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
	AL11969503	A. BUILDING: _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY VILLAGE AT WESTCHASE	11330 COUNTRYWAY BOULEVARD TAMPA, FL 33626

(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
CZ875	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of .. A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	CZ875		

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CZ875	Continued From page 1	CZ875		

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with [redacted] 's or related forms of [redacted], in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of [redacted]-specific training. Such training must include, but is not limited to, understanding [redacted] and related forms of [redacted], the stages of [redacted] 's [redacted], communication strategies, medical information,

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CZ875	Continued From page 2 and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.	CZ875		

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CZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, ... , or referred to provide services before , , , must complete the training required in this section before , . . . Proof of completion of equivalent training completed before . . , ... , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after . . , ... , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that within thirty days of employment that employees completed a one-hour online training with the department regarding 's and related forms of . . . . . for three employees (Staff C, D, and H) of four sampled employees. Findings included: An employee record review for Staff C, D, and H, conducted on . . . . . , revealed that Staff C, D, and H's employee records did not contain evidence that the employees obtained a one-hour online training with the department regarding	CZ875		

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CZ875	Continued From page 4 . . . . . and related forms of within thirty days of employment. Staff C was hired . . . . Staff D was hired on . . . . Staff H was hired on . . . . . . During an interview with the Administrator, conducted on at 02:49pm, the Administrator agreed that Staff C, D, and H's employee records did not contain evidence that the employees completed the one-hour online training with the department regarding . . . . . and related forms of within thirty days of employment. Unclassified	CZ875		
A 000	Initial Comments A biennial survey, a complaint investigation (complaint numbers: 2024003105 and 2024003105), and a generator monitoring were conducted at Discovery Village at Westchase on . Deficiencies were identified at the time of survey.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the	A 010		

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A 010	Continued From page 5 resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total	A 010		

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A 010	Continued From page 6 physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a . . . -to- . . . medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule	A 010		

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A 010	Continued From page 7 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A [illegible] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an	A 010		

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A 010	Continued From page 8 interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain an updated to health assessment form that noted the required hospice services on page one. Furthermore, the facility failed to obtain an interdisciplinary care plan that specified the care and services provided by hospice and those provided by the facility and agreed upon by hospice, the facility, and the resident (or resident's responsible party) for two Residents (#14 and #15) of two sampled residents admitted to hospice services. Findings Included: A record review for Resident #14, conducted on , revealed that Resident #14 was	A 010		

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A 010	Continued From page 9 admitted to the facility on . . . . . and into hospice services on . Resident #14's health assessment form dated . . . . . did not note the required nursing services of hospice on page one. Resident #14's record did not contain an interdisciplinary care plan that specified the care and services that hospice provided and those that the facility provided and agreed upon by hospice, the facility, and the resident (or resident's responsible party). A record review for Resident #15, conducted on . . . . . , revealed that Resident #15 was admitted to the facility on and into hospice services on . . . . Resident #15's health assessment form dated did not note the required nursing services of hospice on page one. Resident #15's record did not contain an interdisciplinary care plan that specified the care and services that hospice provided and those that the facility provided and agreed upon by hospice, the facility, and the resident (or resident's responsible party). During an interview with the Nursing Director, conducted on at 02:40pm, the Nursing Director agreed that Residents #14 and #15's health assessment forms did not note their required nursing services of hospice on page one. The Nursing Director agreed that Residents #14, and #15's records did not contain an interdisciplinary care plan that specified the care and services that hospice provided and those that the facility provided and agreed upon by hospice, the facility, and the resident (or resident's responsible party). Class III	A 010		

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A 032	Continued From page 10	A 032		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. 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 this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the	A 032		

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A 032	Continued From page 11 resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), 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 all staff were aware of which residents were at risk for elopements. Additionally, the facility failed to ensure that all administration and direct care staff participated in the facility's elopement drills twice annually. Furthermore, the facility failed to make a daily effort to ensure residents at risk for elopement had identification on their person that included the resident's name and the facility's name, address, and telephone number for twenty-nine residents that resided in the Memory Care Unit and identified as at risk for elopements.	A 032		

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A 032	Continued From page 12 Findings Included: A review of the Memory Care Unit's census, conducted on , the in-house census for the Memory Care Unit was twenty-nine residents. A review for the elopement binder, conducted on . . . . . , revealed that there were thirty-three residents that were at risk of elopement which included twenty-nine current residents and four former residents. Resident #15 was identified as at risk of elopements. During an observation of Resident #15, conducted on at 01:00pm, Resident #15 did not have identification on her person that noted the resident's name and the facility's name, address, and telephone number. A record review for Resident #15, conducted on , revealed that Resident #15 was admitted on . . . . According to Resident #15's health assessment dated , Resident #15 was not at risk for elopements. During an interview with two of Resident #15's family members, conducted on at 01:00pm, the family members stated that Resident #15 did not have identification on her person that noted the resident's name and the facility's name, address, and telephone number. During an interview with Staff E, conducted . . . . . at 01:15pm, Staff E stated that none of the residents had identification on their person and that all the Memory Care residents were at risk for elopement. During an interview with Staff J, conducted on	A 032		

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A 032	Continued From page 13 . . . . . at 01:25pm, Staff J did not understand what an elopement drill was. Staff J stated that none of the Memory Care residents had identification on their person. Staff J was not able to state which residents were at risk of elopement. Staff J was unaware that former Resident #1 had eloped from the facility on . During an interview with Staff K, conducted on . . . . . at 02:28pm, Staff K stated that none of the residents had identification on their person. Staff K stated that she had not participated in any of the facility's elopement drills. Staff K stated that she was hired approximately one year ago. A review of elopement drills, conducted on , revealed that the Administrator had participated in one elopement drill and Staff A, D, F, H, and I, had not participated in any elopement drills from . . . . . through , ... The Administrator was hired on . Staff A was hired on . . . . . Staff D was hired on . Staff F was hired on 11/01/2021. Staff H was hired on . . . . . Staff I was hired on . During an interview with the Administrator, conducted on . . . . . at 02:49pm, the Administrator agreed that administration and direct care staff had not participated in two elopement drills annually which included himself and Staff A, D, F, H, and I. The Administrator agreed that the facility did not have identification for residents that were at risk for elopement that had the resident's name and the facility's name, address, and telephone number. The Administrator agreed that direct care staff should know which residents were at risk for elopements and which residents had eloped from the facility.	A 032		

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A 032	Continued From page 14 Class III	A 032		
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 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.	A 078		

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A 078	Continued From page 15 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 record review and interview, the facility failed to obtain evidence of a negative ( ) examination annually from a health care provider and failed to obtain a one-time statement that employees were free from communicable from a health care provider for four employees (Administrator and Staff D, G, and I) of six sampled employees.	A 078		

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A 078	Continued From page 16 Findings Included: An employee record review for the Administrator and Staff D, G, and I, conducted on , revealed that the Administrator and Staff D, G, and I's employee records did not contain a one-time statement that the employees were free from communicable from a health care provider within thirty days of employment. Staff I's employee record did not contain evidence that the employee had an annual negative examination. The Administrator was hired on . Staff D was hired on 11/09/2023. Staff G was hired on . Staff I was hired on . During an interview with the Administrator, conducted on at 02:49pm, the Administrator agreed that himself and Staff D, G, and I's employee records did not contain a one-time statement from a health care provider that the employees were free from communicable within thirty days of employment. The Administrator agreed that Staff I's employee record did not include evidence that the employee had an annual negative examination. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) 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	A 081		

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A 081	Continued From page 17 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. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (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	A 081		

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A 081	Continued From page 18 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 [illegible] control, including universal precautions and facility 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 [illegible] 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	A 081		

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A 081	Continued From page 19 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 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.	A 081		

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A 081	Continued From page 20 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide direct care staff with the required in-service trainings, which included a 2-hour pre-service orientation and control prior to interacting with residents and trainings for activities of daily living and behavioral needs, incident reporting, major and adverse incident reporting, emergency procedures, nutrition and safe food handling, elopement response, and resident rights and recognizing and reporting , neglect, and within thirty-days of employment for five employees (Staff B, C, D, G, and H) of six sampled employees. Findings Included: An employee record review for Staff B, conducted on , revealed that Staff B's employee record had an online certificate for a pre-service orientation that was not signed by the employee. There was no evidence that the pre-service orientation included the facility's license type, the services that it provided, or an overview of residents rights. Staff B was hired on . An employee record review for Staff C, conducted on , revealed that Staff C's employee record did not contain evidence that the employee obtained trainings regarding a 2-hour pre-service orientation and control prior to interacting with residents. Staff C's employee record did not contain evidence that the employee obtained training regarding activities of daily living and behavioral needs, elopement response, incident reporting, major and adverse incident reporting, emergency procedures, nutrition and safe food handling, and resident rights and recognizing and reporting , neglect, and	A 081		

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A 081	Continued From page 21 within thirty-days of employment. Staff C was hired on . An employee record review for Staff D, conducted on , revealed that Staff D's employee record did not contain evidence that the employee obtained trainings regarding a 2-hour pre-service orientation and control prior to interacting with residents. Staff D's employee record did not contain evidence that the employee obtained training regarding activities of daily living and behavioral needs, elopement response, incident reporting, major and adverse incident reporting, emergency procedures, and nutrition and safe food handling within thirty-days of employment. Staff D was hired on . An employee record review for Staff G, conducted on , revealed that Staff G's employee record contained an online elopement response training on . There was no evidence that the training included the facility's elopement response policy and procedures. Staff G was hired on . An employee record review for Staff H, conducted on , revealed that Staff H's employee record did not contain evidence that the employee obtained training regarding elopement response. Staff H was hired on . During an interview with the Administrator, conducted on at 02:49pm, the Administrator agreed that Staff B, C, D, G, and H's employee records did not contain evidence that the employees obtained the required in-service trainings, which included a 2-hour pre-service orientation and control prior to interacting with residents and trainings for activities of daily living and behavioral needs,	A 081		

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A 081	Continued From page 22 incident reporting, major and adverse incident reporting, emergency procedures, nutrition and safe food handling, elopement response, and resident rights and recognizing and reporting , neglect, and within thirty-days of hire. 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 record review and interview, the facility failed to ensure that employees had the required one-time education course on / , (/) within thirty days of employment for two employees (Staff C and D) of four sampled employees. Findings Included: An employee record review for Staff C and D, conducted on , revealed that Staff C and D's employee records did not contain	A 082		

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A 082	Continued From page 23 evidence that the employees obtained a one-time education course regarding / within thirty days of employment. Staff C was hired on . Staff D was hired on 11/09/2023. During an interview with the Administrator, conducted on at 02:49pm, the Administrator agreed that Staff C and D's employee records did not contain evidence that the employees obtained a one-time education course on / within thirty days of employment. Class III	A 082		
A 084 SS=D	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 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	A 084		

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A 084	Continued From page 24 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 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	A 084		

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A 084	Continued From page 25 and [illegible] 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 [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] 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, 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	A 084		

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A 084	Continued From page 26 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 record review and interview, the facility failed to ensure that Medication Technicians received an in-person training that included demonstration of proper techniques prior to providing residents assistance with self-administration of medications for three Medication Technicians (Staff B, C, and D) of four sampled Medication Technicians. Findings Included: An employee record review for Staff B (unlicensed Medication Technician), conducted on , revealed that Staff B obtained 6-hours training for assistance with self-administration of medications on . The certificate noted that the training was for instruction. There was no evidence that the training included a demonstration of proper techniques. The training certificate was not signed by the instructor. Staff B was hired as an unlicensed Medication Technician on . An employee record review for Staff C (unlicensed Medication Technician), conducted on , revealed that Staff C obtained	A 084		

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(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 084	Continued From page 27 6-hours training for assistance with self-administration of medications on . There was no evidence that the training included a demonstration of proper techniques. The training certificate was not signed by the instructor. Staff C was hired as an unlicensed Medication Technician on . An employee record review for Staff D (unlicensed Medication Technician), conducted on , revealed that Staff D obtained 6-hours training for assistance with self-administration of medications on . The certificate noted that the training was for course study. There was no evidence that the training included a demonstration of proper techniques. Staff D was hired as an unlicensed Medication Technician on 11/09/2023. During an interview with the Administration, conducted on at 02:49pm, the Administration confirmed that Staff B, C, and D were unlicensed Medication Technicians and assisted residents with self-administration of medications. The Administrator agreed that Staff B, C, and D's assistance with self-administration of medication certificates did not have evidence that the training were in-person and included a demonstration of proper techniques. Class III	A 084		
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	A 090		

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A 090	Continued From page 28 resident admissions must receive at least one hour of training in the facility's policies and procedures regarding [redacted]. (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 [redacted] 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 record review and interview, the facility failed to have evidence that employees received a one-hour training for ([redacted]) for two employees (Staff C and D) of four sampled employees. Findings Included: An employee record review for Staff C and D, conducted on [redacted], revealed that Staff C and D's employee records did not contain evidence that the employees received training regarding [redacted] within thirty day of employment. Staff C was hired on [redacted]. Staff D was hired on [redacted]. During an interview with the Administrator, conducted on [redacted] at 02:49pm, the Administrator agreed that Staff C and D's employee records did not contain evidence that the employees completed one-hour training regarding the facility's policy and procedures for [redacted] within thirty-days of employment. Class III	A 090		

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A 093	Continued From page 29	A 093		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of	A 093		

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A 093	Continued From page 30	A 093		

the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.
(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal.

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A 093	Continued From page 31 Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to have menus reviewed and approved by a registered dietitian annually. Furthermore, the facility failed to follow standardized recipes when preparing meals. Findings Included: During interviews with Residents #2, #3, #4, #6, #9, #10, #12, and #13, conducted on from 10:13 through 11:38am, revealed that the food served was not palatable. Residents #2, #3,	A 093		

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A	Continued From page 32 #4, #6, #9, #10, #12, and #13 stated that the food was not good and did not taste good. Resident #3 stated that there was no consistency in the taste of the food and that the same dishes cooked by a different chef would all be different. Resident #5 stated that the meat was hard to chew. Resident #6 stated that the food was terrible and that vegetables were often over or under cooked. Observations of the lunch meal, conducted on . . . . . at 12:30pm, revealed that the potato salad served was not palatable and had no flavor. The chicken and pulled pork were dry and over cooked. A review of the facility's menus approved by the Registered Dietician, conducted on . . . . . , revealed that there was no date of the Registered Dietician's approval. The Registered Dietician's signature appeared to be a photocopy and not an original signature (photographic evidence obtained). A review of the recipe book for the lunch meal, conducted on . . . . . , the recipe book did not include the recipes for the lunch meal served which included Chicken, Pulled Pork, Potato Salad, and Green Beans. During an interview with the Chef, conducted on . . . . . at 12:45pm, the Chef agreed that the menus were not dated by the Registered Dietician. The Chef was unable to determine when the Registered Dietician approved the menus. During an interview with the Assistant Chef, conducted on at 01:00pm, the Assistant Chef stated that he had not followed the standardized recipe for the potato salad and	A 093		

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A 093	Continued From page 33 soup. Class III	A 093		
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 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	A 161		

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A 161	Continued From page 34 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 [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 record review and interview, the facility failed to have employee records for each employee that contained a high school diploma and job description for one employee (Administrator) of four sampled employees. Findings Included: An employee record review for the Administrator, conducted on [redacted], revealed that the Administrator's employee record did not contain the Administrator's high school diploma and job description. During an interview with the Administrator, conducted on [redacted] at 02:49pm, the Administrator agreed that his employee record did not contain a highs school diploma and job	A 161		

Agency for Health Care Administration

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A 161	Continued From page 35 description. Class III	A 161		