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
	AL11964585	A. BUILDING: _____ B. WING _____	01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMELIA SPRINGS ASSISTED LIVING	1550 NECTARINE STREET FERNANDINA BEACH, FL 32034

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A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview the facility failed to provide or arrange for in-service training on facility policy and procedures for one employee out of four sampled employees. The findings include: A review of Employee D's personnel file revealed no evidence of policy and procedure training within 30 days of hire. Her hire date was documented as . During an interview with the Administrator on at 5:30 pm she reviewed the employee record for Employee D and confirmed that the training certificate was not in the employee record. Class III	A 090		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 160	Continued From page 1	A 160		
A 160 SS=F	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan,	A 160		

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A 160	Continued From page 2 with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions	A 160		

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A 160	Continued From page 3 and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on employee record reviews and staff interviews, the facility failed to maintain evidence of elopement response drills for the staff. The findings include: During an interview with the Administrator on at 5:10 pm she stated that she did not have any documentation of elopement drills conducted at the facility since it was purchased. She stated she looked all day for the elopement drills and could not find them. When the facility was bought, she threw away a lot of "stuff". She stated she knew they did one in . . . . . or , but she does not have the sign in sheets for the drill. Review of records on . . . . . did not produce any evidence of elopement drills. Class III	A 160		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff	A 161		

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A 161	Continued From page 4 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c),	A 161		

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A 161	Continued From page 5 F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity [redacted] to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview the facility failed to ensure that one out of 4 sampled employees had references on their application (the Administrator). The findings include: Review of the Administrator's employee record revealed no references on the application for employment. The application was not dated. The Administrator's date of hire was [redacted]. During an interview with the Administrator on [redacted] at 5:30 pm she reviewed her employee record and confirmed that the application did not include references. Class III	A 161		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:	A 162		

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A 162	Continued From page 6 (a) Resident demographic data as follows: 1. Name, 2. . . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, ... , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if	A 162		

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A 162	Continued From page 7 such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is	A 162		

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A 162	Continued From page 8 a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's [redacted], DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on resident clinical record review and staff	A 162		

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A 162	Continued From page 9 interview the facility failed to ensure one out of two sampled residents had a signed and dated informed consent for unlicensed staff to assist with self-administration of medications in his record (Resident #14). The findings include: Review of the clinical record for Resident #14 revealed no informed consent form for unlicensed staff to assist with self-administration of medications. During an interview with the Administrator on . . . . . at 5:30 pm she reviewed the record and confirmed that the form was not in the record. Class III	A 162		
A 000	Initial Comments An announced Change of Ownership licensure survey was conducted at Amelia Spring Assisted Living Facility on . The provider had deficiencies at the time of the visit.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a	A 008		

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A 008	Continued From page 10 form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or	A 008		

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A 008	Continued From page 11 administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's	A 008		

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A 008	Continued From page 12 admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed.	A 008		

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A 008	Continued From page 13 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (f) A resident placed in a facility on a temporary emergency basis by the Department of Children	A 008		

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	AL11964585	A. BUILDING: _____ B. WING _____	01/11/2023

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A 008	Continued From page 14 and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure the Agency For Health Care Administration (AHCA) Health Assessment Form 1823 was completed in all sections of the form for one of two sampled residents (Resident #12). The findings include: Review of the clinical record for Resident #12 revealed the Agency For Health Care Administration (AHCA) Health Assessment Form 1823 was not completed on page one in Section 1 Health Assessment. Physical or Sensory Limitations, Nursing Treatment , , Services Requirements and Special Precautions sections were left blank. Photographic evidence obtained. On page 2 the name of the resident, her date of birth and her representative information was not on the form. Section C special conditions regarding communicable , , , being bedridden, danger to self or others and requiring 24 hours nursing care were left blank. Page three did not have the name, date of birth and representative information on the top of	A 008		

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A 008	Continued From page 15 the page. The address and telephone number of the examiner was left blank. During an interview with the Administrator on at 5:30 pm she reviewed the form and confirmed that it was not complete. Class III	A 008		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his	A 052		

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A 052	Continued From page 16 or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of	A 052		

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A 052	Continued From page 17 administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the	A 052		

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A 052	Continued From page 18 resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the unlicensed medication technicians did not administer medication to residents who were assessed as	A 052		

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A 052	Continued From page 19 being able to assist with their own medication self-administration; failed to prepare the medication in the presence of the resident; failed to inform the residents orally of the name and dose of the medications they would be receiving; and failed to adhere to control standards. The findings include: Medication pass was observed on at 11:30 am with Employee C, Medication Technician. She pushed the medication cart to the hallway next to the common living room area of the memory care house. Eleven residents were seated in the room. Employee C placed a cup of chocolate pudding covered with plastic wrap and a plastic spoon on top of the medication cart. She opened a vial and shook one of the pills into the paper cup on top of the cart and proceeded to read the MOR again. The medication label read: 5 milligram tablet. Take one tablet by at 12:00 noon for . Remain upright for 4 hours after administration. She then took a pen and initialed the MOR. She crushed the medications and then put three spoonfuls of chocolate pudding into the pill cup with the crushed medication. She then took out a box with a vial of , in it. The label on the box indicated it was prescribed to Resident #14. It read: 1% , suspension. One drop into both , four times a day every day for . She initialed the MOR. She then took the pill cup, spoon, water and vial of , over to Resident #14 who was seated in the living room with the other residents. She greeted Resident #14 and called him by	A 052		

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A 052	Continued From page 20	A 052		

name. He responded in acknowledgment. She told him it was time for his medications. He agreed. He opened his very wide, and Employee C spooned the chocolate pudding from the pill cup into his three times. She then handed him the cup of water and with over assistance helped the resident to drink the water. The medication technician did not attempt to assist the resident to give his medications to himself by having the resident take hold of the spoon and use over assistance to get it to his . At no time did the resident move his and they remained folded in his .

Employee C then instructed Resident #14 that she was going to give him his . He agreed. She opened the vial and proceeded to drop one drop in each . As she did so she touched the vial to the resident's . She attempted to hold his open as she administered the drops. Resident #14 could not hold his open by himself during the administration. He did not attempt to self-administer the , and his remained folded in his during the administration. She thanked the resident as she wiped his with a tissue.

Medication pass was observed on at 11:30 am with Employee C in the memory care house. She repeated the steps outlined on . Again, Resident #14 did not assist in the administration of the medications.

Medication pass for Resident #12 on at 11:48am with Employee C. She pushed the medication cart into the hallway near the common living room area of the house. Eleven residents were seated in the room. Two other staff members were interacting with the residents in an

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A 052	Continued From page 21 activity. Resident #12 was seated in the room. She opened the Medication Observation Record (MOR) and read it, prepared a small paper pill cup, and took out a prepackaged medication card with the label indicating it was medication for Resident #12. The medication was Tablet 90 mg, take ½ tablet three times per day. She then took a pen and initialed the MOR. After leaving to assit Resident #12, she did not lock the cart when she left. She greeted the resident and told her it was time for her medication but did not tell Resident #12 what medications she was receiving. Resident #12 attempted to put the medication into her but had difficulty lifting her to her . Employee C took the pill cup and told Resident #12 to open her . She then dumped the pill into the residents . The resident did not assist in the administration of the medication. She handed her the cup of water and the resident drank it without assistance. Medication pass was observed on at 4:00 pm with Employee E, Medication Technician, in the assisted living house. She went to the medication cart where Resident #11 was seated in his wheelchair. He asked her if it was time for his medication. She stated yes and that she would get it for him. She took out a prepackaged medication card with a label that read: / tablet 5-325 mg. The MOR read: Take one tablet three times a day every day, 8am, 12pm and 4pm. She pushed one tablet into a pill cup, poured a cup of water and took handed it to the resident. He put the pill in his and drank the water. When asked if he knew what the medication was, he stated he did not know what he was getting. He shrugged his and stated, "I don't know, something to help me feel better."	A 052		

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A 052	Continued From page 22 During an interview with Employee E on [redacted] at 4:00 pm, she acknowledged that she did not advise the resident of the name and dose of the medication given. She confirmed she is supposed to tell the resident what the name of the medication is and the dose. She confirmed that Resident #11 does not have a waiver to opt out of the oral advisement required during the medication pass. She was asked if she ever passes medications to Resident #14. She stated she often does. She confirmed that Resident #14 does takes hold of the spoon and assists with giving himself his medications. She stated, "Oh yes, he can do it, even though he is [redacted]." During an interview with the Assistant Administrator on [redacted] at 3:35 pm, she was asked if she ever passes medications to Resident #14. She stated she often does. She confirmed that Resident #14 does takes hold of the spoon and assists with giving himself his medications. Review of the clinical record for Resident #14 revealed the Health Assessment Agency for Healthcare Administration (AHCA) form 1823 dated [redacted] indicated that the resident was assessed as requiring assistance with self-administration of medication (Photographic evidence obtained). Review of the clinical record for Resident #12 revealed the Health Assessment Agency for Healthcare Administration (AHCA) form 1823 dated [redacted] indicated that the resident was assessed as requiring assistance with self-administration of medication (Photographic evidence obtained). During an interview with Employee C on	A 052		

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A 052	Continued From page 23 . . . . . at 12:15 pm, she stated she had not had training for medication technician for "a while". She could not remember when she had it last. She stated she has been a medication technician for several years. She confirmed she was supposed to tell the residents what they were getting. She confirmed that she did not tell Residents #12 and #14 the names and dosages of their medications during the medication passes. She stated she knew she was supposed to do so. She has not seen a waiver allowing her not to inform the resident during the medication pass. The Administrator confirmed that the Residents do not have waivers and the medication technicians need to be telling them what their medications are each time they assist with self-administration of medications. When it was explained to her that one of the medication technician's was observed to be spoon feeding medication to Resident #14, she stated "No, that is administration." "I'll talk to her about that." Review of Employee C's personnel file revealed a training certificate for a 2-hour update for medication technician training course she received on . . Review of the facility policy and procedures for assistance with self-administration of medications read: In keeping with the intent of this facility to foster independence among its residents, those who are judged capable of taking their own medications will be encouraged to do so. The designated staff member shall provide supervision of self-administered medications as follows. 5. Assist the resident in the self-administration process and the return of unused medications to the container.	A 052		

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A 052	Continued From page 24 Medications that are supervised shall be centrally stored. Medications may be administered only by persons licensed to do so by order of the healthcare provider. All centrally stored medications shall be kept in a locked storage container made accessible only to staff authorized and trained to supervise or administer medications. Class III	A 052		
A 078 SS=D	59A-36.010(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	A 078		

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A 078	Continued From page 25 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 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 59A-36.011, 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 employee record review and staff	A 078		

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A 078	Continued From page 26 interview the facility failed to ensure two employees (C and D) had evidence of a statement completed by a health care provider within 6 months of hire or within 30 days of hire that indicates they are free of communicable ( ). Additionally, there was no evidence of a negative ( ) examination on an annual basis for both employees. The findings include: A review of Employee C's personnel file revealed no evidence of a statement completed by a health care provider within 6 months of hire or within 30 days of hire that indicated freedom of communicable ( ). Additionally, there was no evidence of a negative ( ) examination on an annual basis. A review of Employee D's personnel file revealed no evidence of a statement completed by a health care provider within 6 months of hire or within 30 days of hire that indicated freedom of communicable ( ). Additionally, there was no evidence of a negative ( ) examination on an annual basis. During and interview with the Administrator on at 5:30 pm, she reviewed the records and confirmed that the statements and examinations were not in the employee records. Class III	A 078		
A 080 SS=D	429.52( ) FS; 59A-36.011(1) FAC Training - Core & Competency Test	A 080		

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	AL11964585	A. BUILDING: _____ B. WING _____	01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMELIA SPRINGS ASSISTED LIVING	1550 NECTARINE STREET FERNANDINA BEACH, FL 32034

(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 080	Continued From page 27 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency 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. (3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test 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 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 . 59A-36.011 (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND	A 080		

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A 080	Continued From page 28 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 chapter 468, part II, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years. (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 $200.00. The payment for the	A 080		

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A 080	Continued From page 29 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 staff interview, observations, facility document review and employee record review the facility failed to ensure the manager appointed in writing to be responsible for day-to-day operations of the facility in the absence of the Administrator had successfully passed the core competency test. This has potential to affect all residents. The findings include: Upon entrance to the facility on [redacted] at 8:45 am Employee C was asked to notify the Administrator of this surveyor's presence. She stated that Employee B is the Assistant Administrator, and she would call her. She returned to a few minutes later and stated that Employee B was on her way. During an interview with Employee B, Assistant Administrator, on [redacted] at 9:00 am she stated that she is the Assistant Administrator. She produced a letter of designation dated [redacted] stating: To Whom It [redacted], Concern, In the absence of the Administrator, [Employee B] will assume the responsibilities of "Acting Administrator" with the authority to act or execute on behalf of the Administrator after contacting the Administrator by phone or other means of communication. In the event that contact is not possible the person may take Administrative action as necessary (Photographic evidence obtained). The form was signed by the	A 080		

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A 080	Continued From page 30 Administrator. Employee B confirmed that she has not taken the core competency test yet. She has taken the core training. She stated that the Administrator was last at the facility on Friday, , ... She stated that the Administrator is not at the facility everyday -usually 2 days a week. The Administrator is also the regional consultant for the organization and travels to other facilities in South Florida. During this interview, Employee C came to the office to inform Employee B she was needed due to an emergency situation. Employee B stated, "I have to go take care of this" and left the room. The Administrator was not present on . Review of the employee file for Employee B revealed no certificate of completion for the core competency test. Review of the staff schedules from , . . . , ... , through . . . . . , ... , revealed the Administrator was scheduled for one to two days per week (Photographic evidence obtained). During an interview with the Administrator on . . . . . at 5:00 pm, she confirmed that Employee B was appointed by her to be the Assistant Administrator in her absence. She stated that she does oversee other facilities in South Florida and is not at this facility every day. She stated she is here 2 days a week usually. She acknowledged that Employee B had not successfully passed the core competency test required to be designated to be a manager of an assisted living facility.	A 080		

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A 080	Continued From page 31 Class III	A 080		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents.	A 081		

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A 081	Continued From page 32 (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 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	A 081		

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A 081	Continued From page 33 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 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 employee record review and staff interview, the facility failed to ensure two	A 081		

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A 081	Continued From page 34 employees of 4 sampled employees received 1 hour of in-service trainings in Control within 30 days of hire. Additionally, one of four sampled employees did not receive 3 hours of training in Activities of Daily Living (ADLs) and Behavioral Needs training, 1 hour of Nutrition and Safe Food Handling training, 1 hour of Reporting Adverse Incidents training and Facility Emergency Procedures training, 1 hour of Incident Reporting training, Reporting Major Incidents training and Elopement Response training within 30 days of employment. The findings include: Review of the employee record for Employee C revealed she was hired on and had no evidence of receiving training in the area of control within 30 days of hire. No training certificate was found. Review of the employee record for Employee D revealed she was hired on and had no evidence of receiving training in the area of Control, Activities of Daily Living (ADLs) and Behavioral Needs training, Nutrition and Safe Food Handling training, Reporting Adverse Incidents training and Facility Emergency Procedures training, Incident Reporting training, Reporting Major Incidents training and Elopement Response training within 30 days of employment. No training certificates were found. During an interview with the Administrator on at 5:30 pm she reviewed the employee records and confirmed that the training certificates were not in their records. Class III	A 081		

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A 082	Continued From page 35	A 082		
A 082 SS=D	59A-36.011(4) FAC Training - / . (4) . . . . . / . . . . . (. / .). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview the facility failed to ensure that two employees out of four sampled employees had received the required training in ( )/ , ... (. . .) within 30 days of hire. The findings include: A review of Employee C's personnel file revealed a hire date of . . . . . No evidence of training on ( )/ . . . . . (. . .) within 30 days of hire was documented. A review of Employee D's personnel file revealed a hire date of . . . . . No evidence of training on ( )/ . . . . . (. . .) within 30 days of hire.	A 082		

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A 082	Continued From page 36 During an interview with the Administrator on at 5:30 pm she reviewed the employee records and confirmed that the training certificates were not in the employee records. Class III	A 082		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) 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 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who 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 , , and , 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. Initial training, entitled " 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,	A 086		

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A 086	Continued From page 37 6. Ethical issues. (b) Staff who have successfully completed 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 . . . . . and Related . . . . . Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " . . . . . and Related . . . . . Level 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. . . . . and Related . . . . . Level II Training must address the following subject areas as they apply to these . . . . . : 1. 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 's and Related . . . . . ," dated . . . . . , 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	A 086		

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A 086	Continued From page 38 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 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 . . . . . or related . . . . . , or 2. Three years of practical experience in a program providing care to persons with . . . . . 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 . . . . . 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:	A 086		

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A 086	Continued From page 39 Based on employee record review and staff interview the facility failed to provide or arrange for in-service training on 's and Related (ADRD) Level I within 3 months of hire and Level II within nine months of hire for 2 out of 4 sampled employees (the Administrator and Employee D). The findings include: A review of the Administrator's employee record revealed no evidence of 's and Related (ADRD) Level I within three months of hire and Level II within nine months of hire. She was hired . A review of Employee D's personnel file revealed no evidence of 's and Related (ADRD) Level I within 3 months of hire and Level II within nine months of hire. She was hired . During an interview with the Administrator on at 5:30 pm she reviewed the employee records and confirmed that the training certificates were not in the employee records. Class III	A 086		

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
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A 000	Initial Comments An announced Change of Ownership licensure survey was conducted at Amelia Spring Assisted Living Facility on . The provider had deficiencies at the time of the visit.	A 000		
A 008 SS=D	429.26(.) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon	A 008		

AHCA Form 3020-0001

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

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	AL11964585	A. BUILDING: _____ B. WING _____	01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMELIA SPRINGS ASSISTED LIVING	1550 NECTARINE STREET FERNANDINA BEACH, FL 32034

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A 008	Continued From page 1 request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services {CARES} Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or [illegible] nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel	A 008		

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A 008	Continued From page 2 shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible], [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care	A 008		

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A 008	Continued From page 3	A 008		

practitioner, the individual's needs can be met in an assisted living facility; and,
8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner.
(b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed.
1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility.
2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided.
(c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(d) An assessment that has been conducted

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A 008	Continued From page 4 through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure the Agency For Health Care Administration (AHCA) Health Assessment Form 1823 was completed in all sections of the form for one of two sampled residents (Resident #12). The findings include:	A 008		

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A 008	Continued From page 5 Review of the clinical record for Resident #12 revealed the Agency For Health Care Administration (AHCA) Health Assessment Form 1823 was not completed on page one in Section 1 Health Assessment. Physical or Sensory Limitations, Nursing Treatment , , Services Requirements and Special Precautions sections were left blank. Photographic evidence obtained. On page 2 the name of the resident, her date of birth and her representative information was not on the form. Section C special conditions regarding communicable , , , being bedridden, danger to self or others and requiring 24 hours nursing care were left blank. Page three did not have the name, date of birth and representative information on the top of the page. The address and telephone number of the examiner was left blank. During an interview with the Administrator on at 5:30 pm she reviewed the form and confirmed that it was not complete. Class III	A 008		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , , that is prefilled by the manufacturer are considered medications in previously dispensed, properly	A 052		

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A 052	Continued From page 6 labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route.	A 052		

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A 052	Continued From page 7 (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section	A 052		

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A 052	Continued From page 8 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.	A 052		

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A 052	Continued From page 9 (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the unlicensed medication technicians did not administer medication to residents who were assessed as being able to assist with their own medication self-administration; failed to prepare the medication in the presence of the resident; failed to inform the residents orally of the name and dose of the medications they would be receiving; and failed to adhere to control standards. The findings include: Medication pass was observed on at 11:30 am with Employee C, Medication Technician. She pushed the medication cart to the hallway next to the common living room area of the memory care house. Eleven residents were seated in the room. Employee C placed a cup of chocolate pudding covered with plastic wrap and a plastic spoon on top of the medication cart. She opened a vial and shook one of the pills into the paper cup on top of the cart and proceeded to read the MOR again. The medication label read: 5	A 052		

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A 052	Continued From page 10 milligram tablet. Take one tablet by at 12:00 noon for , . Remain upright for 4 hours after administration. She then took a pen and initialed the MOR. She crushed the medications and then put three spoonfuls of chocolate pudding into the pill cup with the crushed medication. She then took out a box with a vial of , in it. The label on the box indicated it was prescribed to Resident #14. It read: 1% , suspension. One drop into both , four times a day every day for . She initialed the MOR. She then took the pill cup, spoon, water and vial of , over to Resident #14 who was seated in the living room with the other residents. She greeted Resident #14 and called him by name. He responded in acknowledgment. She told him it was time for his medications. He agreed. He opened his very wide, and Employee C spooned the chocolate pudding from the pill cup into his three times. She then handed him the cup of water and with over assistance helped the resident to drink the water. The medication technician did not attempt to assist the resident to give his medications to himself by having the resident take hold of the spoon and use over assistance to get it to his . At no time did the resident move his and they remained folded in his ,. Employee C then instructed Resident #14 that she was going to give him his , . He agreed. She opened the vial and proceeded to drop one drop in each , . As she did so she touched the vial to the resident's , . She attempted to hold his , open as she administered the drops. Resident #14 could not hold his , open by himself during the	A 052		

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A 052	Continued From page 11 administration. He did not attempt to self-administer the , , and his remained folded in his , during the administration. She thanked the resident as she wiped his , . . with a tissue. Medication pass was observed on . . . . . at 11:30 am with Employee C in the memory care house. She repeated the steps outlined on . Again, Resident #14 did not assist in the administration of the medications. Medication pass for Resident #12 on . . . . . at 11:48am with Employee C. She pushed the medication cart into the hallway near the common living room area of the house. Eleven residents were seated in the room. Two other staff members were interacting with the residents in an activity. Resident #12 was seated in the room. She opened the Medication Observation Record (MOR) and read it, prepared a small paper pill cup, and took out a prepackaged medication card with the label indicating it was medication for Resident #12. The medication was Tablet 90 mg, take ½ tablet three times per day. She then took a pen and initialed the MOR. After leaving to assit Resident #12, she did not lock the cart when she left. She greeted the resident and told her it was time for her medication but did not tell Resident #12 what medications she was receiving. Resident #12 attempted to put the medication into her but had difficulty lifting her . . to her . . . . Employee C took the pill cup and told Resident #12 to open her . She then dumped the pill into the residents . The resident did not assist in the administration of the medication. She handed her the cup of water and the resident drank it without assistance.	A 052		

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A 052	Continued From page 12 Medication pass was observed on [redacted] at 4:00 pm with Employee E, Medication Technician, in the assisted living house. She went to the medication cart where Resident #11 was seated in his wheelchair. He asked her if it was time for his medication. She stated yes and that she would get it for him. She took out a prepackaged medication card with a label that read: [redacted] tablet 5-325 mg. The MOR read: Take one tablet three times a day every day. 8am, 12pm and 4pm. She pushed one tablet into a pill cup, poured a cup of water and took handed it to the resident. He put the pill in his [redacted] and drank the water. When asked if he knew what the medication was, he stated he did not know what he was getting. He shrugged his [redacted] and stated, "I don't know, something to help me feel better." During an interview with Employee E on [redacted] at 4:00 pm, she acknowledged that she did not advise the resident of the name and dose of the medication given. She confirmed she is supposed to tell the resident what the name of the medication is and the dose. She confirmed that Resident #11 does not have a waiver to opt out of the oral advisement required during the medication pass. She was asked if she ever passes medications to Resident #14. She stated she often does. She confirmed that Resident #14 does takes hold of the spoon and assists with giving himself his medications. She stated, "Oh yes, he can do it, even though he is [redacted]." During an interview with the Assistant Administrator on [redacted] at 3:35 pm, she was asked if she ever passes medications to Resident #14. She stated she often does. She confirmed that Resident #14 does takes hold of the spoon and assists with giving himself his medications.	A 052		

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A 052	Continued From page 13 Review of the clinical record for Resident #14 revealed the Health Assessment Agency for Healthcare Administration (AHCA) form 1823 dated . . . . . indicated that the resident was assessed as requiring assistance with self-administration of medication (Photographic evidence obtained). Review of the clinical record for Resident #12 revealed the Health Assessment Agency for Healthcare Administration (AHCA) form 1823 dated . . . . . indicated that the resident was assessed as requiring assistance with self-administration of medication (Photographic evidence obtained). During an interview with Employee C on . . . . . at 12:15 pm, she stated she had not had training for medication technician for "a while". She could not remember when she had it last. She stated she has been a medication technician for several years. She confirmed she was supposed to tell the residents what they were getting. She confirmed that she did not tell Residents #12 and #14 the names and dosages of their medications during the medication passes. She stated she knew she was supposed to do so. She has not seen a waiver allowing her not to inform the resident during the medication pass. The Administrator confirmed that the Residents do not have waivers and the medication technicians need to be telling them what their medications are each time they assist with self-administration of medications. When it was explained to her that one of the medication technician's was observed to be spoon feeding medication to Resident #14, she stated "No, that	A 052		

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A 052	Continued From page 14 is administration." "I'll talk to her about that." Review of Employee C's personnel file revealed a training certificate for a 2-hour update for medication technician training course she received on . Review of the facility policy and procedures for assistance with self-administration of medications read: In keeping with the intent of this facility to foster independence among its residents, those who are judged capable of taking their own medications will be encouraged to do so. The designated staff member shall provide supervision of self-administered medications as follows. 5. Assist the resident in the self-administration process and the return of unused medications to the container. Medications that are supervised shall be centrally stored. Medications may be administered only by persons licensed to do so by order of the healthcare provider. All centrally stored medications shall be kept in a locked storage container made accessible only to staff authorized and trained to supervise or administer medications. Class III	A 052		
A 078 SS=D	59A-36.010(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	A 078		

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A 078	Continued From page 15 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 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 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that	A 078		

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A 078	Continued From page 16 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 employee record review and staff interview the facility failed to ensure two employees (C and D) had evidence of a statement completed by a health care provider within 6 months of hire or within 30 days of hire that indicates they are free of communicable [illegible] ( ). Additionally, there was no evidence of a negative ( ) examination on an annual basis for both employees. The findings include: A review of Employee C's personnel file revealed no evidence of a statement completed by a health care provider within 6 months of hire or within 30 days of hire that indicated freedom of communicable ( ). Additionally, there was no evidence of a negative ( ) examination on an annual basis.	A 078		

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A 078	Continued From page 17 A review of Employee D's personnel file revealed no evidence of a statement completed by a health care provider within 6 months of hire or within 30 days of hire that indicated freedom of communicable . . . . . ( ). Additionally, there was no evidence of a negative . . . . . ( ) examination on an annual basis. During and interview with the Administrator on . . . . . at 5:30 pm, she reviewed the records and confirmed that the statements and examinations were not in the employee records. Class III	A 078		
A 080 SS=D	429.52( ) FS; 59A-36.011(1) FAC Training - Core & Competency Test 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency 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. (3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test 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	A 080		

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A 080	Continued From page 18 (c) Special needs of elderly persons, persons with mental illness, and persons with , 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 . 59A-36.011 (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 chapter 468, part II, F.S., are exempt from this requirement.	A 080		

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A 080	Continued From page 19 (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years. (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 $200.00. 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 staff interview, observations, facility document review and employee record review the facility failed to ensure the manager appointed in writing to be responsible for day-to-day operations of the facility in the absence of the Administrator had successfully passed the core competency test. This has potential to affect all residents. The findings include: Upon entrance to the facility on . . . . . at 8:45 am Employee C was asked to notify the Administrator of this surveyor's presence. She stated that Employee B is the Assistant	A 080		

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A 080	Continued From page 20 Administrator, and she would call her. She returned to a few minutes later and stated that Employee B was on her way. During an interview with Employee B, Assistant Administrator, on at 9:00 am she stated that she is the Assistant Administrator. She produced a letter of designation dated stating: To Whom It , Concern, In the absence of the Administrator, [Employee B] will assume the responsibilities of "Acting Administrator" with the authority to act or execute on behalf of the Administrator after contacting the Administrator by phone or other means of communication. In the event that contact is not possible the person may take Administrative action as necessary (Photographic evidence obtained). The form was signed by the Administrator. Employee B confirmed that she has not taken the core competency test yet. She has taken the core training. She stated that the Administrator was last at the facility on Friday, . She stated that the Administrator is not at the facility everyday -usually 2 days a week. The Administrator is also the regional consultant for the organization and travels to other facilities in South Florida. During this interview, Employee C came to the office to inform Employee B she was needed due to an emergency situation. Employee B stated, "I have to go take care of this" and left the room. The Administrator was not present on . Review of the employee file for Employee B revealed no certificate of completion for the core competency test. Review of the staff schedules from ,	A 080		

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A 080	Continued From page 21 29th, 2022, through . . . . . , revealed the Administrator was scheduled for one to two days per week (Photographic evidence obtained). During an interview with the Administrator on . . . . . at 5:00 pm, she confirmed that Employee B was appointed by her to be the Assistant Administrator in her absence. She stated that she does oversee other facilities in South Florida and is not at this facility every day. She stated she is here 2 days a week usually. She acknowledged that Employee B had not successfully passed the core competency test required to be designated to be a manager of an assisted living facility. Class III	A 080		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011(.) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice	A 081		

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A 081	Continued From page 22 training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility	A 081		

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A 081	Continued From page 23	A 081		

sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne [illegible], 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 [illegible], neglect, and [illegible]. The facility must use its [illegible] 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 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

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A 081	Continued From page 24 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 employee record review and staff interview, the facility failed to ensure two employees of 4 sampled employees received 1 hour of in-service trainings in . . . . . Control within 30 days of hire. Additionally, one of four sampled employees did not receive 3 hours of training in Activities of Daily Living (ADLs) and Behavioral Needs training, 1 hour of Nutrition and Safe Food Handling training, 1 hour of Reporting Adverse Incidents training and Facility Emergency Procedures training, 1 hour of Incident Reporting training, Reporting Major Incidents training and Elopement Response training within 30 days of employment. The findings include: Review of the employee record for Employee C revealed she was hired on and had no evidence of receiving training in the area of control within 30 days of hire. No training certificate was found.	A 081		

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A 081	Continued From page 25 Review of the employee record for Employee D revealed she was hired on and had no evidence of receiving training in the area of Control, Activities of Daily Living (ADLs) and Behavioral Needs training, Nutrition and Safe Food Handling training, Reporting Adverse Incidents training and Facility Emergency Procedures training, Incident Reporting training, Reporting Major Incidents training and Elopement Response training within 30 days of employment. No training certificates were found. During an interview with the Administrator on at 5:30 pm she reviewed the employee records and confirmed that the training certificates were not in their records. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview the facility failed to ensure that two employees out of four sampled employees had	A 082		

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A 082	Continued From page 26 received the required training in ( )/ , ( ) within 30 days of hire. The findings include: A review of Employee C's personnel file revealed a hire date of . No evidence of training on ( )/ ( ) within 30 days of hire was documented. A review of Employee D's personnel file revealed a hire date of . No evidence of training on ( )/ ( ) within 30 days of hire. During an interview with the Administrator on at 5:30 pm she reviewed the employee records and confirmed that the training certificates were not in the employee records. Class III	A 082		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) 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 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct	A 086		

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A 086	Continued From page 27 care to such residents and staff who 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 , , and , 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. Initial training, entitled " 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 successfully completed 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 and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level 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. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management,	A 086		

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	AL11964585	A. BUILDING: _____ B. WING _____	01/11/2023

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A 086	Continued From page 28 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 's and Related ," dated , 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 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	A 086		

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A 086	Continued From page 29 or related , or 2. Three years of practical experience in a program providing care to persons with 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 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 employee record review and staff interview the facility failed to provide or arrange for in-service training on 's and Related (ADRD) Level I within 3 months of hire and Level II within nine months of hire for 2 out of 4 sampled employees (the Administrator and Employee D). The findings include: A review of the Administrator's employee record revealed no evidence of 's and Related (ADRD) Level I within three months of hire and Level II within nine months of hire. She was hired . A review of Employee D's personnel file revealed no evidence of 's and Related (ADRD) Level I within 3 months of hire and Level II within nine months of hire. She was	A 086		

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A 086	Continued From page 30 hired . . . . . . During an interview with the Administrator on at 5:30 pm she reviewed the employee records and confirmed that the training certificates were not in the employee records. Class III	A 086		
A 090 SS=D	59A-36.011(11) FAC Training - . . . . . . (11) . . . . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . . . . . . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview the facility failed to provide or arrange for in-service training on facility . . . . . policy and procedures for one employee out of four sampled employees. The findings include: A review of Employee D's personnel file revealed no evidence of . . . . . policy	A 090		

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A 090	Continued From page 31 and procedure training within 30 days of hire. Her hire date was documented as . During an interview with the Administrator on at 5:30 pm she reviewed the employee record for Employee D and confirmed that the training certificate was not in the employee record. Class III	A 090		
A 160 SS=F	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge	A 160		

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A 160	Continued From page 32 requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.	A 160		

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A 160	Continued From page 33 (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on employee record reviews and staff interviews, the facility failed to maintain evidence of elopement response drills for the staff. The findings include: During an interview with the Administrator on . . . . . at 5:10 pm she stated that she did not have any documentation of elopement drills conducted at the facility since it was purchased. She stated she looked all day for the elopement drills and could not find them. When the facility was bought, she threw away a lot of "stuff". She stated she knew they did one in or	A 160		

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A 160	Continued From page 34 . . . . . , but she does not have the sign in sheets for the drill. Review of records on did not produce any evidence of elopement drills. Class III	A 160		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2	A 161		

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A 161	Continued From page 35 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity _____ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview the facility failed to ensure that one out of 4 sampled employees had references on their application (the Administrator). The findings include: Review of the Administrator's employee record revealed no references on the application for employment. The application was not dated. The Administrator's date of hire was _____. During an interview with the Administrator on _____ at 5:30 pm she reviewed her	A 161		

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A 161	Continued From page 36 employee record and confirmed that the application did not include references. Class III	A 161		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission.	A 162		

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A 162	Continued From page 37 Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌣ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , [illegible] ([illegible]), CF-ES 1006, [illegible], which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has	A 162		

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A 162	Continued From page 38 made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon	A 162		

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A 162	Continued From page 39 departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on resident clinical record review and staff interview the facility failed to ensure one out of two sampled residents had a signed and dated informed consent for unlicensed staff to assist with self-administration of medications in his record (Resident #14). The findings include: Review of the clinical record for Resident #14 revealed no informed consent form for unlicensed staff to assist with self-administration of medications. During an interview with the Administrator on . . . . . at 5:30 pm she reviewed the record and confirmed that the form was not in the record. Class III	A 162		