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
	AL11969847	A. BUILDING: _____ B. WING _____	08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING . ADULT CARE FACILITY LLC	17189 92ND LN N LOXAHATCHEE, FL 33470

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 5 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to register 2 of 2 employees, who are subject to a Background Screening, with the Agency Clearinghouse within 5 business days of their initial employment status (Staff A and Staff	CZ814		

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CZ814	Continued From page 1 B). The findings included: On . . . . . at 9:00 AM, Caregiver (CG) Staff A was observed in the facility interacting with residents. Caregiver Staff B was initially seen working in the kitchen and doing housekeeping duties within the facility. On . . . . . at 9:05 AM, CG Staff A stated she works 24 hours on weekends to assist with caring for the residents when the Administrator is not working. She was asked to stay later today because the Administrator was away due to a family emergency. On at 11:30 AM, CG Staff B is seen in kitchen preparing food for residents. Residents who were interviewed knew Staff B and stated that she was a good cook. On . . . . . at 12:10 PM during interview with CG Staff B, she stated that she normally works nights, but could not provide a hire date. On . . . . . , a review of the Background Screening Clearinghouse Employee Roster for this facility showed that neither CG Staff A or CG Staff B were listed on the Roster. On at 10:06 PM, an email was sent to the Administrator, who had not been present at the facility during the Relicensure survey, and she was informed of the deficient practice related to employees not being listed on the employee Roster in the Agency's Clearinghouse. As of . . . . . at 5:00 PM, the Administrator had not responded to the surveyor's email.	CZ814		

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CZ814	Continued From page 2 Unclassified	CZ814		
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ... with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or . with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All . . . must be provided in electronic	CZ815		

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CZ815	Continued From page 3	CZ815		

format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
(g) Section 784.03, relating to battery, if the victim is a . . . . . adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.
(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(i) Section 817.234, relating to false and

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CZ815	Continued From page 4	CZ815		

fraudulent insurance claims.
(j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
(k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.
(l) Section 817.505, relating to patient brokering.
(m) Section 817.568, relating to criminal use of personal identification information.
(n) Section 817.60, relating to obtaining a credit card through fraudulent means.
(o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
(p) Section 831.01, relating to forgery.
(q) Section 831.02, relating to uttering forged instruments.
(r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
(s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
(t) Section 831.30, relating to fraud in obtaining medicinal drugs.
(u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.
(v) Section 895.03, relating to racketeering and collection of unlawful debts.
(w) Section 896.101, relating to the Florida Money Laundering Act.
If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for

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CZ815	Continued From page 5 an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.	CZ815		

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CZ815	Continued From page 6 (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining , pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of	CZ815		

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CZ815	Continued From page 7	CZ815		

employment, the employer may not hire, select, or otherwise allow the employee to have contact with any [redacted] person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been [redacted] for a disqualifying offense, the employer must remove the employee from contact with any [redacted] person that places the employee in a role that requires background screening until the [redacted] is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with [redacted] persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including [redacted] if required, must be disqualified for employment in such position or, if employed, must be dismissed.

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CZ815	Continued From page 8 (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to conduct a Level II Background Screening (BGS) for 2 of 2 direct care staff prior to interacting with residents (Staff A and Staff B). The findings included: On at 9:00 AM, Caregiver (CG) Staff A was observed in the facility interacting with residents. CG Staff B was initially seen working in the kitchen and doing housekeeping duties within the facility. On at 9:05 AM, CG Staff A stated she works 24 hours on weekends to assist with caring for the residents when the Administrator is not working. She was asked to stay later today because the Administrator was away due to a family emergency. On at 11:30 AM, CG Staff B is seen in	CZ815		

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CZ815	Continued From page 9 the kitchen preparing food for residents. Residents who were interviewed knew CG Staff B and stated that she was a good cook. On . . . . . at 12:10 PM during an interview with CG Staff B, she stated that she normally works nights, but could not provide a hire date. On . . . . . , a search of the Agency's Background Screening website could not produce any results for CG Staff A or CG Staff B verifying that a Level II BGS was completed prior to being allowed to interact with residents. On . . . . . at 10:06 PM, an email was sent to the Administrator, who had not been present at the facility during the Relicensure survey, and she was informed of the deficient practice related to the failure to obtain a Level II BGS for CG Staff A and CG Staff B prior to employment. As of at 5:00 PM, the Administrator had not responded to the surveyor's email. Unclassified	CZ815		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the	CZ816		

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CZ816	Continued From page 10	CZ816		

agency shall request the Department of Law Enforcement to forward the person's ˘ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ˘ , . . are enrolled in the Federal Bureau of Investigation's national retained print . . . . notification program. If the ˘ , . . of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ˘ , . . electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ˘ , to the Federal Bureau of Investigation for a national criminal history record check. The ˘ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print . . . . notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ˘ , . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:

(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;

(b) The person subject to screening has not had a break in service from a position that requires

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CZ816	Continued From page 11 level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to to	CZ816		

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CZ816	Continued From page 12 the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the . . . . report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that 2 of 2 sampled employees (Staff A and Staff B) signed an Attestation of Compliance with Background Screening Requirements (AHCA Form 3100-0008, ,) to attest that they meet the requirements for qualifying employment. This form must be retained by the provider upon hire. The findings included: On . . . . . at 9:00 AM, Caregiver (CG) Staff A was observed in the facility interacting with residents. CG Staff B was initially seen working in the kitchen and doing housekeeping duties within	CZ816		

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CZ816	Continued From page 13 the facility. On . . . . . at 9:05 AM, CG Staff A stated she works 24 hours on weekends to assist with caring for the residents when the Administrator is not working. She was asked to stay later today because the Administrator was away due to a family emergency. On at 11:30 AM, CG Staff B is seen in the kitchen preparing food for residents. On at 12:10 PM during an interview with CG Staff B, she stated that she normally works nights, but could not provide a hire date. On at 9:50 AM, CG Staff A stated that there were no employee files for herself or CG Staff B to provide for review. No signed Attestation of Compliance with Background Screening Requirements was provided for CG Staff A or CG Staff B during the survey. On . . . . . at 10:06 PM, an email was sent to the Administrator, who had not been present at the facility during the Relicensure survey, and she was informed of the deficient practice related to the failure to provide a signed Attestation of Compliance with Background Screening Requirements Form for CG Staff A and CG Staff B. As of at 5:00 PM, the Administrator had not responded to the surveyor's email. Unclassified	CZ816		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning;	CZ830		

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CZ830	Continued From page 14 emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of	CZ830		

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CZ830	Continued From page 15 emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to	CZ830		

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CZ830	Continued From page 16 the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) to the local Emergency Management Agency, annually, and within 30 days after any notification that plan revisions are required. The findings included: At the time of the Relicensure survey, the facility could not provide a letter from the local Emergency Management Agency showing that their CEMP had been submitted and approved. On , an email was sent to the Palm Beach County Emergency Management Agency (EMA) requesting information on the CEMP submission for this facility. The local EMA responded: "...the facility received an EECP (Emergency Environmental Control Plan) review on . The facility then waited until [ ] to submit their CEMP which was rejected on . Their next and final submission was on and was rejected on . The facility has never had an approved CEMP, and has never made a timely resubmission. Their last submission was made on our 2019 crosswalk (2021 is current), contained 11 deficient items, and an altered contract. A substantial change in effort would be required by the administrator to come into compliance." On at 10:06 PM, an email was sent to the Administrator, who had not been present at	CZ830		

Agency for Health Care Administration

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CZ830	Continued From page 17 the facility during the Relicensure survey, and she was informed of the deficient practice related to the failure to have an approved CEMP. As of ..... at 5:00 PM, the Administrator had not responded to the surveyor's email. Class III	CZ830		

Agency for Health Care Administration

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A 000	Initial Comments An unannounced Relicensure and Generator Monitoring survey were conducted at Helping Adult Care Facility LLC on . The facility had deficiencies related to the Relicensure and Generator Monitoring at the time of the survey.	A 000		
A 008	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	A 008		

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A 008	Continued From page 1	A 008		

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 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

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A 008	Continued From page 2 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 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,	A 008		

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A 008	Continued From page 3 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. 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	A 008		

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A 008	Continued From page 4 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 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 reviews and staff interview, the facility failed to ensure 3 of 3 sampled residents (Resident #1, Resident #3, and Resident #5), whose records were reviewed, had been examined by a licensed Physician Assistant, or a licensed Nurse Practitioner within 60 days before admission to the facility, and that	A 008		

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A 008	Continued From page 5 the signed and completed medical examination report (AHCA Form 1823) was submitted to the Administrator of the facility to use to assist in the determination of the appropriateness of the resident's admission and continued residency in the facility. This report is to become a permanent part of the resident's record and made available to the Agency (AHCA) during inspection or upon request. The findings included: During resident record review on . . . . . , it was noted that Resident #1, Resident #3 and Resident #5's records did not contain a completed and signed Health Assessment (AHCA Form 1823) from a Health Care Provider (i.e. a licensed Physician Assistant, or a licensed Nurse Practitioner). Resident #1 was admitted to the facility on ; Resident #3 was admitted to the facility on ; and Resident #5 was admitted to the facility on . On at approximately 11:00 AM, Caregiver Staff A spoke with the Administrator, via telephone, and neither could provide a copy of the Health Assessment (AHCA Form 1823) for Resident #1, Resident #3, or Resident #5 which had been completed prior to admission or since admission. Caregiver Staff A stated that the Administrator told her that she would get a copy of the Health Assessment from the residents' doctor. On at 10:06 PM, an email was sent to the Administrator, who had not been present at	A 008		

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A 008	Continued From page 6 the facility during the Relicensure survey, and she was informed of the deficient practice related to not having these Health Assessments completed. As of ..... at 5:00 PM, the Administrator had not responded to the surveyor's email. Class III	A 008		
A 051	59A-36.008(2) FAC Medication - Pill Organizers (2) PILL ORGANIZERS. (a) Only a resident who self-administers medications may maintain a pill organizer. (b) Unlicensed staff may not provide assistance with the contents of pill organizers. (c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse must manage the pill organizer in the following manner: 1. Obtain the labeled medication container from the storage area or the resident, 2. Transfer the medication from the original container into a pill organizer, labeled with the resident's name, according to the day and time increments as prescribed, 3. Return the medication container to the storage area or resident; and, 4. Document the date and time the pill organizer was filled in the resident's record. (d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it must be noted in the resident's record and the facility must consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are	A 051		

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A 051	Continued From page 7 offered by the facility. The facility must contact the resident's health care provider regarding questions, concerns, or observations relating to the resident's medications. Such communication must be documented in the resident's record. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that 1 of 1 residents who utilized a pill organizer (Resident #4) maintained the pill organizer according to regulatory guidelines. State guidelines require that only a resident who self-administers medications may maintain a pill organizer, and unlicensed staff my not provide assistance with the contents of the pill organizers. Only a Registered Nurse may fill a pill organizer for a resident who can self-administer medications. The findings included: On at 11:15 AM, the personal companion who was visiting Resident #4, provided the resident with the following pills that had been placed into Resident #4's weekly pill organizer: 5 mg 25 mg, ½ tab 10 mg 2.5 mg Tumeric 1000 mg C 500 mg D3 1000 IU Preservision Areds 2 tabs Resident #4's companion, who visits Resident #4 regularly, stated that she gets the resident's medications from the resident's daughter and then places the medications into the resident's pill organizer so that all that is needed is for the pills	A 051		

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A 051	Continued From page 8 to be put into a cup and handed to the resident when it is time to take her pills. The companion stated that she is not a Nurse, Certified Nurse's Aide or Home Health Aide, she is "just a companion." The companion provided Resident #4 with her medications at 11:15 AM. On at 10:06 PM, an email was sent to the Administrator, who had not been present at the facility during the Relicensure survey, and she was informed of the deficient practice related to the pill organizer. As of at 5:00 PM, the Administrator had not responded to the surveyor's email. Class III	A 051		
A 052	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	A 052		

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A 052	Continued From page 9 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. (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	A 052		

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A 052	Continued From page 10	A 052		

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 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,

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A 052	Continued From page 11	A 052		

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.
(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

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A 052	Continued From page 12 . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record reviews, staff failed to follow the required procedures in assisting 1 of 1 residents (Resident #2) with self-administered medications as it relates to the following: 1) Taking the medication in it's previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident; 2) In the presence of the resident, confirming that the medication is intended for that resident and orally advising the resident of the medication name and dosage; 3) Opening the container, removing the medication, and closing the container; 4) Observing the resident actually take the medications. 5) Immediately recording in the Medication Observation Record that the resident received the medication. The findings included: On . . . . . at 9:45 AM, the state surveyor approached Resident #2 while the resident was eating her breakfast seated on the . . . screened in porch. At this time, the surveyor witnessed a small plastic cup full of medications sitting next to Resident #2's plate of food (photographic evidence obtained). Resident #2 stated that staff put her medications in the small cup and set them on the table next to her breakfast. Staff do not inform her of the names of the medications or their dosage, nor do they watch her take the medications.	A 052		

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A 052	Continued From page 13 According to the Medication Observation Record (MOR), the medications that Resident #2 was to be given in the morning were: NA ( ) 70 mg every Monday 0.5 mg, twice a day as needed (it is documented that resident is being given 2 times a day every day) 15 mg 24 hr ER 120 mg 100 mg 60 mg 145 mg 40 mg 75 mg (On empty) 500 mg 20 mg (30 minutes before meals) 100 mg 50 mg 15 mg A review of the MOR showed Caregiver (CG) Staff A had not initialed any of the morning medications on after providing the resident with the medications (Photographic evidence obtained). On at 11:47 AM, CG Staff A stated that she has worked at the facility for 2 weeks and does provide medications to the residents. CG Staff A confirmed that she has not yet completed the 6 hour Assisting with Self-Administered Medications course. CG Staff A also confirmed that she was not a licensed Nurse. On at 10:06 PM, an email was sent to the Administrator, who had not been present at the facility during the Relicensure survey, and she was informed of the deficient practice related to assisting with self-administered medications.	A 052		

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A 052	Continued From page 14 As of at 5:00 PM, the Administrator had not responded to the surveyor's email. Class III	A 052		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

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A 054	Continued From page 15 medication. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 5 of 5 resident Medication Observation Records (MORs) were maintained daily for residents who receive assistance with self-administered medications, specifically Resident #1 through Resident #5. These records must be immediately updated each time the medications are offered. The findings included: 1) A review of the MOR for Resident #1 revealed: 5 milligrams (mg) once daily was missing staff initials for - and -. 0.5 mg once daily was missing staff initials for - and -. 667 mg 3 x daily with meals was missing staff initials for - and -. 10 mg once daily was missing initials for - and -. 5 mg each evening was missing initials for - and -. 50 mg once daily was missing initials for - and -. D 50 mcg (2000 IU) once daily was missing initials for - and -. 5 mg at bedtime was missing initials for - and -. 2) A review of the MOR for Resident	A 054		

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A	Continued From page 16 #2 revealed: NA ( ) 70 mg every Monday was missing initials for , , and . , 0.5 mg, twice a day as needed. This is documented as being given 2 times a day every day except for . , 15 mg was missing initials for - . 24 hr ER 120 mg was missing initials for - . 100 mg was missing initials for - . 60 mg was missing initials for - . 145 mg was missing initials for - . 40 mg was missing initials for - . , 75 mcg was missing initials for - . 500 mg was missing initials for - . , 20 mg was missing initials for - . 100 mg was missing initials for - . , 50 mg was missing initials for - . 15 mg was missing initials for - . 3) A review of the MOR for Resident #3 revealed: 20 mg once daily Atenanol 50 mg once daily , 20 mg (no direction noted) 100 mg every other day , 5 mg once daily , 325, 2 tabs, every 6 hours as	A 054		

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A 054	Continued From page 17 needed 500 mg twice a day 0.125 mg every 4 hours as needed 0.5.mg every 4 hours as needed 20 mg once daily *There are no staff initials for any of these medications on any day in . 4) A review of the MOR for Resident #4 revealed: No MOR is being kept showing when medications are provided to the resident because the Resident's pill organizer is being filled by the resident's companion. The residents medications are as follows: 5 mg twice a day to prevent clots 25 mg, ½ tab twice a day for 10 mg daily for 2.5 mg twice a day for Tumeric 1000 mg once daily C 500 mg once daily D3 1000 IU once daily Preservision Areds 2 twice daily 10 mg for 5) A review of the MOR for Resident #5 revealed: 10 mg daily at bedtime was missing staff initials from - On at 11:47 AM, Caregiver (CG) Staff A stated that she has worked at the facility for 2 weeks and does provide medications to the residents. CG Staff A confirmed that she has not yet completed the 6 hour Assisting with Self-Administered Medications course. CG Staff A also confirmed that she was not a licensed Nurse.	A 054		

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A 054	Continued From page 18 On . . . . . at 10:06 PM, an email was sent to the Administrator, who had not been present at the facility during the Relicensure survey, and she was informed of the deficient practice related to the residents MORs being incomplete/inaccurate. As of . . . . . at 5:00 PM, the Administrator had not responded to the surveyor's email. Class III	A 054		
A 077	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in	A 077		

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A 077	Continued From page 19 continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least , ; 2. If employed on or after , , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , , , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of	A 077		

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A 077	Continued From page 20 subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office	A 077		

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A 077	Continued From page 21 within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, ... , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the Administrator failed to pass the Assisted Living Facility (ALF) Core Competency test within 90 days after the date of employment as an ALF Administrator. The findings included: On , during the employee record review for this facility's Administrator (Staff C), it was noted that Staff C completed the ALF Core Training on . . . . . ; however , no documentation could be found showing evidence that the Administrator completed and passed the ALF Core Exam. On , a search was conducted on the MacDonald Research Institute: Assisted Living Facility Testing website (https://alfmacdonald-research.com/SuccessfullExamineesList.aspx) for the ALF Core Exam certification number for the facility's Administrator. No successful examinee was found using Staff C's name which was provided on the Licensing Application and Level II Background Screening. A review of the hire date on the Agency's Background Screening (BGS) website showed this Administrator's hire date in the position of	A 077		

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A 077	Continued From page 22 Administrator as . . . . . At the time of the Licensing Application, Staff C was listed as the Administrator and Financial Officer, and at the time of the initial survey on , this same Staff C was listed as the Administrator. There is no other person with the title of Administrator on the employee roster on the Agency's BGS website. On at 10:06 PM, an email was sent to the Administrator, who had not been present at the facility during the Relicensure survey, and she was informed of the deficient practice related to not completing and passing the ALF Core competency exam within 90 days after the date of employment as the ALF Administrator. As of at 5:00 PM, the Administrator had not responded to the surveyor's email. Class III	A 077		
A 081	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.	A 081		

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A 081	Continued From page 23 (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. (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	A 081		

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A 081	Continued From page 24	A 081		

hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training.
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training 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

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A 081	Continued From page 25 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 observation, interview, and record review, the facility failed to provide a Preservice Orientation of at least 2 hours to 2 of 2 new assisted living facility employees, who have not previously completed core training, prior to interacting with residents (Staff A and Staff B). The findings included: On . . . . . at 9:00 AM, Staff A and Staff B were observed in the facility providing care and supervision to the current residents. Staff A, a direct caregiver, was hired on . . . . She confirmed that she had not had any of the trainings at this time. She stated that the Administrator was in the process of getting her set up for trainings on-line. Staff A stated that there were no employee records to provide for her (Staff A) or Staff B.	A 081		

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A 081	Continued From page 26 Staff B, a direct caregiver and cook, could not provide a hire date. There was a bit of difficulty in communicating with Staff B. There was no evidence provided that Staff B completed the 2 hour Preservice Orientation, or any of the other required in-service trainings. On at 10:06 PM, an email was sent to the Administrator, who had not been present at the facility during the Relicensure survey, and she was informed of the deficient practice related to the Relicensure survey. On at 1:44 PM an additional email was sent discussing the required 2 hour Preservice Orientation before staff are to interact with residents. As of at 5:00 PM, the Administrator had not responded to the surveyor's emails. Class III	A 081		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies	A 083		

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A 083	Continued From page 27 this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure that at least one staff member who is certified in . . . . . (.) and First-Aid was on shift in the facility at all times for 3 out of 3 staff records reviewed (Staff A, Staff B, and Staff C). The findings included: No personnel record review could be conducted for Caregiver Staff A or Caregiver Staff B, as there were no personnel records available for these staff at the time of the survey. On . . . . . at 11:47 AM, Staff A stated that she has been working at the facility for 2 weeks. She gave her hire date as . . . . . Staff A stated that she usually works 24 hours on the weekends to replace Staff C (Administrator). She does work her shift alone at times. Staff A could not produce a currently valid . and First Aid certification card. On at 9:00 AM, when surveyors arrived at the facility, Staff A was leaving the facility, which would have left Staff B alone with the current residents. Staff A stated she was asked by the Administrator to stay longer to assist with the survey process.	A 083		

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A 083	Continued From page 28 On . . . . . at approximately 1:00 PM, Staff B stated she usually worked nights at the facility. Communication was difficult due to a language barrier. She could not provide a start date for her employment. Staff B could not produce a currently valid and First Aid certification card. On . . . . . , Administrator Staff C's personnel record was reviewed. Staff C's and First Aid certification found in her personnel record showed that both certifications had expired . . . . . Staff A confirmed that Staff C is alone, at times, with residents during the week. On at 10:06 PM, an email was sent to the Administrator Staff C, who had not been present at the facility during the Relicensure survey, and she was informed of the deficient practices related to the relicensure survey. She was again contacted via email on . . . . . at 1:44 PM to specifically address the deficiency related to failing to have one staff member certified in and First Aid in the facility at all times. As of . . . . . at 5:00 PM, the Administrator had not responded to the surveyor's emails. Class III	A 083		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the	A 084		

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A 084	Continued From page 29 self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and dosage forms; b. Measure liquid medications, break scored	A 084		

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A 084	Continued From page 30 tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with . . . syringes that are prefilled with the proper dosage by a pharmacist and . . . . . that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a . . . . . to perform . . . . . testing; k. Assist residents with . . . . . and continuous positive airway pressure (CPAP) devices, excluding the titration of the . . . levels; l. Apply and remove . . . . . stockings and hosiery; m. Placement and removal of . . . . . bags, excluding the removal of the . . or manipulation of the . . . . site; and, n. Measurement of , . . . , rate, temperature, and . . . . rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training,	A 084		

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A 084	Continued From page 31 must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 1 of 2 unlicensed staff who assist in providing self-administered medications to residents has completed the required initial 6 hour Assistance with Self-Administration of Medication and Medication Management training (Staff A). The findings included:	A 084		

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A 084	Continued From page 32 On . . . . . at 9:00 AM, Resident #2 was observed with a small cup of medications sitting next to her breakfast place. She stated that her medications are provided to her by the staff, and they usually just sit them next to her plate for her to take when she's ready. On at 11:47 AM, Caregiver (CG) Staff A stated that she did assist residents with their medications, but she had not yet taken the 6 hour medication training. She stated the Administrator was in the process of setting it up for her to take. There was no personnel record available to review for CG Staff A. On . . . . . at 10:06 PM, an email was sent to the Administrator, who had not been present at the facility during the Relicensure survey, and she was informed of the deficient practice related to CG Staff A providing assistance with medications without completing the required 6 hour Assistance with Self-Administration of Medication and Medication Management training. As of at 5:00 PM, the Administrator had not responded to the surveyor's email. Class III	A 084		
A 161	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	A 161		

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A 161	Continued From page 33 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), 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	A 161		

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A 161	Continued From page 34 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 record review and interview, the facility failed to maintain personnel records for each direct care staff which contained, at a minimum, documentation of Background Screening, employment application with references, and documentation verifying freedom from signs or symptoms of communicable . . . . . ( ), certificate showing completion of the 2 hour Pre-Service Orientation, certificate showing completion of . . . . Control training, certification showing completion of Basic First Aid and . from an accredited provider,and certificate for completion of 6 hour Assisting with Self-Administration of Medications for the current employees (Staff A & Staff B). These trainings must be completed 1) before interaction with residents, 2) before being left alone with residents, and/or 3) assisting residents with self-administration of medications. The findings included: On the day of the Relicensure survey, Staff A, a direct caregiver who was hired on . . . . . , was unable to provide any personnel records for herself or Staff B, a direct caregiver who could not provide a hire date but who stated she worked nights at the facility. Staff A spoke with the Administrator, via telephone, and was not provided with any	A 161		

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A 161	Continued From page 35 information as to where such employee personnel records could be found. On at 10:06 PM, an email was sent to the Administrator, who had not been present at the facility during the Relicensure survey, and she was informed of the deficient practice related to employee personnel records not being available for review. As of . . . . . at 5:00 PM, the Administrator had not responded to the surveyor's email. Class III	A 161		