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
	AL11969390	A. BUILDING: _____ B. WING _____	06/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSING AUTHORITY OF THE CITY OF KEY WEST	1664 DUNLAP DRIVE KEY WEST, FL 33040

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print [illegible] notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the background screening roster was up-dated within 10 days of hire or termination for 13 (Staff B, D, E, F, G, H, I, J, K, L, M, N, and O) of 20 staff listed and further failed to ensure all staff had an eligible background screening	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1	CZ814		

without a break in service for 1 (Staff A) of 4 staff reviewed.

The findings included:

1. On at 10:30 a.m., a list of current staff was requested. The list had 12 names. The list included 4 current care staff who were not listed on the Background Screening roster. A second list was provided at 9:45 a.m., it contained 9 names of current staff but lacked Staff F, but included Staff P (no date of hire).
Record review revealed caregiver Staff B was hired on and was not included in the roster.
Record review revealed caregiver Staff D was hired on and was not included in the roster.
Record review revealed caregiver Staff E was hired on and was not included in the roster.
Record review revealed caregiver Staff F was hired on and was not included in the roster.

On at 10:35 a.m., Manager Staff A said the list included 4 dietary staff who are not really employees of the assisted living facility (ALF). She said the staff do not provide food delivery to the 3rd floor unit. The 3rd floor staff go to the kitchen to transport the meal to the unit.

Record review of the facility background screening roster revealed an extra 9 names of nursing assistants, certified nursing assistants and nurses.
Record review revealed nurse Staff G was hired on and was included in the roster, although no longer working there.
Record review revealed caregiver Staff H was

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CZ814	Continued From page 2	CZ814		

hired on [redacted] and was included in the roster, although no longer working there.
Record review revealed caregiver Staff I was hired on [redacted] and was included in the roster, although no longer working there.
Record review revealed caregiver Staff J was hired on [redacted] and was included in the roster, although no longer working there.
Record review revealed caregiver Staff K was hired on [redacted] and was included in the roster, although no longer working there.
Record review revealed caregiver Staff L was hired on [redacted] and was included in the roster, although no longer working there.
Record review revealed caregiver Staff M was hired on [redacted] and was included in the roster, although no longer working there.
Record review revealed caregiver Staff N was hired on [redacted] and was included in the roster, although no longer working there.
Record review revealed caregiver Staff O was hired on [redacted] and was included in the roster, although no longer working there.

2. Record review revealed Manager Staff A was hired on [redacted]. Her background screening showed an eligible date of [redacted].
A review of the application revealed she was employed at another ALF before coming to work here.

On [redacted] at 10:15 a.m., Manager Staff A verified she was at the prior ALF from [redacted] to [redacted]. She said she had a 6 month break in service from [redacted] to hire in [redacted]. She verified she was told she did not need to be re-screened.

Unclassified

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CZ815	Continued From page 3	CZ815		
CZ815	408.809; 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ␣ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ␣ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ␣ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or	CZ815		

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CZ815	Continued From page 4 disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (h) Section 817.234, relating to false and fraudulent insurance claims. (i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (k) Section 817.505, relating to patient brokering.	CZ815		

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CZ815	Continued From page 5 (l) Section 817.568, relating to criminal use of personal identification information. (m) Section 817.60, relating to obtaining a credit card through fraudulent means. (n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (o) Section 831.01, relating to forgery. (p) Section 831.02, relating to uttering forged instruments. (q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (s) Section 831.30, relating to fraud in obtaining medicinal drugs. (t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (u) Section 895.03, relating to racketeering and collection of unlawful debts. (v) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee as of , and was screened and qualified under ss. 435.03 and 435.04, has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt	CZ815		

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CZ815	Continued From page 6 of the rescreening results by the person. (5) A person who serves as a controlling interest of, is employed by, or contracts with a licensee on , who has been screened and qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by , in compliance with the following schedule. If, upon rescreening, such person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 30 days after receipt of the rescreening results by the person. The rescreening schedule shall be: (a) Individuals for whom the last screening was conducted on or before must be rescreened by . (b) Individuals for whom the last screening conducted was between , and , must be rescreened by . (c) Individuals for whom the last screening conducted was between , through , must be rescreened by . (6) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3).	CZ815		

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CZ815	Continued From page 7 The agency shall establish a schedule of fees to cover the costs of screening. (7)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (8) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining [illegible] pursuant to s. 943.05(2). (9) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.-	CZ815		

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CZ815	Continued From page 8 (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of	CZ815		

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CZ815	Continued From page 9	CZ815		

this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed.
(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter.

435.02 Definitions.-For the purposes of this chapter, the term:
(2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.

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CZ815	Continued From page 10 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff were background screened as eligible before allowing an employee whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas of any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment for 1 (Staff B) of 4 staff reviewed. The findings included: 1. Record review revealed Caregiver Staff B was hired on . . . . Her background screening showed an eligible date of . A review of the staffing schedule revealed Caregiver Staff B worked 6:00 a.m., to 2:00 p.m., on . . . . /19 and . . . /19; from 2:00 p.m., to 10:00 p.m., on and . 2. On at 11:40 a.m., Caregiver Staff B verified she had worked 10 days straight upon hire from to . On . . . at 11:15 a.m., Manager Staff A verified Caregiver Staff B had worked upon hire, because she is maintaining the staffing schedule. Unclassified	CZ815		
A 000	Initial Comments An unannounced complaint survey for complaint	A 000		

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A	Continued From page 11 #2019006895 was conducted . . . at Poinciana Gardens, an assisted living facility in Key West, Florida. Complaint #2019006895 was unsubstantiated with collateral citations. The following is description of the deficiencies.	A 000		
A 077	429.176 FS; 429.52( ),58A-5.019(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52( ), FS (4) A new facility administrator must complete the required training and education, including the competency test, within 90 days after date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 58A-5.019 Staffing Standards.	A 077		

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A 077	Continued From page 12 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.; and 4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before , are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule. 5. Satisfy the continuing education requirements pursuant to Rule 58A-5.0191, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of	A 077		

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A 077	Continued From page 13	A 077		

subparagraphs (1)(a)4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:
1. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C.; and
2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.
(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.
(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility.
(e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office

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HOUSING AUTHORITY OF THE CITY OF KEY WEST	1664 DUNLAP DRIVE KEY WEST, FL 33040

(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 077	Continued From page 14 within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04002. This Statute or Rule is not met as evidenced by: Based on record review and interview, the new facility Administrator failed to ensure proof of the successful completion of the assisted living core (ALF) training was in the Administrator's file within 90 days of hire. The findings included: On at 10:20 a.m., the file for the Administrator was requested. No file was found to be present for the Administrator. By noon on no file had been located. The file was requested to be faxed or emailed to the office by 12:00 p.m., on . Record review of the information provided for the Administrator did not include ALF Core training or the certificate for successfully passing the ALF CORE exam. On from 10:20 a.m., through noon the Administrator was contacted by phone and insisted a file should be there. The Administrator verified she had been hired on . Class III .	A 077		

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A 078	Continued From page 15	A 078		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their	A 078		

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A 078	Continued From page 16 responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure each staff had documentation of freedom from communicable . . . . . from a health care provider within 6 months prior to or 30 days after hire for 1 (Staff B) of 4 staff files reviewed. The findings included: 1. On at 10:25 a.m., record review revealed no freedom from communicable statement from a health care provider. Caregiver	A 078		

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A 078	Continued From page 17 Staff B had a negative . . . . . finding read by a registered nurse on . 2. On at 10:45 a.m., Manager Staff A and Executive Director/Marketer Staff Q revealed the personnel record for Caregiver Staff B was provided to the surveyor. They verified Caregiver Staff B was hired on and there was no prior management company file as she was hired after the management company's change. Class III	A 078		
A 080	429.52( ) FS; 58A-5.0191(1) FAC Training - Core & Competency Test 429.52 (1) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the Department of Elderly Affairs by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (2) The department shall establish a competency test and a minimum required score to indicate successful completion of the training and educational requirements. The competency test must be developed by the department in conjunction with the agency and providers. The required training and education must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting . . . , neglect, and , ... (c) Special needs of elderly persons, persons with mental illness, and persons with . . . , . . .	A 080		

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A 080	Continued From page 18 . . . . . and how to meet those needs. (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication. (f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures. (g) Care of persons with . . . . 's . . . . . and related . . 58A-5.0191 Staff Training Requirements and Competency Test. (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to Section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to . . . . . , and managers who attended the core training program prior to . . . . . , shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with Part II of Chapter 468, F.S., are exempt from this	A 080		

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A 080	Continued From page 19 requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken This Statute or Rule is not met as evidenced by: Based on record review, and interview, the new facility administrator failed to ensure proof of the successful completion of the Assisted Living Core (ALF) training was in the Administrator's file within 90 days of hire. The findings included: 1. On . . . . at 10:20 a.m., the file for the Administrator was requested. No file was found to be present for the Administrator. By noon on no file had been located. The file was requested to be faxed or emailed to the office by 12:00 p.m., on .	A 080		

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A 080	Continued From page 20 On at 8:11 a.m., the file of the administrator was emailed to the surveyor. Record review of the information provided for the Administrator did not include ALF Core training or the certificate for successfully passing the ALF CORE exam. 2. On . . . . from 10:20 a.m., through noon, the Administrator was contacted by phone and insisted a file should be there. The Administrator verified she had been hired on . Class III .	A 080		
A 081	58A-5.0191(. .) FAC Training - Staff In-Service (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. (3) STAFF IN-SERVICE TRAINING. Facility	A 081		

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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, F.A.C., must receive 3 hours of in-service training

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A 081	Continued From page 22 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 staff are trained as required within the time frames specified for 4 (Administrator, Staff A, B, and C) of 4 staff files reviewed. The findings included: 1. a. Record review of the Administrator's file, hired on , revealed the Administrator lacked documentation of the required 2 hour pre-inservice training; required 1 hour control training from the facilities policy and procedure; required 3 hour activities of daily living and behavioral needs; elopement response training; 1 hour reporting major/adverse incidents	A 081		

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A 081	Continued From page 23 and emergency procedures; and 1 hour resident rights and , neglect training. There was no documented evidence the 2 hour pre-inservice and 1 hour control training from the facilities policy and procedure was performed immediately upon hire on . There was no documented evidence the 3 hour activities of daily living and behavioral needs; elopement response training; 1 hour reporting major/adverse incidents and emergency procedures; 1 hour resident rights and ; neglect training were obtained within 30 days of hire. The facility emergency procedures training was self-taught on , 92 days after required, although there is no evidence of a county approved emergency plan. The and neglect training was self-taught on , 75 days after required. b. Record review of the Manger Staff A's file, hired on , revealed the Manager Staff A lacked documentation of the required 1 hour control training from the facilities policy and procedure; elopement response training; 1 hour reporting major/adverse incidents and emergency procedures; 1 hour resident rights and ; neglect training. There was no documented evidence the 1 hour control training from the facilities policy and procedure was performed immediately upon hire. An on-line course was obtained on but did not include the facility's policy and procedures for control, universal precautions and sanitation. An on-line elopement response training was obtained on , rather than from the facility's policy and procedure which was not obtained until . The 1 hour reporting major/adverse incidents and emergency	A 081		

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A 081	Continued From page 24	A 081		

procedures and 1 hour resident rights and [redacted]; neglect training were obtained from an on-line course, rather than from the facility's policy and procedures, until training was received on and [redacted].

c. Record review of the Caregiver Staff B's file, hired on [redacted], revealed the Caregiver Staff B lacked documentation of the required 2 hour pre-inservice training, required 1 hour control training from the facilities policy and procedure; required 3 hour activities of daily living and behavioral needs; elopement response training; 1 hour reporting major/adverse incidents and emergency procedures; 1 hour resident rights and [redacted], neglect training; 1 hour nutrition and safe food handling immediately upon hire or within 30 days as allowed by some regulations.

The 1 hour [redacted] control training from the facilities policy and procedure was not obtained until [redacted], Caregiver Staff B had already assisted residents for 5 days before obtaining the required training. Elopement response, emergency plan and [redacted] and neglect training were not obtained until [redacted], and [redacted] respectively.

d. Record review of the Caregiver Staff C's file, hired on [redacted], revealed that Caregiver Staff C lacked documentation of the required 2 hour pre-inservice training; 1 hour [redacted] control training from the facilities policy and procedure; required 3 hour activities of daily living and behavioral needs; elopement response training; 1 hour reporting major/adverse incidents and emergency procedures; 1 hour resident rights and [redacted], neglect training.

The required 2 hour pre-inservice training was not

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A 081	Continued From page 25 obtained until , 27 days after required. The 1 hour control training from the facilities policy and procedure; required 3 hour activities of daily living and behavioral needs; elopement response training; 1 hour reporting major/adverse incidents and emergency procedures; 1 hour resident rights and , neglect training was not obtained until , , and , and respectively. 2. On at 11:30 a.m., the Administrator said the trainings had been provided. The Administrator asked if the on-line trainings were counted, but verified the on-line trainings would not be from the facility's own policy and procedures for those trainings required by ruled to be complete based on the facility's policy and procedures or licensure. The Administrator said the in-house trainings were completed by her over the last 4 months. Class III .	A 081		
A 082	58A-5.0191(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	A 082		

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A 082	Continued From page 26 this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff were trained in / , (/) training within 30 days of employment for 3 (Administrator, Staff B and C) of 4 staff files reviewed. The findings included: 1. a. Record review of the Administrator's file, hired on , revealed no evidence of / training. b. Record review of the Caregiver Staff B's file, hired on , revealed no evidence of / training. c. Record review of the Caregiver Staff C's file, hired on , revealed evidence of / training was not obtained until , 38 days after hire. 2. On at 11:30 a.m., the Administrator said the in-house trainings were completed by her over the last 4 months. She was not aware if trainings were missing in the staff files. Class III .	A 082		
A 084	58A-5.0191(6) FAC 429.52 (6), FS Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND	A 084		

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A 084	Continued From page 27 MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and	A 084		

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A 084	Continued From page 28	A 084		

dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an "as needed" prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication;
g. Recognize the general signs of adverse reactions to medications and report such reactions;
h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;
i. Assist with ;
j. Use a to perform testing;
k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels;
l. Apply and remove stockings and hosiery;
m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and,
n. Measurement of , , rate, temperature, and , rate.
(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with

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A 084	Continued From page 29 self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6), FS (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff. The department shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff who assist with the self-administration of medications successfully complete the 6 hour medication course from a pharmacist or registered nurse, before assisting with medications for 2 (Staff A and B) of 3 staff reviewed of 8 staff who assist with medications.	A 084		

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A 084	Continued From page 30 The findings included: 1. a. Record review of Staff A's file, hired on . . . . . , revealed no 4 hour training and no 6 hour training, but had 2 hour medication up-dates on . . . . . and . . . . . . b. Record review of Staff B's file, hired on . . . . . , revealed no 6 hour training, but had a training course based on Agency for Persons with . . . . . training from 65G7-04 Florida Administrative Code. 2. On . . . . . at 11:30 a.m., the Administrator said staff had probably received the training. She was not aware of staff passing medications who were not trained. Class III .	A 084		
A 090	58A-5.0191(11) FAC Training - . . . . (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . . . within 30 days after employment. (c) Training shall consist of the information	A 090		

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A 090	Continued From page 31 included in rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure all staff receive 1 hour of training in the facility's policies and procedures regarding within 30 days after employment for 4 (Administrator, Staff A, B, and C) of 4 staff reviewed. The findings included: 1. a. Record review revealed the Administrator, hired on , had no documentation of training in the facility's policy and procedure regarding within 30 days after employment. b. Record review revealed the Manager Staff A, hired on , had no documentation of training in the facility's policy and procedure regarding within 30 days after employment. There was an on-line training documented from , but it did not include the facility's policy and procedure. c. Record review revealed Caregiver Staff B, hired on , had no documentation of training in the facility's policy and procedure regarding within 30 days after employment. d. Record review revealed the Caregiver Staff C, hired on , had no documentation of training in the facility's policy and procedure regarding within 30 days after employment. There was an on-line	A 090		

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A 090	Continued From page 32 training documented from [redacted], but it did not include the facility's policy and procedure and was not completed within 30 days of hire. 2. On [redacted] at 11:30 a.m., the Administrator said the in-house trainings were completed by her over the last 4 months. She did not provide this training however. Class III .	A 090		
A 091	58A-5.0191(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The	A 091		

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A 091	Continued From page 33 department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure training that was completed in-house was provided by a qualified trainer and the certificate included all required information for 4 (Administrator, Staff A, B and C) of 4 staff reviewed. The findings included: Record review of Manager Staff A's file found a certificate which read, "Certificate of Completion, Presented to _____, contained the management company's logo and signature of the Administrator. Record review of Caregiver Staff B's file found a certificate which read, "Certificate of Completion, Presented to _____, contained the management company's logo and signature of the Administrator. Record review of Caregiver Staff C's file found a certificate which read, "Certificate of Completion, Presented to _____, contained the management company's logo and signature of the Administrator. On . . . . . at 10:25 a.m., via the phone, the Administrator said training had been completed for staff and the certificates were passed out to them so the staff would fill in their name and then return the certificate. The Administrator could not tell what training was completed when or for how	A 091		

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A 091	Continued From page 34 long. The Administrator said the staff did not turn the certificates in. On at 12:03 p.m., the administrator sent new certificates for the sampled staff and other staff. The new certificates had the title of the class, the date of the class, the name of the staff person, and the typed name of the trainer. Still missing from the certificates were the subject matter of the training program, the training program agenda, the number of hours of the training program, the location of the training program, the credentials of the trainer and the dated signature of the trainer. Class III	A 091		
A 181	58A-5.026(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are	A 181		

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A 181	Continued From page 35 not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain, maintain and up-date timely the approval for the Community Emergency Management Plan (CEMP). The findings included: 1. A review of the Agency for Health Care Administration database revealed this facility was initially licensed on . . On , the CEMP approval letter was requested from the facility at 10:10 a.m. The approval could not be located by staff at the facility. On . . . at 10:30 a.m., the Administrator, via phone, insisted the CEMP approval was in the facility, but would call and get a copy of the approval from the county and provide it to the surveyor by noon on . The Administrator said the old management company had left and	A 181		

Agency for Health Care Administration

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A 181	Continued From page 36 MIA Senior Living Solutions took over the building on . The Administrator verified a revised CEMP was being put together for submission to Monroe County. The Administrator verified the plan had not been updated since there were substantive changes to personnel in , and hurricane season began on . On at 7:45 a.m., the email from the Administrator was reviewed and did not include the CEMP. It did included the approved Emergency Power Plan for the generator only dated . There was no evidence the facility submitted and obtained approval of the CEMP for this facility. Class III	A 181		