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
	AL11966506	A. BUILDING: _____ B. WING _____	01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR AT SHELL POINT (THE)	8100 ARBOR COURT FORT MYERS, FL 33908

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A 000	Initial Comments A relicensure, extended congregate care, emergency power plan, and health facility reporting system survey was conducted at The Arbor at Shell Point on through . This survey was done in conjunction with a revisit. Deficiencies were identified at the time of the 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 requires the use of assistive devices. (c) A facility may admit or retain an individual	A 010		

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A 010	Continued From page 1	A 010		

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 in fact. In the case of a resident who has been placed by the department or the Department of

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A 010	Continued From page 2 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, or the facility has a limited nursing services license and services are provided pursuant to a	A 010		

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A 010	Continued From page 3	A 010		

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 living for residents admitted to hospice; however, staff may not exceed the scope of their

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A 010	Continued From page 4 professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to have a resident have a -to-medical examination by a health care practitioner with results recorded on the Agency for Healthcare Administration (AHCA) Form 1823 at least every 3 years for 1 (Resident #100) out of 3 resident records reviewed. The findings included: Record review on of the Agency for Healthcare Administration (AHCA) Resident Health Assessment Form 1823 for Resident #100 showed an order from a healthcare provider dated . On , at 12:00 p.m., during an interview, the Nurse Manager said that Resident #100's date of AHCA form 1823 was indeed in 2022 and almost . She said that a physician would be coming out soon to update the form but was not sure why it had not been updated earlier. On at 2:00 p.m., the Vice President of Health Services acknowledged that the Form 1823 for Resident #100 was 3 years and 9 months old and beyond what the regulation is. Class III .	A 010		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration	A 053		

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A 053	Continued From page 5 (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by:	A 053		

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A 053	Continued From page 6 Based on observation, and interview, the facility failed to review the medication label and observe the resident swallowing the medication for 1 (Resident #11) of 3 residents reviewed for medication administration. The facility failed to perform sanitation prior to applying and after removing gloves for 1 resident (Resident #10) of 3 reviewed for medication administration. The findings included: On at 11:40 a.m., observed Registered Nurse (RN) Staff A administer medications to Resident #10. Staff A applied blue medical gloves to her . Staff A did not perform sanitization by washing or applying -based sanitizer before she applied the gloves. Staff A removed five (5) pills from Resident #10's medicine containers, including 2 Turmeric, 1 , , 1 , and 1 , . Staff A placed the medications in a plastic cup. Staff A handed the plastic cup to Resident #10 and stated, "Here you go sir." After Staff A completed the medication administration, she removed the gloves. Staff A did not sanitize her after she removed the blue gloves. Staff A did not administer another medication for approximately 20 minutes. She used her bare to touch the computer mouse, she refilled the commercial water dispenser and went to the bathroom. On at 12:10 p.m., Staff A assisted Resident #11 with an . Staff A applied a pair of blue gloves to her . She did not sanitize her before by washing or using sanitizer before applying the gloves. Staff A did not review the medication label. Staff A opened the medication storage cart drawer to reveal 2 plastic cups, each cup	A 053		

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A 053	Continued From page 7	A 053		

contained one (1) pill. Staff A took one of the medication cups and handed it to Resident #11. After Staff A handed the resident the medication, she took off the blue medical gloves and went immediately into an adjoining room and washed her . Staff A did not stay to observe Resident #11 swallow the medication.

On at 12:19 p.m., Staff A said she did not review the medication label at the time she administered the medication to Resident #11. Staff A said she placed Resident #11's prepoured medication in the plastic cup approximately a half hour ago. Staff A said she had pre-poured another medication for another resident and it was in the 2nd plastic cup in the medication cart drawer. Staff A said she pre-poured the for Resident #11 and also , for Resident #26. She said she pre-poured Resident #26's , about an hour ago because she thought she was getting an admission. Staff A said she was trained to pre-pour. She said it was possible to mix up the medications and give the wrong medication if you pre-pour the medication and don't review the label immediately prior to administration. She said she was trained to perform hygiene by either washing or applying sanitizer to before applying and after removing gloves, but she had not. She said she did not stay with Resident #11 to observe the resident swallowing the medications. She said she walked out of the room after she gave it to the resident. She said she is aware she should have stayed with the resident while she swallowed the medication.

On at 3:05 p.m., the RN Manager said pre-pouring medications is not allowed. She said the nurse must perform the "Five (5) Rights" during medication administration, one of which is

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A 053	Continued From page 8 "right medication" and you verify that by reviewing the medication label immediately before you administer medication. The RN Manager said nurses are required to stay with the resident to observe residents as they swallow their medication. On at 5:20 p.m. The Nurse Manager said the expectation is for the nurse to sanitize her by either washing or applying -based sanitizer before applying gloves and and after removing gloves anytime, including when administering medication. Class III .	A 053		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training	A 081		

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A 081	Continued From page 9 requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (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.	A 081		

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A 081	Continued From page 10 (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , 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,	A 081		

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A 081	Continued From page 11 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 1 hour of Control Training based on specific facility-based policies and procedures for 3 (Executive Director, Staff D, Staff E), and 3 hours of Activities of Daily Living and Behavioral Need training for 1 (Staff E) out of 3 records reviewed. The findings included:	A 081		

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A 081	Continued From page 12 On , record review of employee files revealed that the Executive Director (ED) had a hire date of . A 1-hour of Control training based on specific facility-based policies and procedures was not documented in the Executive Director's file. On , record review of employee files revealed that Care Assistant ( ) Staff D had a hire date of . A 1-hour of Control training based on specific facility-based policies and procedures was not documented in Staff D's file. On , record review of employee files revealed that Care Assistant ( ) Staff E had a hire date of . A 1-hour of Control training based on specific facility-based policies and procedures and 3 hours of Activities of Daily Living and Behavioral Needs training were not documented in Staff E's file. On at 3:20 p.m., during an interview, the Executive Director said that she and the Director of Wellness are responsible for the staff training certificates. She said that the facility is developing and working with a company that will help them transition out of myalf.com, which she acknowledged doesn't cover all of the regulatory trainings. She said that she understood and acknowledged some issues with the trainings and that is why we are moving forward with a third party company to streamline them. On at 2:00 p.m., during an interview, the Vice President of Health Services said that he wasn't sure that all of the trainings were done but he was contacting a third party trainer to get all of the trainings straightened out and set up a system of staff training across the board.	A 081		

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A 081	Continued From page 13 Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure staff records reviewed contained documentation of the required / (HI/?) training for 2 (Staff D, Staff E) out of 3 records reviewed. The findings included: On , record review of employee files revealed that Care Assistant ( ) Staff D had a hire date of . There was no 1-hour training of / training was not documented in Staff D's file. On , record review of employee files revealed that Care Assistant ( ) Staff E had a hire date of . 1 hour of / training	A 082		

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	AL11966506	A. BUILDING: _____ B. WING _____	01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR AT SHELL POINT (THE)	8100 ARBOR COURT 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 082	Continued From page 14 was not documented in Staff E's file. On at 3:20 p.m., during an interview, the Executive Director said that she and the Director of Wellness are responsible for the staff training certificates. She said that the facility is developing and working with a company that will help them transition out of myalf.com, which she acknowledged doesn't cover all of the regulatory trainings. She said that she understood and acknowledged some issues with the trainings and that is why we are moving forward with a third party company to streamline them. On at 2:00 p.m., during an interview, the Vice President of Health Services said that he wasn't sure that all of the trainings were done but he was contacting a third party to get all of the trainings straightened out and set up a system of staff training across the board. Class III	A 082		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures	A 090		

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A 090	Continued From page 15 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 a 1-hour of ( ) training based on facility policies and procedures for 2 (Staff D, Staff E) out of 3 records reviewed. The findings included: On , record review of employee files revealed that Care Assistant ( ) Staff D had a hire date of . A 1-hour of training based on specific facility-based policies and procedures was not documented in Staff D's file. On , record review of employee files revealed that Care Assistant ( ) Staff E had a hire date of . A 1-hour of training based on specific facility-based policies was not documented in Staff E's file. On at 3:20 p.m., during an interview, the Executive Director said that she and the Director of Wellness are responsible for the staff training certificates. She said that the facility is developing and working with a company that will help them transition out of myalf.com, which she acknowledged doesn't cover all of the regulatory trainings. She said that she understood and acknowledged some issues with the trainings and that is why we are moving forward with a third party company to streamline them.	A 090		

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A 090	Continued From page 16 On at 2:00 p.m., during an interview, the Vice President of Health Services said that he wasn't sure that all of the trainings were done but he was contacting a third party to get all of the trainings straightened out and set up a system of staff training across the board. Class III .	A 090		
AE208 SS=D	59A-36.021(8) FAC 429.07(3)(b)3, FS ECC - Records 59A-36.021(8) RECORDS. (8) RECORDS. In addition to the records required in rule 59A-36.015, F.A.C., a facility providing extended congregate care services must maintain the following: (a) The service plans for each resident receiving extended congregate care services; (b) The nursing progress notes for each resident receiving nursing services from the facility's staff; (c) Nursing assessments; and, (d) The facility's extended congregate care policies and procedures. 429.07 (3)(b), FS 3. A facility that is licensed to provide extended congregate care services shall maintain a written progress report on each person who receives such nursing services from the facility's staff which describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse, or appropriate designee, representing the agency shall visit the facility at least twice a year to monitor residents who are receiving extended congregate care	AE208		

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AE208	Continued From page 17 services and to determine if the facility is in compliance with this part, part II of chapter 408, and relevant rules. One of the visits may be in conjunction with the regular survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of the team that inspects the facility. The agency may waive one of the required yearly monitoring visits for a facility that has: a. Held an extended congregate care license for at least 24 months; b. No class I or class II violations and no uncorrected class III violations; and c. No ombudsman council complaints that resulted in a citation for licensure. This Statute or Rule is not met as evidenced by: Based on record review, and interview with facility staff, the facility failed to ensure that a nursing assessment was conducted at least monthly for 1 resident (Resident #10) of 2 reviewed, as required for Extended Congregate Care (ECC) licensing. The clinical record lacked documentation of a Registered Nurse (RN) assessment for the months of , , , and . The failure to monitor the resident's health status, including lower conflicts with ECC care intended to ensure the resident remains appropriate for continued residency. The findings included: Record review of Shell Point Assisted Living ECC [Extended Congregate Care] Policies and Procedures, Effective revealed on page 3	AE208		

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AE208	Continued From page 18 under Nursing Services: The ECC Nursing Services that are offered in the Shell Point Assisted Living Communities are the following: Assistance with care (excluding insertion and removal). Assistance with braces, wraps, casts, binder, , slings, AFO's, , or such similar DME [durable medical equipment] equipment. Assistance with CPAP or BiPAP. Assistance with Lymphedema , Farrow/Juxtalite Wraps, and Wraps. Assistance with Flushes. Assistance with Ostomy Care. Resident #10's physician's orders dated revealed an order for ECC: , wraps: Nurse to apply to both in a.m., off in p.m. for ( ). Resident #10's Health Assessment (1823) dated revealed an order for ECC: , wraps: Nurse to apply to both in a.m., off in p.m. Resident #10's Medication Administration record (MAR) for through revealed the facility nurses had orders to apply the hose in the a.m. and remove in the p.m. The MAR revealed the nurse had been applying and removing the , hose. A monthly Nursing Assessment was found for for admission to ECC program. It was not completed beyond the date. Medication record review found the facility had changed from applying the wraps to applying on in a.m. and off in p.m. as of .	AE208		

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AE208	Continued From page 19 On Call Care Progress Notes Details dated revealed orders to apply an bandage to both from the base of the up to the 3 times a week for Lymphedema... All orders will remain in effect until discontinued, revised or replaced with additional orders. On Call Care Progress Notes Details dated revealed orders to apply multilayer bandage system - may use Profore, Twopress 2, Coflex TLC or McKesson - Once a week... To more effectively treat Lymphedema to prevent the development of from recurring and to continue to have home health nurses apply multilayer bandages. Class III .	AE208		

Agency for Health Care Administration

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ZZ875 SS=D	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	ZZ875		

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ZZ875	Continued From page 1	ZZ875		

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of , communication strategies, medical information,

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and stress management.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning ␣. For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning ␣ chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year.
(f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request.
2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.

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(7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant.
(8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board.
(9) Each person employed, , or referred to provide services before , , , must complete the training required in this section before , , . Proof of completion of equivalent training completed before , , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6).

This Statute or Rule is not met as evidenced by:
Based on record review, and interview, the facility failed to satisfy 430.5205 F.A.C. " and Related Forms of Education and Training Act" ensuring all staff completed the one hour training video from the Department of Elder Affairs (DOEA) for 3 (Executive Director, Staff D, Staff E) out of 3 records reviewed.

The findings included:

On , record review of employee files revealed that Care Assistant ( ) Staff D had a hire date of . There was no documentation of completion of the one hour

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ZZ875	Continued From page 4 training video from the Department of Elder Affairs (DOEA) in Staff D's file. On , record review of employee files revealed that Care Assistant ( ) Staff E had a hire date of . . There was no documentation of completion of the one hour training video from the Department of Elder Affairs (DOEA) in Staff D's file. On , record review of employee files revealed that the Executive Director (ED) had a hire date of . . There was no documentation of completion of the one hour training video from the Department of Elder Affairs (DOEA) in ED's file. On at 3:50 p.m., during an interview, the ED said that they don't have documentation from the DOEA, they have their own internal training that satisfies the regulation. She said that she was not familiar with the DOEA training and would check into it. Class III .	ZZ875		