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
	AL11965858	A. BUILDING: _____ B. WING _____	09/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTON GARDENS AT PELICAN MARSH LLC	4750 ASTON GARDENS WAY NAPLES, FL 34109

(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 An unannounced relicensure and emergency power plan monitoring survey was conducted through at Aston Gardens at Pelican Marsh LLC, an assisted living facility in Naples, Florida. The following is description of the deficiency.	A 000		
A 087	58A-5.0194 FAC Training - Prov & Curriculum Appr (1) The or Related ("ADRD") training provider and curriculum must be approved by the department or its designee before commencing training activities. The department or its designee will maintain a list of approved ADRD training providers and curricula, which may be obtained from http://usfweb3.usf.edu/trainingonAging/default.aspx. (a) ADRD Training Providers. 1. Individuals who seek to become an ADRD training provider must provide the department or its designee with the documentation of the following educational, teaching, or practical experience: a. A Master's degree from an accredited college or university in a health care, human service, or related field; or b. A Bachelor's degree from an accredited college or university, or licensure as a registered nurse, and: (I) Proof of 1 year of teaching experience as an educator of caregivers for individuals with or related ; or (II) Proof of completion of a specialized training program specifically relating to 's or related , and a minimum of 2 years of practical experience in a program	A 087		

AHCA Form 3020-0001

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965858	A. BUILDING: _____ B. WING _____	09/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTON GARDENS AT PELICAN MARSH LLC	4750 ASTON GARDENS WAY NAPLES, FL 34109

(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 087	Continued From page 1 providing direct care to individuals with or related ; or (III) Proof of 3 years of practical experience in a program providing direct care to persons with or related . c. Teaching experience pertaining to 's or related may substitute on a year-by-year basis for the required Bachelor's degree. 2. Applicants seeking approval as ADRD training providers must complete DOEA form ALF/ADRD-001, Application for 's or Related Training Provider Certification, dated , which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 and online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04000. (b) ADRD Training Curricula. Applicants seeking approval of ADRD curricula must complete DOEA form ALF/ADRD-002, Application for 's or Related Training Three-Year Curriculum Certification, dated , which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 and online at http://www.flrules.org/Gateway/reference.asp?No=Ref-04001. Approval of the curriculum will be granted based on how well the curriculum addresses the subject areas referenced in subparagraphs 58A-5.0191(4)(a)2. and 58A-5.0191(4)(a)5., F.A.C. Curriculum approval will be granted for 3 years. After 3 years the curriculum must be resubmitted to the department or its designee for approval. (2) Approved ADRD training providers must	A 087		

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
	AL11965858	A. BUILDING: _____ B. WING _____	09/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTON GARDENS AT PELICAN MARSH LLC	4750 ASTON GARDENS WAY NAPLES, FL 34109

(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 087	Continued From page 2 maintain records of each course taught for a period of 3 years following each training presentation. Course records must include the title of the approved ADRD training curriculum, the curriculum approval number, the number of hours of training, the training provider ' s name and approval number, the date and location of the course, and a roster of trainees. (3) Upon successful completion of training, the trainee must be issued a certificate by the approved training provider. The certificate must include the trainee's name, the title of the approved ADRD training, the curriculum approval number, the number of hours of training received, the date and location of the course, the training provider's name and approval number, and dated signature. (4) The department or its designee reserves the right to attend and monitor ADRD training courses, review records and course materials approved pursuant to this rule, and revoke approval for the following reasons: non-adherence to approved curriculum, failing to maintain required training credentials, or knowingly disseminating any false or misleading information. (5) ADRD training providers satisfying the requirements of Section 400.1755, F.S., relating to nursing homes, and Section 400.6045, F.S., relating to hospices, will satisfy the Level 1 and Level 2 training provider requirements of subparagraph 58A-5.0191(4)(a)3. and paragraph 58A-5.0191(4)(a), subsection (5), F.A.C. ADRD training curricula satisfying the requirements of Section 400.1755, F.S., relating to nursing homes, and Section 400.6045, F.S., relating to hospices, will satisfy the Level 1 curriculum requirements of subparagraph 58A-5.0191(4)(a)3., F.A.C.	A 087		

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
	AL11965858	A. BUILDING: _____ B. WING _____	09/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTON GARDENS AT PELICAN MARSH LLC	4750 ASTON GARDENS WAY NAPLES, FL 34109

(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 087	Continued From page 3 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide "The or Related ." (ADRD) by a qualified trainer and with a qualified ADRD training curricula for one (Staff B) of three staff members surveyed. The findings included: Review of Staff B's employee record shows an "Education Certificate" for 4 hours of training of " and Related ". The certificate shows the Administrator had signed the document as the "Presenter". The name of the facility was on the certificate. On at 11:00 a.m., the Administrator verified she had provided the training. The Administrator verified her education consisted of being a Licensed Practical Nurse (LPN). The Administrator verified she did not have a bachelor's degree or a master's degree. The Administrator verified she had stopped using the on-line course to train staff members because staff were struggling to complete the on-line course. The Administrator verified the facility had not applied for approved ADRD training curricula. Class III	A 087		