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
	AL11968928	A. BUILDING: _____ B. WING _____	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF SARASOTA	5311 PROCTOR RD SARASOTA, FL 34233

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A 000	Initial Comments A relicensure, emergency power plan monitoring, and health facility reporting system survey was conducted at Harborchase of Sarasota on through . Deficiencies were identified at the time of the survey.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her .	A 052		

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A 052	Continued From page 1 (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of	A 052		

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A 052	Continued From page 2 dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be ˛ ˛ or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.	A 052		

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A 052	Continued From page 3 (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure staff who assist residents with self-administration of medications do so in accordance with proper procedure in orally advising of the names and doses of the	A 052		

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A 052	Continued From page 4 medications being assisted with and preparing the medications in the presence of the residents for 10 (Residents #12, # 13, # #17, #18, #19, #21, #22, #24 and #25) of 10 medication observations. The findings included: Policy: Florida State Specific Medication Management. Issue Date . Revised: . Protocol: A. Pursuant to Section 429.255 and 429.256, F.S and 59A-36.008 Harborchase communities may assist with self-administration or administration of medication to resident. Assisting with self-administration includes: Orally review with resident name and dose of medication; On at 11:32 a.m., Staff B (med tech) was observed preparing medications for Resident #15. Staff B went to the med cart in the living room area, unlocked the medication cart and took Resident #15's medication. Staff B proceeded to open the medication package, poured medication into a souffle cup, took cup with medication across the hallway to resident #15 who was seated in a chair outside of the dining room, and said, "Hi honey here is your noon pills," and gave resident #15 the cup with the pills, while trying to take the medication 1 pill( ) from the cup to the floor,. Staff B retrieved the medication and went to the med cart and disposed of the pill and repeated the process of removing another from the caret for Resident #15 with the pill again falling to the floor. Staff B repeated the process 3rd time, giving the pill to Resident #15 and said, "here you go." Staff B did not inform Resident #15 of the names and dosages of the medications she was given.	A 052		

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A 052	Continued From page 5 On at 11:42 a.m., Staff B (med tech) was observed preparing medications for Resident #17. Staff B went to the med cart in the living room area, unlocked the medication cart and removed Resident #17's medication. Staff B proceeded to open the medication package, poured medication into a souffle cup, took cup with medication across the hallway to resident #17 who was seated in a chair outside of the dining room, and said, "I have your noon pill," and gave resident #17 the cup with the pill. Staff B did not inform Resident #17 of the names and dosages of the medications she was given. On at 11:49 a.m., Staff B (med tech) was observed preparing medications for Resident #18. Staff B went to the med cart in the living room area, unlocked the medication cart and removed Resident #18's medication. Staff B proceeded to open the medication package, poured medication into a souffle cup, took cup with medication to Resident #18"s room, and said, "I have your fish oil and , , ," and gave resident #18 the cup with the pill, then assisted with the , , . Staff B did not inform Resident #18 of the names and dosage of the medications she was given and did not prepare the medication in the presence of the resident. On at 12:27 p.m., Staff B (med tech) observed preparing medications for Resident #19. Staff B went to the med cart in the living room area, unlocked the medication cart and removed Resident #19's medication. Staff B proceeded to open the medication package, poured medication into a souffle cup, took cup with medication to resident #19 and said, "honey here you go," and gave resident #19 the cup with the pill. Staff B did not inform Resident #19 of the	A 052		

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A 052	Continued From page 6 names, and dosage of the medications she was given. On at 12:30 p.m., Staff B (med tech) was observed preparing medications for Resident #22. Staff B went to the med cart in the living room area, unlocked the medication cart and removed Resident #22's medication. Staff B proceeded to open the medication package, poured medication into a souffle cup, took cup with medication to resident #22 and said, "here is your pill," and gave resident #22 the cup with the pill. Staff B did not inform Resident #22 of the names, and dosages of the medications he was given. On at 12:41 p.m., Staff B (med tech) was observed preparing medications for Resident #21. Staff B went to the med cart in the living room area, unlocked the medication cart and removed Resident #21's medication. Staff B proceeded to open the medication package, poured medication into a souffle cup, took cup with medication to resident #21 and said, "I have your noon pill," and gave resident #21 the cup with the pills. Staff B did not inform Resident #21 of the names and doses of the medications she was given. On at 12:45 p.m., Staff B (med tech) was observed preparing medications for Resident #24. Staff B went to the med cart in the living room area, unlocked the medication cart and removed Resident #24's medication. Staff B proceeded to open the medication package, poured medication into a souffle cup, took cup with medication to resident #24 and said, "I have your noon medicine," and gave resident #24 the cup with the pill. Staff B did not inform Resident #24 of the names and doses of the medications	A 052		

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A 052	Continued From page 7 she was given. On at 12:49 p.m., Staff B (med tech) was observed preparing medications for Resident #13. Staff B went to the med cart in the living room area, unlocked the medication cart and removed Resident #13's medication. Staff B proceeded to open the medication package, poured medication into a souffle cup, took cup with medication to resident #13 and said, "I have your noon pill," and gave resident #13 the cup with the pill. Staff B did not inform Resident #13 of the names and doses of the medications he was given. On at 1:06 p.m., Staff B (med tech) was observed preparing medications for Resident #25. Staff B went to the med cart in the living room area, unlocked the medication cart and removed Resident #25's , 0.5 mg medication. Staff B proceeded to open the medication package, poured medication into a souffle cup, took the cup with the medication to resident #25's room. Staff B knocked on the door and entered the room and asked Resident #25 to sit on her bed, gave her the cup and said, "I have your for you," Resident #25 asked, "what is it?" Staff B replied, "this is your ," and gave resident #25 the cup with the pill. Staff B did not inform Resident #25 of the name, and dosage of the medications she was given. Staff B did not prepare the medication in the presence of Resident #25. On at 1:08 p.m., Staff B (med tech) was observed preparing medications for Resident #12. Staff B went to the med cart in the living room area, unlocked the medication cart and removed Resident #12's medication. Staff B proceeded to open the medication package,	A 052		

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A 052	Continued From page 8 poured medication into a souffle cup, took cup with medication to resident #12 and said, "I have a little pill for you," and gave resident #12 the cup with the pill. Staff B did not inform Resident #12 of the names and dosages of the medications she was given. On at 1:20 p.m., Staff B was observed preparing medications for Resident #17. Staff B went to the med cart in the living room area, unlocked the medication cart and removed Resident #17's medication. Staff B proceeded to open the medication package, poured medication into a souffle cup, and took the cup with the medication to resident #17's room. Staff B knocked on the door and entered the room and said, "I have your 2pm pills," and gave resident #17 the cup with the pills. Staff B did not inform Resident #17 of the name, and dosage of the medications she was given. Staff B did not prepare the medication in the presence of Resident #17. On at 1:25 during an interview med tech Staff B, said sometimes she tells the residents the names and the doses of the medications she is giving, but if she can't pronounce the name of the medication then she does not tell the residents what she is giving them. Staff B acknowledged she did not tell the residents the names and doses of the medications she was giving them and did not prepare the medication in the presence of the residents. On at 8:10 a.m., during an interview, the Executive Director (ED) said none of her residents have medication opt out waivers, so staff assisting with self-administration of medications must tell them what they are being given.	A 052		

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A 052	Continued From page 9 On at 12:10 p.m., during an interview, the Director of Resident Care (DRC) said there are no residents in the facility with medication opt out waivers and Med Techs are to tell the residents what medications and doses they are being given. The DRC acknowledged if the Med Techs are not telling the residents the names and doses of the meds being given they are not following the facility policy and procedures Class III	A 052		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents,	A 093		

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standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.
(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care

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provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.
(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of ˻ the time between meals.
(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on .
(h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

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A 093	Continued From page 12 This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to have menus conspicuously posted and easily available for residents residing in the memory care unit. This has the potential to affect residents in this unit by limiting awareness of planned meals and choices. The Findings Included: On at 10:00 a.m., during a tour of the facility and the memory care unit, observation revealed no menus posted in the MC unit. On at 10:05 a.m., during an interview Resident #8 said there are no menus ever posted and she doesn't know what the meal choices are until they get into the dining room. Her and her husband don't eat shrimp and pork and we never know whether or not we are going to have a sandwich or not. Resident #8 said the servers told her that they don't know what the meal is going to be until 30 min before service, and her husband's diet is pureed so that makes it even more difficult because they can't puree everything and there's no menu for that either and there should be. Resident #8 stated "the food is like a roller coaster." On at 10:36 a.m., observation of a therapeutic diet list posted in the kitchenette area wall at the entrance of the memory care unit kitchen. No menus observed posted in the memory care unit kitchenette area or in the memory care unit dining room or hallways. On at 10:58 a.m., during an interview Resident #1 said the facility does not post any menus and the only time she is aware of what is	A 093		

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being served for the meals is when she sits in the dining room for meals, so she can't make any choices ahead of time as she does not know what is being served.

On at 12:00 p.m., Observation of lunch service in memory care unit showed no menus posted in the memory care dining room, staff brought the meals from the hot cart on a plate and asked the residents which plate they wanted.

On at 8:05 a.m., Observation of breakfast service in the memory care dining room. No menus posted in the kitchenette or in the memory care unit.

On at 8:06 a.m. during an interview with the Memory Care Director (MCD) as to what is being served for breakfast. MCD states they are serving eggs benedict, bacon, sausage, oatmeal, fresh fruit.

On at 8:09 a.m., during an interview, the MCD said they used to have the menus posted in the unit and a resident removed the menus. The MCD acknowledged there was no menu posted in the MC unit.

On at 8:10 a.m., during an interview Resident Assistant ( ) Staff B, said there is no menu posted in the memory care unit. Staff B said they just give the residents the meal that comes from the kitchen.

On at 8:27 a.m., during an interview Resident #17 and Resident #26 said the facility never posts any menus in the MC unit, so they never know what the meal is being served until they sit down and then they are given the meal sent from the kitchen.

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A 093	Continued From page 14 On at 11:54 a.m., Observation of lunch service in the memory care dining room. No menus posted in the dining room kitchenette or dining room. On at 12:00 p.m., during an interview Staff I Resident Assistant ( ) confirmed there are no menus posted in the memory care unit. On at 12"30 p.m., During an interview the Executive director (ED) said the chef is responsible for making sure the menus are posted in the facility. The ED said menus should be posted in the MC unit. On at 12:35 p.m., during a tour of the memory care unit with the ED, she observed and confirmed there were no menus posted in the MC unit. The ED stated, "the menus should be posted." Class III	A 093		

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ZZ827 SS=D	408.812 FS; 408.8065(3) FS Unlicensed Activity 408.812 Unlicensed activity.- (1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. (2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients, and constitutes and neglect, as defined in s. 415.102. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency. (3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation, the person or entity is subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of operation is a separate offense. (4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance. (5) When a controlling interest or licensee has an interest in more than one provider and fails to	ZZ827		

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ZZ827	Continued From page 1 license a provider rendering services that require licensure, the agency may revoke all licenses, impose actions under s. 408.814, and regardless of correction, impose a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained or the unlicensed activity ceases. (6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules. (7) Any person aware of the operation of an unlicensed provider must report that provider to the agency. 408.8065 Additional licensure requirements for home health agencies, home medical equipment providers, and health care clinics.- (3) In addition to the requirements of s. 408.812, any person who offers services that require licensure under part VII or part X of chapter 400, or who offers skilled services that require licensure under part III of chapter 400, without obtaining a valid license; any person who knowingly files a false or misleading license or license renewal application or who submits false or misleading information related to such application, and any person who violates or conspires to violate this section, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.	ZZ827		

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This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to renew their Extended Congregate Care (ECC) Services license and continued to provide ECC services after the license expired for 2 (Residents #11, #12) of 2 residents admitted for ECC Services on and .

The findings included:

Policy: ECC Services. Issue date .
Revised .
Policy: In an effort to give each individual the option to age in place, Extended Congregate Care (ECC) will be provided to resident.
Procedure: 1. The community must be licensed to provide ECC services.

Review of the Agency database revealed the facility had an ECC license from through , ECC services was removed on .
Further review revealed the renewal application filed on did not include renewal of the ECC license.

On at 9:00 a.m., during an interview, the Executive Director (ED) and the Director of Resident Care (DRC) said the facility has ECC services and there are 2 residents currently receiving ECC services, Residents #11 and #12. The DR said they were admitted to ECC services in , .

Record review of the facility ECC log revealed Resident #11 was admitted for ECC services on . Resident #12 was admitted for ECC

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ZZ827	Continued From page 3 services on . 1. Record review revealed on the physician wrote an order for Resident #12 for Sling to left , , indicates to left , add to ECC. Review of Resident #12's ECC Service Plan showed it started on for Management of to left , diagnoses . Review of Resident #12's ECC Monthly Assessment showed it was completed by the Registered Nurse (RN) on for admission to ECC related to care; follow up with team. Review of Resident #12's progress notes revealed the following: the resident was ambulating with walker and , on left . Will not leave arm in sling... Resident #12 refused to wear left arm sling for left ... , , and Resident #12 resistant to wearing sling... , , , , , , and , the nurse noted the left was . Resident #12 noted with left in place, skin warm and dry, moving freely. Resident #12's left was in place. , Resident #12's remains slightly , resident non-compliant with elevation. , Resident #12's left intact. , Resident #12's left intact. , Resident #12's left remains slightly , non-compliant with elevation. , Resident #12's remains slightly , encouraged to elevate but	ZZ827		

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non-compliant.
, Resident #12's left was in place and moving freely.
and , Resident #12's left was in place and moving freely.

On at 11:45 a.m., during an interview Licensed Practical Nurse (LPN) Staff J said Resident #12 is currently on ECC services for the left and . Staff J said she writes the progress notes about the resident's resistance to wearing the , and to elevating the and . Staff J said she also checks for adequate circulation to the exposed / .

On at 12:00 p.m. observed Resident #12 in memory care with the left on the . Resident #12 said the bothers her and sometimes it hurts.

2. Record review revealed documentation of a physician order dated for Resident #11 for to right , add to ECC charting.

Review of Resident #11's record showed the ECC Service Plan started on for admission to ECC services related to care; follow up with team at Kennedy White.

Review of Resident #11's ECC Monthly Assessment showed it was completed by the Registered Nurse (RN) on for hard to right .

Record review of Resident #11's progress revealed the following:
the provider signed for ECC services for monitoring right with .
The facility nurses continued to document

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ZZ827	Continued From page 5 Resident #11's wearing of the right arm/ in place on , , , , , , , , , , , , . , . On at 11:45 a.m., During an interview Staff J said the resident is currently receiving ECC services. Staff J said she is responsible for monitoring the resident and writing progress notes while on ECC services. On at 11: 48 a.m., observed Resident #11 in the memory care dining room with the right arm . On at 11:06 a.m., during an interview the DRC acknowledged the facility not renewing the ECC portion of the license on the application. The DRC stated, "That was overlooked by the corporate office representative, who is new in his role and Corporate Compliance , ." Class III .	ZZ827		
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	ZZ875		

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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 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

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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, 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

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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.

(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

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ZZ875	Continued From page 9 referred to provide services before , , must complete the training required in this section before , . Proof of completion of equivalent training completed before , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to satisfy 430.5205 F.A.C. " and Related Forms of Education and Training Act" ensuring all staff completed the one-hour training video from the Department of Elder Affairs (DOEA) within 30 days of hire for 2 (Staff D, Staff E) out of 3 records reviewed. The findings included: On , record review for Caregiver Staff D revealed a hire date of . Further review revealed documentation of completion of 1 hour of (ADRD) training from the Department of Elder Affairs (DOEA) on in the employee record, 117 days after hire. Caregiver Staff D did not complete the training within 30 days of hire. On , record review for Caregiver Staff E revealed a hire date of . Further review revealed documentation of completion of 1 hour of (ADRD) training from the Department of Elder Affairs (DOEA) on in the employee record, 40 days after hire.	ZZ875		

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ZZ875	Continued From page 10 Caregiver Staff E did not complete the training within 30 days of hire. On at 12:05 p.m., during an interview, the Assistant Executive Director ( ) acknowledged that the DOEA training was not completed within the 30-day of hire as required.. ** Photographic Evidence Obtained ** Class III	ZZ875		