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
	AL11965739	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON CLUB AT PRESTANCIA (THE)	3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments These are the results of a Change of Ownership (CHOW) survey conducted on ... through ... at Heron Club at Prestancia, an Assisted Living Facility. Deficiencies were identified at the time of the survey.	A 000		
A 003	58A-5.014 FAC Licensure - Change of Ownership (CHOW) (2) CHANGE OF OWNERSHIP (CHOW). (a) Pursuant to Section 429.12, F.S., the transferor shall notify the agency in writing, at least 60 days prior to the date of transfer of ownership. 1. The transferor shall provide to each resident a statement detailing the amount and type of funds credited to the resident for whom funds are held by the facility. 2. The transferee shall notify each resident in writing of the manner in which the transferee is holding the resident ' s funds and state the name and address of the depository where the funds are being held, the amount held, and type of funds credited. (d) The current resident contract on file with the facility shall be considered valid until such time as the transferee is licensed and negotiates a new contract with the resident. (e) Failure to apply for a change of ownership of a licensed facility as required by Section 429.12, F.S., shall result in a fine levied by the Agency pursuant to Section 429.19, F.S. (f) During a change of ownership, the owner of record is responsible for ensuring that the needs of all residents are met at all times in accordance with Part III of Chapter 400, F.S., and this rule chapter.	A 003		

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A 003	Continued From page 1 (g) If applicable, the transferor shall comply with Section 408.831(2), F.S., prior to Agency approval of the change of ownership application. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify all 57 residents of the amount and type of funds credited to the residents' individual accounts as well as the manner, location, and type of funds being held for the individual resident. The findings include: On records for Residents #2, #3, #4, #6 were reviewed for Change of Ownership (CHOW) documentation. The record review revealed each resident put down a deposit when they moved into the facility. There were no documents in the residents records to indicate the residents were notified where their refundable deposit was being held. On at approximately 2:11 p.m. the Interim Executive Director was interviewed. He confirmed Residents #2, #3, #4, and #6 were not given a written notification regarding their deposits. The also confirmed the remaining 53 residents were not notified in writing as to where their deposit monies were being held and how much money and the type of money being held. Class Correction Date:	A 003		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures	A 030		

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A 030	Continued From page 2	A 030		

(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.
(a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C.
(b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.
(c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with Disabilities, [illegible]12-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida Abuse [illegible]" 1(800)96-ABUSE [illegible] 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s alcohol [illegible]l tobacco policy, medication storage, the

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A 030	Continued From page 3	A 030		

delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical . . . . . shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . . . .

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a

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facility shall have the right to:
(a) Live in a safe and decent living environment, free from [illegible] and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [illegible] his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No

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religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based on observation and interview the facility failed to ensure resident rights were maintained in

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the areas of privacy and a clean safe environment for the entire facility. The facility also failed to respond to resident grievances and provide satisfactory meals and meal service for for 4 (Residents #7, #9, #13 and one anonymous resident) of 10 residents interviewed.

The findings include:

1. During a tour of the first floor of the facility on at 9:30 a.m., it was noted there was a physical In questioning of the Assistant Executive Director, who was touring with the surveyor, she indicated a home health agency rented the area.

During an interview at this time the Certified Occupational Assistant (COTA) who was present in the area indicated they provide services to residents in the community under Medicare parts A and B and are billed through the home health agency. Some of the residents were seen in their , and some of the residents would come to the receive their physical or occupational therapy

During the interview on 9:30 a.m., the COTA indicated she attends morning care meetings where all of the residents in the building might be discussed whether the home health agency is active with the resident or not. She works closely with the Clinical Services Director about any residents with a decline in function. A discussion would then occur with the power of attorney or significant other of the resident. An order would then be obtained for the home health agency to provide care to the resident.

2. During a tour of the facility on 9:15 through approximately 11:00 a.m., it was

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noted there were issues with the cleanliness of the environment in the following areas: the rugs in apartments 101, 102, 105 (small amount), 115, the hallway rug on the second floor outside [redacted] 201 and 205, 212, 217, and 219.

Some of the [redacted] have a small area of tile in the kitchen area surrounded by a rugs. In [redacted] 108, 111, and 211, the rugs were shredding by the tile area.

In [redacted] 103, 115, 206, 212, and 217, there was noted to be stains on the ceiling by the air conditioner vents, or the walls with stains.

On [redacted] at approximately 9:49 a.m. several brown streaks were observed on the carpet between the Resident #6's front door and living [redacted] A large stain was observed on the floor in [redacted]

Observations of Resident #12's [redacted] approximately 10:40 p.m. revealed paint pealing off of the door and a few brown spots on the carpet on the resident's TV stand. At 11:06 of the same day, observations of Resident #14's two sections of missing of popcorn styled ceiling around the vent in the resident's [redacted]

[redacted] at 11:07 a.m. Resident #14 and her son complained there the ceiling had a leak, which was fixed, but the damaged area has not been fixed. Resident #14's son said the area has been like this since [redacted] 2012. He Explained this issue was addressed with the former owners of the facility had has yet to be fix. Resident #14 confirmed she would like her ceiling repaired.

Continued observation on [redacted] at

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approximately 11:15 a.m. revealed missing chips of popcorn style ceiling around the vent in [redacted].

3. An interview was conducted with an anonymous resident on [redacted] at 3:15 p.m. The resident complained the residents initially had a computer, which was donated to them by the family if a resident who [redacted]. This resident explained when the new owner arrived they took the computer out of the facility. The resident stated, "We had a computer and the people that took over has took that computer out but the computer was from a person that [redacted]. We need a computer here." She went on to say she used the computer to research things, like doctors in the area. She also stated she used the computer as a source of entertainment.

Resident #2 was interviewed on [redacted] at approximately 10:16 a.m. Resident #2 referenced the donated computer and complained that computer use [or the lack there of] is now an issue.

The [redacted] was interviewed on [redacted] at approximately 9:30 a.m. The [redacted] confirmed he was aware of the complaints about the missing computer. He stated that it has "come up in meeting." He denied being responsible for the computer being taken away. He stated the previous owners of the facility took the computer when they packed up their belongings. He did not offer a resolution to this issue at that time.

4. An interview was conducted with Resident #7 on [redacted] at 2:40 p.m. Resident #7 described the food as, "Fair." He also stated, "We have a man course and an alternative. They don't change the substitutes they are always the same.

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A 030	Continued From page 9 That gets kind of old." An anonymous resident was interviewed on [redacted] at 3:15 p.m. When asked to describe the food and dining this resident replied, "That was the wrong question to ask. It is lousy. Chicken, chicken, pork chop, pork chop, noodles, noodles. I haven't seen a fresh piece of meat in months." She complained that all of the meat comes out of the freezer. Resident #13 was interviewed on [redacted] at 11:50 a.m. he stated, "The food stinks, to me anyway. It's always a sandwich. Truthfully they throw away more food than people eat. Don't go by me. I'm dissatisfied with what I get." Resident #9 was interviewed on [redacted] at 3:18 p.m. When asked to describe the food at the facility, Resident #9 stated she complained to the old management about the food and that the food has been the same for three years. She complained about the food service from the dining staff. She stated, "I would be pleased if the food would be more elaborate and served in a different manor." She added, "The food is quite important it is the time you go downstairs and you are talking to people. We have nothing else." Class III Correction Date: [redacted]	A 030		
A 076	58A-5.0186 FAC [redacted] (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have written policies and procedures, which delineate its position with respect to state laws and rules	A 076		

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relative to . . . . . The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a . . . . . The ALF must provide the following to each resident, or resident ' s representative, at the time of admission:
1. A copy of Form SCHS-4-2006, " Health Care Advance Directives - The Patient ' s Right to Decide, " . . . . 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency ' s Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and
2. Written information concerning the ALF ' s policies regarding . . . . . and
3. Information about how to obtain DH Form 1896, Florida . . . . . Form, incorporated by reference in Rule 64J-2.018, F.A.C.
(b) There must be documentation in the resident ' s record indicating whether or not he or she has executed a . . . . . If a . . . . . has been executed, a copy of that document must be made a part of the resident ' s record. If the ALF does not receive a copy of a resident ' s executed DNRO, the ALF must document in the resident ' s record that it has requested a copy.
(2) LICENSE REVOCATION. An ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, it requires an individual to execute or waive a . . . . . .
(3) . . . . . PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly

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executed as follows:
(a) In the event a resident experiences staff trained in , or a licensed health care provider present in the facility, may withhold

(b) In the event a resident is receiving hospice services and experiences facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility.
(4) LIABILITY. Pursuant to Section 429.255, F.S., ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing pursuant to a and rules adopted by the department.

This Statute or Rule is not met as evidenced by:
Based on a review of the facility's policy and procedure related to the facility failed to ensure the policy and procedure related to advanced directives demonstrated the facility's practices related to

The findings include:

A review of the current policy and procedure related to Advance Directives revealed the following information: "Policy: It is the policy of

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A 076	Continued From page 12 this community to accept and honor Advance Directives, including Living Wills and [illegible]. The procedure does not contain any information about the withholding of [illegible] and staff response to that situation, or what do to with residents with Hospice care. Class III Correction Date: [illegible]	A 076		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable [illegible] including [illegible]. Freedom from [illegible] must be documented on an annual basis. A person with a positive [illegible] test must submit a health care provider ' s statement that the person does not constitute a risk of communicating [illegible]. Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable [illegible], he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to	A 078		

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	AL11965739	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON CLUB AT PRESTANCIA (THE)	3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238

(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 13	A 078		

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 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
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.

This Statute or Rule is not met as evidenced by:
Based on a review of personnel files and interview with administrative staff, the facility failed to ensure 2 (Employee A and B) of 3 employees had communicable statements as required.

The findings include:

1. Review of employee A's personnel file revealed the employee was hired on Further review revealed there was no evidence in the file of a communicable statement from a doctor indicating the employee was free of communicable including

2. Employee B was hired on The review of the personnel file revealed there was no

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A 078	Continued From page 14 evidence in the file of a communicable statement. 3. Interview with the Assistant Executive Director on ... at 12:40 p.m. confirmed neither of these employees had communicable statements as required. Class III Correction Date: ...	A 078		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) 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. 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 major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall	A 081		

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A 081	Continued From page 15	A 081		

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

(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.

(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.

(f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.
1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

This Statute or Rule is not met as evidenced by:
Based on a review of personnel files and interview with administrative staff, the facility failed to ensure required ..... control training was given to 2 (Employee A and B) of 3

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A 081	Continued From page 16 employees reviewed. The findings include: 1. A review of employee A's personnel file revealed the employee was hired on [redacted]. Further review revealed there was no evidence in the file of any [redacted] control training. 2. Review of employee B's personnel file revealed the employee was hired on [redacted]. Further review revealed there was no documentation of any [redacted] control training. 3. During interview with the Assistant Executive Director on [redacted] at 12:40 p.m. it was confirmed the [redacted] control training had not been done. Class III Correction Date: [redacted]	A 081		
A 083	58A-5.0191(4) FAC Training - First Aid and [redacted] (4) FIRST AID AND [redacted]. A staff member who has completed courses in First Aid and [redacted] and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or [redacted] course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American [redacted] Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy 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 Part III of Chapter 401, F.S., shall	A 083		

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A 083	Continued From page 17 be considered as having met the training requirements for both First Aid and . . . . . This Statute or Rule is not met as evidenced by: Based on a review 3 night shift employees personnel files and interview with administrative staff, the facility failed to ensure there was one person in the facility at all times who had the required first aide training as required. The findings include: A sample of 3 personnel files was chosen initially for review. One of these files (Employee C) was for a night shift employee. Review of employee C's file revealed there was no evidence of first aide training or . training. Interview with the assistant executive director on . at 12:40 p.m. revealed the facility has 2 staff member on at night and there are a total of 3 people for these positions. These additional files were requested and it was found employees D and E had no current first aide training. Further review revealed Employee C, D, and E had no evidence of current . . . . training. This was confirmed with the Assistant Executive Director on at 12:40 p.m. During the interview she confirmed the 2 additional night shift employees reviewed do not have current . . . Class III Correction Date:	A 083		

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A 086	Continued From page 18	A 086		
A 086	58A-5.0191(9) FAC Training - ADRD	A 086		

(9) AND RELATED (" ADRD ") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 434.4.6 of the Florida Building Code, as adopted in Rule 9N-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training.
(a) Facility staff who have regular contact with or provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , 1998 and , 2003 shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection will be considered as having met this requirement. " Staff who have regular contact " means staff who interact on a daily basis with residents but do not provide direct care to residents. Initial training, entitled " s and Related Level I Training, " must address the following subject areas:
1. Understanding s and related
2. Characteristics of
3. Communicating with residents with s
4. Family issues;
5. Resident environment; and
6. Ethical issues.
(b) Staff who have received both the initial one hour and continuing three hours of ADRD training pursuant to Sections 400.1755, 429.917, and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility s and Related Level I Training.

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A 086	Continued From page 19	A 086		

(c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " Alzheimer ' . Disease . . | Related Disorders . . . . | II Training, " within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection will be considered as having met this requirement. Alzhei . . . . | Related Disorders . . . . | II Training must address the following subject areas as they apply to these disorders:
. . Behavior management;
2. Assistance with ADLs;
3. Activities for residents;
4. Stress management for the care giver; and
5. Medical information.
(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection can be found in the document " Training Guidelines for the Special Care of Persons with Alzhei . . . . | Related Disorders, " . . . . | March , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.
(e) Direct care staff shall participate in 4 hours of continuing education annually as required under Section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by Section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.
(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under Section 429.178, F.S., within three (3) months of

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A 086	Continued From page 20	A 086		

employment. " Incidental contact " means all staff who neither provide direct care nor are in regular contact with such residents.
(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor ' s degree from an accredited college or university or hold a license as a registered nurse, and:
1. Have 1 year teaching experience as an educator of caregivers for persons with ' s _____ or related ; or
2. Three years of practical experience in a program providing care to persons with ' s _____ or related ; or
3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with ' s _____ or related
(h) With reference to requirements in paragraph (g), a Master ' s degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor ' s degree referenced in paragraph (g).

This Statute or Rule is not met as evidenced by:
Based on a review of 3 personnel files and interview with administrative staff, the facility failed to ensure the required level 1 and II training had been taken by 2 (Employee A and B) of 3 employees reviewed as required.

The findings include:

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A 086	Continued From page 21 1. Employees are required to have level 1 training within 3 months of hire and level 2 training within 9 months of hire for facilities with a unit that provides specialized care to this type of resident. Review of Employee A's file revealed a date of hire of This employee had no documentation of level 1 or 2 of the required training. 2. Employee B was hired on This employee also has no documentation of receiving either level of training. 3. Interview with the Assistant Executive Director on at 12:40 p.m. confirmed the training was not present in the files. Class III Correction Date:	A 086		
A 090	58A-5.0191(11) FAC Training - Do Not Orders (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 within 60 days after the effective date of this rule. (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 58A-5.0186, F.A.C.	A 090		

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A 090	Continued From page 22	A 090		

This Statute or Rule is not met as evidenced by:
Based on a review of 3 personnel files and interview with administrative staff, the facility failed to ensure [redacted] training) was completed for all employees as required for Employees A, B, and C.

The findings include:

Review of Employee files for employees A, B, and C revealed there was no evidence in the files of training related to [redacted]O's.

Interview with the Assistant Executive Director on [redacted] at 12:40 p.m. revealed that none of the staff has had [redacted] training.

Class III
Correction Date: [redacted]

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Heron Club at Prestancia (The)
3749 Sarasota Square Blvd.
Sarasota, Florida 34238

Dear Administrator:

Re: Change of Ownership (CHOW)

This letter reports the findings of a Change of Ownership survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2012 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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