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
	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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A 000	Initial Comments A relicensure, limited nursing services, emergency power plan monitoring and health facility reporting system survey was conducted at Beach House Naples Assisted Living & Memory Care on through . This survey was done in conjunction a revisit to a prior complaint. Deficiencies were identified at the time of survey.	A 000		
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	A 010		

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A 010	Continued From page 1	A 010		

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 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

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A 010	Continued From page 2	A 010		

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.

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,

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A 010	Continued From page 3	A 010		

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 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

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A 010	Continued From page 4 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 interviews, the facility failed to ensure documentation of the hospice interdisciplinary care plan was maintained in the resident's file for 2 (Residents #13 and #14) of 3 residents reviewed for continued residency at the facility. The findings included: 1. Review of the facility documents for Resident #13 found a hospice Admission Facility Referral Visit conducted on revealing Resident #13's admission to hospice that day. The hospice consent was signed by the responsible party on . Review of Resident #13's hospice records on file at the facility did not contain an interdisciplinary care plan that specified the services being provided by hospice and those that were being provided by the facility. Review of Resident #13's hospice binder maintained at the facility and review of the residents paper chart did not reveal the hospice interdisciplinary care plan. Review of Resident #13's Facility Service Plan from the facility dated including the resident's needs, goals and interventions did not include hospice services being provided.	A 010		

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A 010	Continued From page 5 2. Review of the facility documents for Resident #14 revealed a hospice Admission Facility Referral Visit conducted on revealing Resident #14's admission to hospice that day. The hospice consent was signed by the responsible party on . Review of Resident #14's hospice records on file at the facility did not contain an interdisciplinary care plan that specified the services being provided by hospice and those that were being provided by the facility. Review of Resident #14's hospice binder maintained at the facility and review of the residents paper chart did not reveal the hospice interdisciplinary care plan. Review of Resident #14's Facility's Service Plan dated indicating the resident's needs, goals and interventions, but did not include hospice services. On at 3:30 p.m., the Director of Wellness (DW) said he started at the facility about 4 weeks ago and did not know why the facility was not in possession of the hospice care plans and also he did not know why the Service Plans from the facility did not include hospice services. On at 3:30 p.m., during a telephone interview, the Hospice Representative, she said the DW will need to access Hospice records via the provider "link" to obtain a copy of Hospice records for the facility. The Hospice Representative said the provider "link "contained the most up-to-date interdisciplinary hospice care plan so the facility has them "at their ." Class III	A 010		

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A 010	Continued From page 6	A 010		
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.	A 052		

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A 052	Continued From page 7	A 052		

(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.
(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

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A 052	Continued From page 8 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 [illegible] 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	A 052		

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A 052	Continued From page 9 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, the facility failed to orally advise residents of the names and doses of their medications for 4 (Residents #16, # #17, and #20) of 6 residents observed for medication assistance. The facility failed to utilize hygiene techniques that meet professional standards for 5 (Residents #16, # #17, #19, #20, and #21) of 6 residents observed for medication assistance. The findings included:	A 052		

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A 052	Continued From page 10 Review of the Facility Control Policy last revised , Under Procedure: . . . 2. "All associates will be trained on and utilize proper washing and hygiene that meets professional health care standards. All associates must wash their before beginning work, after using the bathroom, after any contaminated contact, after blowing or wiping their , before and after eating, before and after assisting a resident that requires contact with skin or soiled items., before handling medication, before serving meals, and after finishing a shift before leaving the community." 1. On at 11:00 a.m., observed Medication Technician (MT) Staff A assist with medication for Resident #16. Staff A wheeled Resident #16 from the apartment to the medication storage cart. Staff A obtained 1 medication (, - ,) from the medication storage cart. Staff A did not orally advise Resident #16 of the name or the dose of the medication. Staff A did not review the medication name or the dose that was written on the container with Resident #16. Staff A placed 1.5 tablets into a plastic cup and handed the cup to Resident #16 along with a cup of water, saying, "Here you go." The resident looked at the medication and took it. On at 4:12 p.m., observed MT Staff B assist with medications for Resident #18. Staff B did not perform hygiene prior to the start of the medication assistance. Staff A placed one tablet of , into a plastic cup and walked it over to Resident #18 who was in the TV room. Staff B did not orally advise Resident #18 the name of the medication or the dose. After Resident #18 had swallowed the medication Staff	A 052		

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A 052	Continued From page 11 B returned to the medication storage cart and began medication assistance for Resident #17. There was a large bottle of sanitizer on top of the medication storage cart. Staff B did not use the -based sanitizer to sanitize her between medication passes. On at 4:17 p.m., observed MT Staff B don gloves and remove from the storage cart for Resident #17. Staff B dropped the bottle on the floor. Staff B picked up the bottle and walked to Resident #17 in the TV room. Staff B did not change gloves or perform hygiene after she dropped the . Staff B assisted with the by placing one drop into each for Resident #17. Staff B walked to the storage cart, removed her gloves and placed them into the trash container on the medication storage cart touching the lid of the trash container. Staff B did not sanitize her . On at 4:24 p.m., observed Staff B don a pair of gloves. Staff B removed the chewable medication from the cart for Resident #19. Staff B told Resident # 19 her the medication was and it tasted like chocolate; you must chew it. The staff unwrapped the medication and Resident #19 chewed the medication. Staff B did not orally advise Resident #19 of the dose of the medication. While at the wheelchair, Staff B assisted the resident by placing her into the wheelchair footrest. Staff B walked to the medication storage care, removed the gloves, placed them into the trash container, touching the trash lid, and did not sanitize her . On at 4:35 p.m., observed Staff B remove 0.6% from the	A 052		

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A 052	Continued From page 12	A 052		

storage cart for Resident #20. Staff B obtained a pair of gloves and took the , , to Resident #20's apartment. Staff B did not use sanitizer before she applied her gloves. Staff B assisted the resident with the , , . Staff B did not orally advise of the name or dose. Staff B removed the gloves, put them in the trash container, touched the trash lid, and did not apply sanitizer to her .

On at 4:43 p.m., observed Staff B remove the , cuff from the medication storage cart and walk to Resident #21's room. Staff B did not use sanitizer, and donned gloves. Staff B took Resident #21's , . After Staff B obtained the , she said she would not be assisting with the , medication. Staff B removed her gloves, placed the gloves in the trash container touching the lid. After Staff B typed the , reading, she applied sanitizer to her .

On at 4:50 a.m., Staff B said if you don't use gloves, you should use sanitizer between residents when assisting with medications. She said for , , you should apply gloves so you don't get "any fluid" on your . Staff B said she did not use sanitizer between Residents #18, #17, #19, #20, and #21. She acknowledged she did not orally advise for the medications and dosage for #18, #17, and #20. She said she is aware it is a requirement, but she failed to do it this time.

On at 11:00 a.m., Staff A said she made a few mistakes yesterday during medication assistance because she did not orally advise Resident #16 of the name and dose of the , , .

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A 052	Continued From page 13 On at 1:10 p.m., the Director of Wellness said the facility does not offer waivers to the residents excusing staff from orally advising the residents of their medication names and doses. He said it is a requirement the residents are informed of the med and the dose at the time of the assistance. He said hygiene must be performed between care for residents including oral medication and , , assistance, even while using gloves. Class III .	A 052		
A 078 SS=E	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	A 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

(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 individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their 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	A 078		

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(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 15 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 within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable for 3 (Staff D, Staff E, Executive Director). The findings include: On , record review of employee files revealed that the Executive Director (ED) had a hire date of . The ED's employee file contained documentation of a test placed on . The test was not documented as read. There was no documented evidence of a negative examination. The ED's employee file contained no documentation of freedom of signs/symptoms of communicable . ** Photographic Evidence Obtained** On , record review of employee files revealed that Medication Technician (MT) Staff D had a hire date of . Staff D's employee file contained no documentation of freedom of signs/symptoms of communicable . On , record review of employee files revealed that Resident Assistant ( ) Staff E had a hire date of . Staff C's employee file contained no documentation of a negative examination and no documentation of freedom of signs/symptoms of communicable	A 078		

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	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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A 078	Continued From page 16 On at 11:30 a.m., during an interview, the Executive Director acknowledged she really has no idea where she stands in regards to staff testing and training and said that she knows what the regulations are, said that she needs to audit each and every employee file to check for compliance, and she has yet to do that because she has been working on other things for the past 8 weeks. Class III	A 078		
A 082 SS=E	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure 4 (Executive Director, Director of Wellness, Staff D, Staff E) of 4 staff records reviewed contained documentation of the required / (/) training.	A 082		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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A 082	Continued From page 17 The findings included: On , record review of employee files revealed that the Executive Director (ED) had a hire date of . The ED's employee file contained no documentation of having completed the required / training. On , record review of employee files revealed that the Director of Wellness (DW) had a hire date of . The DW's employee file contained no documentation of having completed the required / training. On , record review of employee files revealed that Medication Technician (MT) Staff D had a hire date of . Staff D's employee file contained no documentation of having completed the required / training. On , record review of employee files revealed that Resident Assistant ( ) Staff E had a hire date of . Staff E's employee file contained no documentation of having completed the required / training. On at 11:30 a.m., during an interview, the Executive Director (ED) said there was no one in charge of employee records as she terminated the previous Business Office Manager when she arrived in . The ED said she really has no idea where she stands in regard to staff records, but said that she knows what the regulations are, and said that she needs to audit each and every employee file to check for compliance. Class III	A 082		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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A 083 SS=F	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure a staff member with valid First Aid and , , ( ) certification was scheduled in the facility at all times for 1 or more shifts daily from through , as 34 of 41 direct care staff currently employed lacked First Aide and 40 of 41 direct care staff currently employed lacked . Failure to do so creates an environment of increased risk to resident safety. The findings included:	A 083		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 083	Continued From page 19 1. On , during record review, it was revealed: Medication Technician (MT) Staff A had a hire date of . No valid First Aid or was present for this staff. MT Staff B had a hire date of . No valid First Aid or was present for this staff. Licensed Practical Nurse (LPN) Staff C had a hire date of . No valid was present for this staff. Resident Assistant ( ) Staff E had a hire date of . No valid First Aid was present for this staff MT Staff D had a hire date of . No valid First Aid or was present for this staff. LPN Staff F had a hire date of . No valid was present for this staff. LPN Staff G had a hire date of . No valid was present for this staff. LPN Staff H had a hire date of . No valid was present for this staff. MT Staff I had a hire date of . No valid First Aid or was present for this staff. MT Staff J had a hire date of . No valid First Aid or was present for this staff. MT Staff K had a hire date of . No valid First Aid or was present for this staff. MT Staff L had a hire date of . No valid First Aid or was present for this staff.	A 083		

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	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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A 083	Continued From page 20 MT Staff M had a hire date of . No valid First Aid or was present for this staff. MT Staff N had a hire date of . No valid First Aid or was present for this staff. Staff O had a hire date of . No valid First Aid or was present for this staff. MT Staff P had a hire date of . No valid First Aid or was present for this staff. Staff Q had a hire date of . No valid First Aid or was present for this staff. Staff R had a hire date of . No valid First Aid or was present for this staff. Staff S had a hire date of . No valid First Aid or was present for this staff. Staff T had a hire date of . No valid First Aid or was present for this staff. Staff U had a hire date of . No valid First Aid or was present for this staff. Staff V had a hire date of . No valid First Aid or was present for this staff. Staff W had a hire date of . No valid First Aid or was present for this staff. MT Staff X had a hire date of . No valid First Aid or was present for this staff. MT Staff Y had a hire date of . No valid First Aid or was present for this staff.	A 083		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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A 083	Continued From page 21 MT Staff Z had a hire date of . No valid First Aid or was present for this staff. Staff AA had a hire date of . No valid First Aid or was present for this staff. Staff BB had a hire date of . No valid First Aid or was present for this staff. Staff CC had a hire date of . No valid First Aid or was present for this staff. Staff DD had a hire date of . No valid First Aid or was present for this staff. Staff EE had a hire date of . No valid First Aid or was present for this staff. Staff FF had a hire date of . No valid First Aid or was present for this staff. Staff GG had a hire date of . No valid First Aid or was present for this staff. Staff HH had a hire date of . No valid First Aid or was present for this staff. 2. Review of the Direct Care Staff Schedule revealed the lack of First Aid and on the following dates and shifts: On , the facility did not have a staff member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On , the facility did not have a staff member with and First Aid certification during the 2:00 p.m. to 10:00 p.m. shift. On , the facility did not have a staff member	A 083		

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A 083	Continued From page 22 with First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On , the facility did not have a staff member with and First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On , the facility did not have a staff member with First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On , the facility did not have a staff member with First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On , the facility did not have a staff member with and First Aid certification during the 2:00 p.m. to 10:00 p.m. shift. On , the facility did not have a staff member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On , the facility did not have a staff member	A 083		

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
	AL11968979	A. BUILDING: ______ B. WING ______	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	**1000 AIRPORT PULLING RD S NAPLES, FL 34104**

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A 083	Continued From page 23 with and First Aid certification during the 2:00 p.m. to 10:00 p.m. shift. On , the facility did not have a staff member with First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On , the facility did not have a staff member with and First Aid certification during the 2:00 p.m. to 10:00 p.m. shift. On , the facility did not have a staff member with First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On , the facility did not have a staff member with and First Aid certification during the 2:00 p.m. to 10:00 p.m. shift. On , the facility did not have a staff member with First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On , the facility did not have a staff member with and First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff	A 083		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 083	Continued From page 24 member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On , the facility did not have a staff member with and First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On , the facility did not have a staff member with First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On , the facility did not have a staff member with First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff member with and First Aid certification during the 6:00 a.m. to 2:00 p.m. shift. On at 11:30 a.m., during an interview, the Regional Manager said that unfortunately there were not many staff members with the / First Aid documentation. The Regional Manager said that she would follow up but she said that she checked each employee file. She and the Executive Director acknowledged that they need to have a trained individual on shift at all times. Class III	A 083		

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	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

(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 090	Continued From page 25	A 090		
A 090 SS=E	59A-36.011(11) FAC Training -	A 090		

(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 completed 1 hour of ( ) training based on the Facility's Policy and procedure for 4 (Executive Director, Director of Wellness, Staff D, Staff E) out of 4 records reviewed.

The findings included:

On , record review of employee files revealed that the Executive Director (ED) had a hire date of . The ED's employee file contained no documentation of having completed the required training.

On , record review of employee files revealed that the Director of Wellness (DOW) had a hire date of . The DOW's employee file contained no documentation of having

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	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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A 090	Continued From page 26 completed the required training. On , record review of employee files revealed that Medication Technician (MT) Staff D had a hire date of . Staff D's employee file contained no documentation of having completed the required training. On , record review of employee files revealed that Resident Assistant ( ) Staff E had a hire date of . Staff E's employee file contained no documentation of having completed the required training. On at 11:30 a.m., during an interview, The Executive Director (ED) said there was no one in charge of employee records, as Isheterminated the previous Business Office Manager when she arrived in . The ED said she really has no idea where she stands in regard to staff records, but said that she knows what the regulations are, and said that she needs to audit each and every employee file to check for compliance. Class III .	A 090		
A 161 SS=E	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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A 161	Continued From page 27	A 161		

training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule.

59A-36.015
(2) STAFF RECORDS.
(a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable:
1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C.,
2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,
3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C.,
4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C.,
5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.
(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

(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 161	Continued From page 28 facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of a signed job application and job description for 1 (Staff E) out of 4 records reviewed. The findings included: On , record review of employee files revealed that Resident Assistant ( ) Staff E had a hire date of . Staff E's employee file contained no documentation of a signed job application and a job description. **Photographic Evidence Obtained** On at 11:30 a.m., during an interview, The Executive Director (ED) said there was no one in charge of employee records, as I terminated the previous Business Office Manager when I arrived in . The ED said she really has no idea where she stands in regard to staff records, but said that she knows what the regulations are, and said that she needs to audit each and every employee file to check for compliance. On at 12:20 p.m., during an interview, the ED said that there a lot of issues currently and that we as a team will rectify any discrepancies to the current regulations. She reiterated that she	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

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BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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A 161	Continued From page 29 knows the regulations and will work on compliance. Class III .	A 161		

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
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ZZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ˘ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ˘ , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ˘ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ˘ , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ˘ , to the Federal Bureau of Investigation for a national criminal history record check. The ˘ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ˘ , . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	ZZ816		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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ZZ816	Continued From page 1 professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (d) Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any	ZZ816		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

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BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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ZZ816	Continued From page 2	ZZ816		

disqualifying offense. The Attestation of Compliance is available at https://www.flrules.org/Gateway/reference.asp?No=Ref-17724, and available from the Agency for Health Care Administration's website at: https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-central-services/background-screening/additional-information/regulations.
(e) An administrator or chief financial officer must be screened and qualified prior to , , to the position.
(3) Results of Screening and Notification.
(a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal.
(b) If a Level 2 criminal history is incomplete, correspondence will be sent to the individual being screened requesting the report and court disposition information. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S.

This Statute or Rule is not met as evidenced by:
Based on record review, and interview, the facility failed to provide a signed Affidavit of Compliance with Background Screening Requirements (AHCA Form 3100-0008) for 1 (Staff E) out of 4 records reviewed.

The findings included:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

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BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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ZZ816	Continued From page 3 On , record review of employee files revealed that Resident Assistant ( ) Staff E had a hire date of . Staff E's employee file contained no documentation of a signed Affidavit of Compliance with Background Screening Requirements (AHCA Form 3100-0008). **Photographic Evidence Obtained** On at 11:30 a.m., during an interview, the Executive Director (ED) said there was no one in charge of employee records, as she terminated the previous Business Office Manager when she arrived in . The ED said she really has no idea where she stands in regard to staff records, but said that she knows what the regulations are, and said that she needs to audit each and every employee file to check for compliance. Unclassified	ZZ816		
ZZ875 SS=E	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	ZZ875		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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ZZ875	Continued From page 4	ZZ875		

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 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

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BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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ZZ875	Continued From page 5	ZZ875		

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, 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

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ZZ875	Continued From page 6	ZZ875		

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.
(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

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	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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ZZ875	Continued From page 7 equivalent training completed before , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to satisfy 430.5205 F.A.C. " and Related Forms of Education and Training Act" ensuring all staff completed the one hour training video from the Department of Elder Affairs (DOEA) for 4 (Executive Director, Director of Wellness, Staff D, Staff E) out of 4 records reviewed and an additional three (3) hours of training withing three months of hire for 2 (Staff D, Staff E) out of 4 records reviewed. The findings included: The Beach House Naples includes a Memory Care Unit and advertises on: https://www.beachhousenaplesseniorliving.com/memory-care/ "Grace Management, Inc. ' s specialized Memory Care, The Village Program®, supports those in our communities living with and incorporates Vibrant Living programming to create meaningful life enrichment experiences that foster environments of success for our residents. At Beach House, our philosophy is to maintain the dignity of those living with while supporting them to live vibrantly." On , record review of employee files	ZZ875		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968979	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
ZZ875	Continued From page 8 revealed the Executive Director (ED) had a hire date of . The ED's employee file contained no documentation of having completed the required 1-hour DOEA training video. On , record review of employee files revealed the Director of Wellness (DW) had a hire date of . The DW's employee file contained no documentation of having completed the required 1-hour DOEA training video. On , record review of employee files revealed Medication Technician (MT) Staff D had a hire date of . Staff D's employee file contained no documentation of having completed the required 1-hour DOEA video and the required 3 hours of or Related (ADRD) training. On , record review of employee files revealed that Resident Assistant ( ) Staff E had a hire date of . Staff E's employee file contained no documentation of having completed the required 1-hour DOEA video and the required 3 hours of or Related (ADRD) training. On at 11:30 a.m., during an interview, the Executive Director (ED) said there was no one in charge of employee records, as she terminated the previous Business Office Manager when she arrived in . The ED said she really has no idea where she stands in regard to staff records, but said that she knows what the regulations are, and said that she needs to audit each and every employee file to check for compliance. Class III	ZZ875		