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
	AL11969275	A. BUILDING: _____ B. WING _____	10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE PLACE AT BEACHWALK	15800 BEACHWALK BLVD FORT MYERS, FL 33908

(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 Change of Ownership, limited nursing service, emergency power plan monitoring, health facility reporting system and complaint investigation for #2025011565 and 2025013599 survey was conducted at Keystone Place at Beachwalk on through . Deficiencies were identified at the time of survey. .	A 000		
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	A 052		

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A 052	Continued From page 1	A 052		

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 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.

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A 052	Continued From page 2 (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. 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	A 052		

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A 052	Continued From page 3 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, 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, interview, and record review, the facility failed to ensure staff who assist with self-administration do so accordingly and	A 052		

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A 052	Continued From page 4 orally advise the names and doses of medications given during assistance with self-administration of medication for 4 (Residents #11, #12, #13, #14) of 4 residents reviewed. The findings included: Policy-Procedure: Self-Administration Medication management. Date , Procedure: 10. Assigned staff will conduct self-administered Management by following the following sequence for each resident when they provide service to the resident needing assistance with self-administered medication; a. wash . . . l. Assigned staff will return the medication container(s) to proper storage; and. . . m. wash . On at 8:55 a.m., observed Medication Technician Staff D assist with self-administration of medication for Resident #11. Staff D did not perform hygiene before preparing the medications. Staff D took the medications to the resident and stated, "I have your meds." Resident #11 asked Staff D what was in the cup and Staff D said the , was in the cup. Staff D did not orally advise of the dose of the , . There were 7 other medications in the cup Staff D handed to Resident #11. Staff D did not orally advise for names and doses of 7 medications. Staff D did not perform hygiene and began the next medication pass with Resident #12. On at 9:00 a.m., observed Staff D prepare medications for Resident 12 including 1 tablet and 5 milliliters (ml) of liquid. Staff D took the medications to Resident #12 who was sitting on the couch. Staff D did not orally advise	A 052		

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A 052	Continued From page 5 Resident #12 of the names or doses of the medication she was given. No hygiene was performed prior to preparing the medications and or after assisting Resident #12 with the medications. Staff D continued to next resident. On at 9:33 a.m. observed Staff D prepare medications for Resident #14. Staff D crushed the medication and mixed it with chocolate pudding. Staff D took the medication to Resident #14. Resident #14 took the spoon and ate the medication mixed with chocolate pudding. Staff D did not sanitize prior to preparing the medication. On at 9:38 a.m., observed Staff G assist with self-administration of medications for Resident #13. Staff G did not perform hygiene before assisting Resident #13 with the medications. Staff G did not orally advise Resident #13 of the names or doses of the medications. On at 9:53 a.m., during an interview Staff G verified she did not orally advise Resident #13 of the medication names and doses given. On at 1:05 p.m., during an interview Staff D verified she did not orally advise the residents of the medication names or doses given for Residents #11, #12, and #14. Staff D verified she did not perform hygiene before or after medication assistance with Residents #11, #12, and #14. On at 10:01 a.m. during an interview, the Wellness Director said the policy for assisting with self-administration of medications is the same for the medication technicians and the nurses. They must orally advise the residents of	A 052		

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A 052	Continued From page 6 the names and doses of the medications they are assisting with, and staff should always perform hygiene before and after assisting different residents with any procedure including medications. Class III .	A 052		
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; 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.	A 054		

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(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, interview, and record review, the facility failed to accurately update the chart for recording each time the medication was taken/refused for 1 (Resident #13) of 4 residents reviewed for medications.

The findings included:

On at 9:28 a.m., observed on top of the medication cart, one (1) unsecured plastic medication cup containing crushed medications and 1 needless syringe filled with ABH medication gel. Medication Technician Staff D said they belonged to Resident #13. She said Resident #13 refused about 40 minutes ago. Staff D said she will ask the nurse to try and assist the resident.

On at 9:38 a.m., Staff D asked Licensed Practical Nurse (LPN) Staff G to assist Resident #13 for self-administration of medication including the crushed medication and the gel. Staff G took the medication cup and the syringe from the top of the medication cart. Staff G walked to Resident #13 and the resident consumed the crushed medications mixed with applesauce. Staff G applied the ABH gel to the resident's .

On at 9:53 a.m., during an interview, Staff G said she tried to document she had assisted Resident #13 with self-administration of her medications, but Staff D had already documented that they were consumed about 1

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A 054	Continued From page 8 hour ago. Review of the Medication Administration Audit Report for Resident #13 revealed Staff D documented Resident #13 took the medications at 8:50 a.m. (not documented as a refusal) On at 1:05 p.m., during an interview, Staff D verified she signed off the medications for Resident #13 before the resident received them. Staff D said she knows she should not document something she had not done, but she made a mistake. On at 10:01 a.m., during an interview, the Wellness Director said the medication technician should not sign off the medications were given if the resident had not consumed them. Class III .	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out	A 055		

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A 055	Continued From page 9 of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to	A 055		

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the medication storage areas at all times; and,
4. Kept separately from the medications of other residents and properly closed or sealed.
(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.
(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).
(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to ensure medications are kept in a locked cabinet, cart, or other locked

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A 055	Continued From page 11 storage receptacle at all times for 1(Resident #13) of 4 residents reviewed for medication storage. The findings included: On at 9:28 a.m. observed on top of the medication cart, one (1) plastic cup filled with a powdery substance and 1 needleless syringe filled with gel-like substance. On at 9:30 a.m., during an interview, Medication Technician Staff D said the substances were medications for Resident #13. She said she prepared them 40 minutes ago, but Resident #13 refused to take them. Staff D said she stored them on top of the medication cart after Resident #13 refused them. Staff D said she is going to ask the nurse to give them to Resident #13. Review of the Medication Administration Audit Report dated revealed the morning medications for Resident #13 included , 120 milligrams (mg); , 500 mg; Omega 3 1000 mg; , 40 mg; , 20 milli equivalents; 60 mg; , 5 mg (tablet); , 0.5 mg; and ABH Gel 2 mg / 50 mg / 2 mg. On at 1:00 p.m., during an interview, Staff D said she realized she should not store medications on top of the medication cart. On at 10:01 a.m., during an interview, the Wellness Director said all residents requiring assistance with self-administration of medication should always have their medications in the locked medication cart. The wellness Director said staff should not store medications on top of	A 055		

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A 055	Continued From page 12 the medication cart. Class III .	A 055		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	A 078		

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(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.
(d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility must:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,
2. Maintain time sheets for all staff.
(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that newly hired staff within 30 days of employment, submit a written statement from a health care provider documenting the individual is free from signs/symptoms of

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	AL11969275	A. BUILDING: _____ B. WING _____	10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE PLACE AT BEACHWALK	15800 BEACHWALK BLVD FORT MYERS, FL 33908

(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 078	Continued From page 14 communicable for 1 (Staff D) of 4 records reviewed. The findings included: Record review of employee files revealed Caregiver Staff E had a hire date of . Staff E's employee file contained documentation of freedom of communicable dated . Not within the 30 days of employment. On at 11:00 a.m., during an interview, the Director of Operations said she was the party responsible for employee records and that she knows that they have 30 days to get the communicable statement. The Director of Operations acknowledged the date was beyond the 30 days. Class III .	A 078		
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	A 081		

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A 081	Continued From page 15	A 081		

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.
(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation

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A 081	Continued From page 16	A 081		

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 receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

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A 081	Continued From page 17 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: Based on record review and interview, the facility failed to ensure all direct care employees completed 2 hours of Pre-Service Orientation	A 081		

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A 081	Continued From page 18	A 081		

training based on facility policies and procedures for 3 (Staff D, E, F) of 4 employee records reviewed.

The findings included:

Record review of employee files revealed Medication Technician (MT) Staff D had a hire date of . Staff D's file contained documentation of a certificate for 2 hours of Pre-Service Orientation Training completed on through myalftraining.com, an online computer-based training system. MT Staff D failed to complete the required preservice orientation training based on facility policies and procedures.

Record review of employee files revealed Caregiver Staff E had a hire date of . Staff E's file contained documentation of a certificate for 2 hours of Pre-Service Orientation Training completed on through myalftraining.com, an online computer-based training system. Caregiver Staff E failed to complete the required preservice orientation training based on facility policies and procedures.

Record review of employee files revealed Caregiver Staff F had a hire date of . Staff F's file contained documentation of a certificate for 2 hours of Pre-Service Orientation Training completed on through myalftraining.com, an online computer-based training system. Caregiver Staff E failed to complete the required preservice orientation training based on facility

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A 081	Continued From page 19 policies and procedures. On at 11:00 a.m., during an interview, the Director of Operations (DOO) acknowledged the concerns in the files and said that they were working on them. The DOO said they are currently utilizing online training because of the transition with ownership. the DOO said they are in the process of creating a Orientation manual to be utilized for their pre-service orientation training that is facility specific. 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 . (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	A 090		

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A 090	Continued From page 20 completed 1 hour of ( ) training based on facility policies and procedures for 3 (Staff D, E, F) of 4 records reviewed. The findings included: Record review of employee files revealed Medication Technician (MT) Staff D had a hire date of . Staff D's file contained documentation of certificate of 1 hour of Training completed on through myalftraining.com, an online computer-based training system. Staff D failed to complete the required training based on facility policies and procedures. Record review of employee files revealed Caregiver Staff E had a hire date of . Staff E's file contained documentation of certificate of 1 hour of Training completed on through myalftraining.com, an online computer-based training system. Caregiver Staff E failed to complete the required training based on facility policies and procedures. . Record review of employee files revealed Caregiver Staff F had a hire date of . Staff F's file contained documentation of a certificate of 1 hour of Training completed on through myalftraining.com, an online computer-based training system. Caregiver Staff E failed to complete the required training based on facility policies and procedures.. On at 11:00 a.m., during an interview,	A 090		

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A 090	Continued From page 21 the Director of Operations (DOO) acknowledged the concerns in the files and said that they were working on them. the DOO said they are currently utilizing online training because of the transition with ownership. The DOO acknowledged that the trainings need to be facility specific. Class III .	A 090		

Agency for Health Care Administration

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ZZ875	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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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 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 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) within 30 days of hire for 1 (Staff D) out of 4 records reviewed. The findings included: Record review of the employee files revealed Medication Technician (MT) Staff D had a hire date of . 1 hour of training	ZZ875		

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ZZ875	Continued From page 4 approved by the DOEA was documented as completed on . The training was not completed within 30 days of hire. On at 11:00 a.m., during an interview, the Director of Operations (DOO) acknowledged the concerns in the files, and said that they were working on them. The DOO said that the DOEA training needs to be done within 30 days and clearly completion in with a hire date is beyond 30 days. Class III .	ZZ875		