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
	AL11964626	A. BUILDING: _____ B. WING _____	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PADDOCK COVE AT NAPLES	7801 AIRPORT PULLING ROAD N.E. NAPLES, FL 34109

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, emergency power plan, health facility reporting system, generator, visitation form and complaint survey for #2023013811, #2023018536, and #2024003218 was conducted on through at Paddock Cove, an assisted living facility in Naples, Florida. Complaint # 2023013811 was unsubstantiated Complaint # 2023018536 was substantiated Complaint # 2024003218 was substantiated The following is description of the deficiencies: .	A 000		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all	A 030		

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A 030	Continued From page 1 residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . ., Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident . . . . ., neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with	A 030		

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A 030	Continued From page 2 convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.	A 030		

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A 030	Continued From page 3 (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the	A 030		

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A 030	Continued From page 4 case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state	A 030		

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A 030	Continued From page 5 that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility	A 030		

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A 030	Continued From page 6 failed to honor resident rights by not promptly resolving refunds for 2 (Residents #14 and #22) of 4 residents reviewed after discharge (resident) from the facility. The findings included: Review of Resident #14's record, showed a discharge date of . During an interview on at 9:10 a.m., Resident #14's son (durable power of attorney) stated that he received a refund check dated . This was 56 days after the discharge of his mother from the facility after her . He stated that he tried to contact a representative at the facility regarding the refund owed but could not get anyone to talk to him. During an interview on at 1:05 p.m., the Administrator acknowledged that the refund check was issued to Resident #14's estate after the 45-day requirement. Review of Resident #22's record, showed a discharge date of . Review of the Statement for Resident #22 for the month of , stated that a credit in the amount of $949.02 is due to the resident. During an interview on at 11:58 a.m., the Administrator acknowledged that a refund check had not been issued to Resident #22's estate. She stated that she did not know if any attempts were made to contact either responsible party to attempt a refund. Class III	A 030		

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A 078	Continued From page 7	A 078		
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. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their	A 078		

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A 078	Continued From page 8 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 interview, and record review, the facility failed to ensure newly hired staff submitted a written statement from a health care provider documenting the individual does not have any signs or symptoms of communicable . . . . . for 2 (Staff D and E) of 10 staff reviewed. The facility failed to ensure the Director of Personal Care provided evidence of a negative examination on an annual basis for 1 staff of 10 reviewed. The findings included:	A 078		

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A 078	Continued From page 9 Review of the employee records for Staff D revealed a hire date of . . . . . The employee records did not include the required one-time statement from the health care provider indicating the employee was free from communicable . . . . . . Review of the employee records for Staff E revealed a hire date of . The employee records did not include the required one-time statement from the health care provider indicating the employee was free from communicable . Review of the employee records for the Director of Personal Care revealed a hire date of . . . . . . The employee records included a normal . . , completed on . . . . . There was no evidence of an annual negative test for 2022 and 2023 after the . . . . . , on . On at 10:37 a.m., during an interview, the Office Manager confirmed she was responsible for employee records. The Office Manager confirmed Staff D and Staff E did not have the required documentation for a one-time statement of freedom from communicable . . . . . The Office Manager said she thought the normal . . . . . , for the Director of Personal Care was good for 5 years and the annual negative . . . . . examination was not necessary. The Office Manager said she had no additional records for these employees. Class III .	A 078		

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A 081	Continued From page 10	A 081		
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 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.	A 081		

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A 081	Continued From page 11 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [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	A 081		

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A 081	Continued From page 12 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 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	A 081		

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A 081	Continued From page 13 and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure employees completed 1-hour of in-service training for Recognizing/Reporting /Neglect, Control, Elopement Response, Facility Emergency Procedures training, and 2-hour pre-service orientation prior to interacting with residents based on the facility's policy and procedures as required by Florida Administrative Code within 30 days of employment for 8 (Staff C, D, E, F, G, H, I, J, K, L) of 10 employee records reviewed. The findings included: Record review for Staff C revealed a hire date of as a care partner. Staff C's employee record contained documentation of a certificate of completion for 1-hour of training for About Control and Prevention on , 30 minutes of training for Preventing, Recognizing and Reporting training on , 30 minutes of training for fire safety on , 30 minutes of training for Managing Elopement on all through Relias an online computer based training system, and the training completed was not based on facility policies and procedures. Further review of Staff C's employee record	A 081		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964626	A. BUILDING: _____ B. WING _____	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PADDOCK COVE AT NAPLES	7801 AIRPORT PULLING ROAD N.E. NAPLES, FL 34109

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A 081	Continued From page 14 revealed documentation of a certificate of completion for 2-hours of training for Florida Pre-Service Orientation on . . . . through Relias an online computer-based training system, and the training completed was not based on facility policies and procedures, and the certificate did not contain the location of the training, and the instructors dated signature and credentials. Record review for staff F revealed a hire date of . . . . . as a Licensed Practical Nurse. Staff F's employee record contained documentation of a certificate of completion for 1-hour of training for About Control and Prevention on . . . . . , 30-minutes of training for Preventing, Recognizing and Reporting training on . . . . . , 30-minutes of training for fire safety on . . . . . , 30-minutes of training for Managing Elopement on . . . . . through Relias an online computer based training system, and the training completed was not based on facility policies and procedures. Further review of Staff F's employee record revealed documentation of a certificate of completion for 2-hours of training for Florida Pre-Service Orientation on . . . . . through Relias an online computer-based training system, and the training completed was not based on facility policies and procedures, and the certificate did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff G revealed a hire date of . . . . . as a Licensed Practical Nurse. Staff G's employee record contained documentation of a certificate of completion for 1-hour of training for About Control and Prevention on . . . . . , 30-minutes of training for Preventing, Recognizing and Reporting training on . . . . . , 30-minutes of training for fire safety on . . . . . , 30-minutes of training for Managing	A 081		

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	AL11964626	A. BUILDING: _____ B. WING _____	05/14/2024

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A 081	Continued From page 15 Elopement on . . . through Relias an online computer based training system, and the training completed was not based on facility policies and procedures. Further review of Staff G's employee record revealed documentation of a certificate of completion for 2-hours of training for Florida Pre-Service Orientation on . . . through Relias an online computer-based training system, and the training completed was not based on facility policies and procedures, and the certificate did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff H revealed a hire date of . . . . . as a care partner/medication aide. Staff H's employee record contained documentation of a certificate of completion for 1-hour of training for About Control and Prevention on . . . . , 30-minutes of training for Preventing, Recognizing and Reporting training on . . . . , 30-minutes of training for fire safety on . . . . , 30-minutes of training for Managing Elopement on . . . . through Relias an online computer based training system, and the training completed was not based on facility policies and procedures. Further review of Staff G's employee record revealed documentation of a certificate of completion for 2-hours of training for Florida Pre-Service Orientation on . . . . through Relias an online computer-based training system, and the training completed was not based on facility policies and procedures, and the certificate did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff I revealed a hire date of . . . . as a care partner. Staff I's employee record contained documentation of a certificate of completion for 1-hour of training for About Control and Prevention on ,	A 081		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 081	Continued From page 16 30-minutes of training for Preventing, Recognizing and Reporting training on . . . . . , 30-minutes of training for fire safety on . . . . . , 30-minutes of training for Managing Elopement on . . . . . through Relias an online computer based training system, and the training completed was not based on facility policies and procedures. Further review of Staff I's employee record revealed documentation of a certificate of completion for 2-hours of training for Florida Pre-Service Orientation on . . . . . through Relias an online computer-based training system, and the training completed was not based on facility policies and procedures, and the certificate did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff J revealed a hire date of . . . . . as a care partner. Staff J's employee record contained documentation of a certificate of completion for 1-hour of training for About Control and Prevention on , 30-minutes of training for Preventing, Recognizing and Reporting training on . . . . . , 30-minutes of training for fire safety on . . . . . , 30-minutes of training for Managing Elopement on . . . . . through Relias an online computer based training system, and the training completed was not based on facility policies and procedures. Further review of Staff J's employee record revealed documentation of a certificate of completion for 2-hours of training for Florida Pre-Service Orientation on . . . . . through Relias an online computer-based training system, and the training completed was not based on facility policies and procedures, and the certificate did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff K revealed a hire date of	A 081		

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A 081	Continued From page 17 . . . . . as a care partner. Further review revealed Staff K was terminated on . During employment Staff K completed training for Understanding and Neglect 45 minutes on . . . . . , Preventing, Recognizing, and Reporting 30-minutes on through Relias an online computer-based training system, and the training completed was not based on facility policy and procedures. Record review for Staff L revealed a hire date of as a care partner. Further review revealed Staff L was terminated on . . . . . . During employment Staff L completed training for Preventing, Recognizing, and Reporting . . . . 30-minutes on through Relias an online computer-based training system, and the training completed was not based on facility policy and procedures. On . . . . at 9:44 a.m., during an interview, the Administrator stated the training for the employees is done online through Relias a computer-based training. The administrator acknowledged the training for employees is not being done based on facility policies and procedures. On . . . . . at 10:35 a.m., during an interview, the Director of Personal Care confirmed the facility employee training is completed online through Relias the computer-based training and it is not based on facility policy and procedures. On . . . . . at 10:40 a.m., during an interview, the Office Manager stated she is responsible for the employee records and training and keeping the records and trainings updated and once new hires are offered the job, staff are assigned Relias training based on their job title and staff	A 081		

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A 081	Continued From page 18 does the training remotely at home on their computers. The Office Manager confirmed all the employee training are completed using the online based computer-based system through Relias, the online training system, and is not based on facility policy and procedures. Record review of the employee file for Staff D revealed a hire date of [redacted] as a medication aid and care giver. Trainings included training on [redacted] and [redacted], Managing Elopement on [redacted], Florida [redacted] Procedures and Regulation on [redacted], [redacted] Control on [redacted], Pre-service Orientation on [redacted], and fire safety training on [redacted]. The training was not completed within 30 days of interacting with residents and the training was not specific to the facility's policies and procedures. The employee file did not include a statement signed by the employee and the administrator the employee attesting to the completed pre-service orientation. Review of the employee file for Staff E revealed a hire date of [redacted] as medication aid and care giver. Trainings for Staff E included Control on [redacted], [redacted], Neglect, and [redacted], [redacted] on [redacted], Preventing and Recognizing [redacted] on [redacted], Florida 2-hour pre-service orientation on [redacted], Resident Rights in Assisted Living on [redacted], Fire Safety on [redacted], Florida [redacted] Procedures and Regulation on [redacted], Managing Elopement on [redacted], and Empowering Residents through Activities of Daily Living (ADLs) on [redacted]. The training was not specific to the facility's policies and procedures. The employee file did not include a statement signed by the employee and the administrator attesting to the completed pre-service orientation.	A 081		

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A 081	Continued From page 19 On at 10:37 a.m., during an interview, the Office Manager confirmed she is responsible for employee training certificates. She said the training is completed online and can be completed out of the facility. She said the employee brings the certificate of completion to the facility and it is added to the employee's file. The Office Manager said she was not aware of the facility specific training requirement. On at 11:13 a.m., during an interview, the Administrator was made aware that the training completed by the Staff D and E did not include information specific to facility policies and procedures and did not meet the requirement for Assisted Living Facilities. Class III .	A 081		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information	A 090		

Agency for Health Care Administration

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A 090	Continued From page 20 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 ensure employees completed 1 hour of training ( ) based on facility policy and procedures as required by Florida Administrative Code within 30 days of employment for 8 (staff C, D, E, F, G, H, I, J, K, L) of 10 employee records reviewed. The findings included: Record review for Staff C revealed a hire date of as a care partner. Staff C's employee record contained documentation of a certificate of completion for 45-minutes of training for Florida Procedures and Regulations on , through Relias training an online computer-based training system. Further review revealed the training completed was not based on facility policies and procedures, and the certificate did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff F revealed a hire date of as a Licensed Practical Nurse. Staff F's employee record contained documentation of a certificate of completion for 45-minutes of training for Florida Procedures and Regulations on , through Relias training an online computer-based training system. Further review revealed the training completed was not based on facility policies and procedures, and the certificate did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff G revealed a hire date of as a Licensed Practical Nurse. Staff G's employee record contained documentation of a	A 090		

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A 090	Continued From page 21 certificate of completion for 45-minutes of training for Florida Procedures and Regulations on . . . . . , through Relias training an online computer-based training system. Further review revealed the training completed was not based on facility policies and procedures, and the certificate did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff H revealed a hire date of . . . . . as a care partner/medication aide. Staff H's employee record contained documentation of a certificate of completion for 45-minutes of training for Florida Procedures and Regulations on . . . . . , through Relias training an online computer-based training system. Further review revealed the training completed was not based on facility policies and procedures, and the certificate did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff I revealed a hire date of . . . . as a care partner. Staff I's employee record contained documentation of a certificate of completion for 45-minutes of training for Florida Procedures and Regulations on , through Relias training an online computer-based training system. Further review revealed the training completed was not based on facility policies and procedures, and the certificate did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff J revealed a hire date of . . . . as a care partner. Staff J's employee record contained documentation of a certificate of completion for 45-minutes of training for Florida Procedures and Regulations on ,	A 090		

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A 090	Continued From page 22 through Relias training an online computer-based training system. Further review revealed the training completed was not based on facility policies and procedures, and the certificate did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff K revealed a hire date of [redacted] as a care partner. Further review revealed Staff K was terminated on [redacted]. During employment Staff K completed training for About Advance Directives 30-minutes on [redacted], Florida [redacted] Procedures and Regulations 45-minutes on [redacted] through Relias an online computer-based training system, and the training completed was not based on facility policy and procedures, and the certificate did not contain the location and the dated signature and credentials of the instructor. Record review for Staff L revealed a hire date of [redacted] as a care partner. Further review revealed Staff L was terminated on [redacted]. During employment Staff L completed training for About Advance Directives 30-minutes on [redacted], Florida Procedures and Regulations 45-minutes on [redacted] through Relias an online computer-based training system, and the training completed was not based on facility policy and procedures, and the certificate did not contain the location and the dated signature and credentials of the instructor. On [redacted] at 9:44 a.m., during an interview, the Administrator stated the training for the employees is done online through Relias a computer-based training. The administrator acknowledged the training for employees is not being done based on facility policies and	A 090		

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A 090	Continued From page 23 procedures. On . . . . . at 10:35 a.m., during an interview, the Director of Personal Care confirmed the facility employee training is completed online through Relias the computer-based training and it is not based on facility policy and procedures. On . . . . . at 10:40 a.m., during an interview, the Office Manager stated she is responsible for the employee records and training and keeping the records and trainings updated and once new hires are offered the job, staff are assigned Relias training based on their job title and staff does the training remotely at home on their computers. The Office Manager confirmed all the employee training is completed using the online based computer-based system through Relias, the online training system, and is not based on facility policy and procedures. Review of the training for Staff D and E revealed 0.75-hours of computer based training on and respectively. The training was less than required and was not specific to the facility's policies and procedures. The certificates for Staff D and E included a disclaimer at the bottom of the certificate: "This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines." On . . . . . at 10:37 a.m., during an interview, the Office Manager said she receives the training certificate from the employee and she puts it in the employee file. She said she was not aware the training requirement included facility specific policies.	A 090		

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A 090	Continued From page 24 On at 11:13 a.m., during an interview, the Administrator was made aware the training for Staff D and E did not meet the requirement for Assisted Living Facilities. Class III .	A 090		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory	A 091		

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A 091	Continued From page 25 requirements. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to appropriately document required trainings for 6 (Staff C, F, G, H, I, J, K, L) of 6 employee records reviewed. The findings included: Record review for Staff C revealed a hire date of as a Care partner. Further review of Staff C's employee record revealed documentation of a certificate of completion for 2-hours of training for Florida Pre-Service Orientation on , and a certificate of completion for 45-minutes of training for Florida Procedures and Regulations on , the certificates did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff F revealed a hire date of as a Licensed Practical Nurse. Further review of Staff F's employee record revealed documentation of a certificate of completion for 2-hours of training for Florida Pre-Service Orientation on , and a certificate of completion for 45-minutes of training for Florida Procedures and Regulations on , the certificates did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff G revealed a hire date of as a Licensed Practical Nurse. Further review of Staff G's employee record revealed documentation of a certificate of completion for 2-hours of training for Florida Pre-Service Orientation on , and a certificate of completion for 45-minutes of training for Florida	A 091		

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A 091	Continued From page 26 . Procedures and Regulations on , the certificates did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff H revealed a hire date of as a care partner/medication aide. Further review of Staff H's employee record revealed documentation of a certificate of completion for 2-hours of training for Florida Pre-Service Orientation on , and a certificate of completion for 45-minutes of training for Florida . Procedures and Regulations on , the certificates did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff I revealed a hire date of as a care partner. Further review of Staff I's employee record revealed documentation of a certificate of completion for 2-hours of training for Florida Pre-Service Orientation on , and a certificate of completion for 45-minutes of training for Florida Procedures and Regulations on , the certificates did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff J revealed a hire date of as a care partner. Further review of Staff J's employee record revealed documentation of a certificate of completion for 2-hours of training for Florida Pre-Service Orientation on , and a certificate of completion for 45-minutes of training for Florida . Procedures and Regulations on , the certificates did not contain the location of the training, and the instructors dated signature and credentials. Record review for Staff K revealed a hire date of	A 091		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964626	A. BUILDING: _____ B. WING _____	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PADDOCK COVE AT NAPLES	7801 AIRPORT PULLING ROAD N.E. NAPLES, FL 34109

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 091	Continued From page 27 . . . . . as a care partner. Further review revealed Staff K was terminated on . During employment Staff K completed training Florida Procedures and Regulations 45-minutes on . . . . . through Relias an online computer-based training system, and the certificate did not contain the location and the dated signature and credentials of the instructor. Record review for Staff L revealed a hire date of . . . . . as a care partner. Further review revealed Staff L was terminated on . During employment Staff L completed training Florida Procedures and Regulations 45-minutes on . . . . . through Relias an online computer-based training system, and the certificate did not contain the location and the dated signature and credentials of the instructor. On at 10:58 a.m., during an interview, the Office Manager confirmed the training certificates for pre-service orientation, , did not meet regulations as they don't contain the location of the training, and the dated signature and credentials of the instructor. Class III .	A 091		
A 168 SS=D	429.24(3)(a) FS; 429.27(7), FS Resident Refund Policy 429.24 (3)(a) . . . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting	A 168		

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A 168	Continued From page 28	A 168		

from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. ....

429.27, FS Property and personal affairs of residents. -
(7) In the event of the . . . . of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided

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A 168	Continued From page 29 by the facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the . . . . . resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's . . . . , the funds shall be deposited in the Health Care Trust Fund administered by the agency. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to provide for 2 (Residents #14 and #22) of 4 residents a prorated refund based on the daily rate and any unused payment beyond the termination date within 45 days of discharge. The findings included: Adviniacare/Paddock Cove Community Refund Policy: 1. You shall receive a refund of any payments to which you are entitled within thirty (30) days of termination of this Residency Agreement. The Community may deduct costs associated with repairs or replacements required in connection with any change, beyond normal wear and tear, which the Community determines to be your responsibility. The Community shall provide you or your estate with written notice of any claim against your refund (including repair or replacements cost) and allow ten (10) days for you or your estate to respond prior to deducting	A 168		

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A 168	Continued From page 30 such amount (s). 2. In the event of your , the Community shall return all refunds to the Executor or Administrator of your Estate, if one has been appointed at the time of disbursement of such funds and, if not, to your spouse or adult next-of-kin. If such individuals cannot be located, funds will be disbursed as allowed under the law. 1. Review of Resident #14's record revealed a discharge date of . Review of Resident #14's , statement showed a credit amount of $3150.59. A check in the amount of $3150.74 was issued to a family member on . Based on Resident #14's discharge date of , the refund should have been sent to the resident's estate no later than , the 45th day after her discharge date of . During an interview on at 1:05 p.m., the Administrator acknowledged that the refund check was issued to Resident #14's estate after the 45-day requirement. 2. Review of Resident #22's record revealed a discharge date of . Resident #22's , statement showed a credit amount of $949.02. Based on Resident #22's discharge date of , the refund should have been sent to the resident's estate no later than . During an interview on at 11:58 a.m., the Administrator acknowledged that a refund check had not been issued to Resident #22's estate. She stated that she did not know if any attempts were made to either responsible party to attempt refund. Class III .	A 168		

Agency for Health Care Administration

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