on , revealed that Resident #14's prescribed medications , 10mg, 325mg, 20mg,	A 054		

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A 054	Continued From page 5 50mg, and Senex on-S 8.6-50mg were not documented as given on at 08:00 AM. A MORs review for Resident #15, conducted on , revealed that Resident #15's prescribed medications 600mg, 50mg, and D3 5000units were not documented as given on at 08:00 AM. A MORs review for Resident #16, conducted on , revealed that Resident #16's prescribed medications 50mg, 40mg, , 10mg, and 5mg were not documented as given on at 05:00 PM. During an interview with the Director of Nursing, conducted on at 02:00 PM, the Director of Nursing agreed that Residents #1, #3, #8, #13, #14, #15, and #16 had medications that were not documented as given to the residents. (photographic evidence obtained) Class III	A 054		
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	A 081		

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A 081	Continued From page 6 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 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.	A 081		

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A 081	Continued From page 7 (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. 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	A 081		

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A 081	Continued From page 8 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. This Statute or Rule is not met as evidenced by:	A 081		

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A 081	Continued From page 9 Based on record review and interview, the facility failed to ensure to complete the required staff in-service training for four of four samples staff (Executive Director (ED), Staff A, Staff C, and Staff D). Findings included: During record review on no training evidence of the following trainings were available for review. elopement response training (Executive Director (ED), Staff A, Staff C, and Staff D) facility emergency procedure and incident reporting training (Staff C, Staff A, and Staff D) major/adverse incident training (Staff A, and Staff D) resident rights training (Staff C, Staff A, and Staff D) and neglect training (Staff A, and Staff D) safe food handling training (Staff A) ED was hired on ; Staff C was hired on ; Staff A was hired on ; and Staff D was hired on . An interview with the Chief Operations Officer, conducted on at 1:59 pm, confirmed that the facility did not have evidence of the requested in-service trainings. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section	A 082		

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A 082	Continued From page 10 381.0035, 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 to complete / , , (/) training for three of (Staff A, Staff C, and Staff D) four sampled records Findings included: During record review on , facility failed to evidence of completion of / training for Staff A, Staff C, and Staff D. Staff C was hired on ; Staff A was hired on ; and Staff D was hired on . An interview with the Chief Operations Officer, conducted on at 1:59 pm, confirmed that the facility did not have evidence of the trainings requested during the survey. Class III	A 082		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING.	A 090		

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A 090	Continued From page 11 (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure completion of ( ) training for three of (Staff A, Staff C, and Staff D) four sampled records Findings included: During record review on , training was not available for review for Staff A, Staff C, and Staff D. Staff C was hired on ; Staff A was hired on ; and Staff D was hired on . An interview with the Chief Operations Officer , conducted on at 1:59pm, confirmed that the facility did not have evidence of the trainings requested during the survey. Class III	A 090		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:	A 162		

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A 162	Continued From page 12 (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ◡ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ◡ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in	A 162		

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A 162	Continued From page 13 writing that ◡ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a	A 162		

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	AL11910011	A. BUILDING: _____ B. WING _____	12/22/2025

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VILLA AT CARPENTERS (THE)	1001 CARPENTER'S WAY LAKELAND, FL 33809

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A 162	Continued From page 14 health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain an updated health assessment that noted the resident's elopement risk assessment for one Resident (#1) and the Examiner's telephone number and address for two Residents (#1 and #11) of two sampled residents.	A 162		

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A 162	Continued From page 15 Findings Included: A record review for Resident #1, conducted on , revealed that Resident #1 did not have the elopement risk assessment and the Examiner's telephone number and address on the health assessment form dated . A record review for Resident #11, conducted on , revealed that Resident #11 did not have the Examiner's telephone number and address on the health assessment form dated . During an interview with the Director of Nursing, conducted on at 02:00 PM, the Director of Nursing agreed that there was no elopement risk assessment for Resident #1 and no telephone number or address of the Examiner for Resident #1 and #11. Class III	A 162		
AE210 SS=D	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , , , shall not be required to take the	AE210		

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AE210	Continued From page 16	AE210		

assisted living facility core training competency test.
(b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , , , or social needs of frail elderly and persons, or persons with 's or related .
(c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to provide evidence of the Extended Congregate Care training for four of (Executive Director (ED), Staff C, Staff A, and Staff D) four sampled records.

Findings included:

During record review on , the facility failed to provide evidence of the Extended Congregate Care training for the ED, Staff C, Staff A, and Staff D. ED was hired on ; Staff C was hired on ; Staff A was hired on ; and Staff D was hired on .

An interview with the Chief Operations Officer , conducted on at 1:59 pm, confirmed that the facility did not have evidence of the trainings requested during the survey.

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AE210	Continued From page 17 Class III	AE210		

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

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ZZ875	Continued From page 2 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 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.	ZZ875		

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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 provide evidence of 's and related forms of 1-hour training within 30 days of hire and additional 3-hours of training withing 7 months of hiring for one of (Executive Director)of four sampled records; and additional 3-hours of training withing 7 months of hiring of hiring for one (Staff D) of four sampled records. Findings included: During employee record review on , the facility failed to provide evidence of and related	ZZ875		

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ZZ875	Continued From page 4 forms of 1-hour training within 30 days of hire and additional 3-hours of training for the Executive Director (ED), and 3 additional hours of and related forms of training for Staff D. ED was hired on and Staff D was hired on . An interview with the Chief Operations Officer , conducted on at 1:59pm, confirmed that the facility did not have evidence of the trainings requested during the survey for the sampled employee records. Class III	ZZ875		