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
	AL11969128	A. BUILDING: _____ B. WING _____	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELCARE WITH A VISION LLC	108 WAGNER ROAD BONIFAY, FL 32425

(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
CZ000	Initial Comments An unannounced standard biennial survey, including a generator assessment, a review of the comprehensive emergency management plan, and a review of the facility's Limited Mental Health specialty license, was completed at Angelcare With A Vision Assisted Living Facility on - . A revisit for complaint number 2024009791 was completed concurrent to this survey. Deficient practice was identified at the time of the survey.	CZ000		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the	CZ814		

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CZ814	Continued From page 1 clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made. (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic , , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to update its employee roster listed in the clearinghouse for 2 of 6 sampled employees. (Employees D and F) The findings included: A record review was conducted of Employee D	CZ814		

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CZ814	Continued From page 2 personnel file, who was hired on in the position of patient care assistant. A review of the clearinghouse roster found that Employee D was not listed in the roster. On , an observation was conducted of Employee D providing care to residents, confirming they weere a current employee. At approximately 4:00 PM, during an interview with the Administrator, she reviewed the clearinghouse roster and verified that the roster had not been updated to include Employee D. On at approximately 11:00 AM, the Administrator reported that she had received a resignation letter from Employee F dated . The Administrator confirmed that Employee F no longer worked at the facility. The clearinghouse roster had not been updated to reflect that Employee F was no longer an employee at the facility. Unclassified	CZ814		
A 000	Initial Comments An unannounced standard biennial survey, including a generator assessment, a review of the comprehensive emergency management plan, and a review of the facility's Limited Mental Health specialty license, was completed at Angelcare With A Vision Assisted Living Facility on - . A revisit for complaint number 2024009791 was completed concurrent to this survey. Deficient practice was identified at the time of the survey.	A 000		
A 054 SS=E	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS.	A 054		

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A 054	Continued From page 3 (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain accurate and up-to-date Medication Observation Records (MORs) for 3 of 3 residents observed during assistance with self-administration of medication. (Resident #2, #7, #8)	A 054		

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A 054	Continued From page 4 The findings include: On at approximately 9:33 AM, an observation was conducted of the Facility Administrator (FA) providing Resident #2 assistance with self-administration of medication. The FA did not sign the MOR after Resident #2 took his medication. On at approximately 9:45 AM, an observation was conducted of the FA providing Resident #7 assistance with self-administration of medication. The FA only signed for one medication on the MOR after Resident #7 took his medication. On at approximately 9:51 AM, an observation was conducted of the FA providing Resident #8 with self-administration of medication. The FA did not sign the MOR after Resident #8 took his medication. On , a record review was conducted of the - MORs for Residents #2, #7 and #8. Resident #2's MORs had a total of 42 doses of medication that did not have a signature. Resident #7's MORs had a total of 14 doses of medication that did not have a signature. Resident #8's MORs had a total of 44 doses of medication that did not have a signature. On at approximately 4:47 PM, an interview was conducted with the FA who confirmed the MORs for Residents #2, #7 and #8 were missing signatures for medications. The FA stated she overlooked some of the signature blocks on the MOR and did not sign the medications when given. Class III	A 054		

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A 055 SS=E	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all	A 055		

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A 055	Continued From page 6 times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and	A 055		

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A 055	Continued From page 7 the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep centrally stored medications in a locked cabinet, locked cart, or locked room for 3 of 3 medication storage observations. The findings include: On at approximately 10:00 AM, the medication storage room was observed to be unlocked. The medication storage room contained a shelf with multiple packages of medication stored on it and an unlocked medication cart containing multiple packages of medication stored in it. The keys were in the medication cart lock. On at approximately 11:00 AM, the medication storage room was observed to be unlocked. Multiple packages of medication remained on the shelf in the medication room. On at approximately 1:00 PM, the medication storage room was observed to be unlocked. Multiple packages of medication remained on the shelf in the medication room along with an unlocked medication cart containing multiple packages of medication. On at approximately 4:47 PM, an	A 055		

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A 055	Continued From page 8 interview was conducted with the Facility Administrator, who confirmed the medication storage room is not kept locked to allow staff access to cleaning supplies stored in a nearby area. She stated some of the medication packages are stored on the shelf because all the medication will not fit into the medication cart since she receives four weeks of medication at the time. She further stated the medication cart should always be locked. Class III	A 055		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the	A 056		

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A 056	Continued From page 9 circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be	A 056		

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A 056	Continued From page 10 kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide orders for all medications for 1 of 3 residents (Resident #2) and failed to provide ordered medication for 1 of 3 residents (Resident #7). The findings include: Resident #2 On at approximately 9:33 AM, an observation of assistance with self-administration of medication was conducted. The Facility Administrator (FA) was observed to punch out one tablet of (a medication used to treat high) 20 milligrams (mg), one tablet of (a brand-name	A 056		

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A 056	Continued From page 11 medication) 50 mg, and one tablet of Descovy (a brand-name medication) 200-25 mg from a pre-filled medication package into Resident #2's . The medications were listed on the pre-filled medication package for Resident #2 along with Resident #2's name. On , a review of Resident #2's medication orders dated - was conducted and revealed there were no orders for , , , or Descovy. Additionally, a review of Resident #2's medication observation record (MOR) was conducted which revealed , , , and Descovy were not listed. Resident #7 On at approximately 9:45 AM an observation of assistance with self-administration of medication was conducted. The FA did not provide Resident #7 with latanaprost , , (a medication used to lower pressure in the ,). On a review of Resident #7's medication orders dated - was conducted which revealed an order for , 0.005% solution, instill one drop into each , every day. A review of Resident #7's MOR was conducted which revealed , solution was signed as given on - . On at approximately 4:47 PM, an interview was conducted with the FA who stated the pharmacy prepares the MORs and the medications and sends them to her. She stated she does not check the MORs or medications when received because the pharmacy does that before sending them to her. The FA further stated the , , for Resident #7 were supposed to be discontinued, she does not have the , .	A 056		

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A 056	Continued From page 12 and Resident #7 has not been receiving them. She stated she has been signing for the , , by accident. The FA further stated she would call the doctor's office to have them discontinued. Class III	A 056		
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	A 078		

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A 078	Continued From page 13 constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility ␣ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 4 of 5 sampled employees submitted a written statement from a health care provider documenting that the employees do not	A 078		

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ANGELCARE WITH A VISION LLC	108 WAGNER ROAD BONIFAY, FL 32425

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A 078	Continued From page 14 have any signs of symptoms of communicable . (Employees B, C, D, and E) The findings included: The following employees had no documentation of a health care provider documenting that the individual does not have any signs or symptoms of communicable : Employee B, who was hired on in the position of a patient care assistant, Employee C, who was hired on in the position of a patient care assistant, Employee D, who was hired on in the position of a patient care assistant, and Employee E, who was hired on as a part-time patient care assistant. On at approximately 4:00 PM, the Administrator reviewed each employee's personnel files and verified that the files were missing communicable statements. The Administrator was not able to produce the communicable statements. 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 provide responsible care and respond to the needs of facility residents. Upon completion, the	A 081		

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A 081	Continued From page 15 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 orientation prior to interacting with residents. (c) Once complete, the employee and the facility	A 081		

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A 081	Continued From page 16 administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training	A 081		

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A 081	Continued From page 17 within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 081		

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A 081	Continued From page 18 failed to provide at least 2 hours of preservice orientation for 4 of 5 sampled employees prior to interacting with residents. (Employees B, C, D and E) The findings include: Employee B, who was hired on as a patient care assistant; Employee C, who was hired on as a patient care assistant; Employee D, who was hired on as a patient care assistant; and Employee E, who was hired on as a patient care assistant all did not have documentation of receiving 2 hours of preservice orientation. On at approximately 4:00 PM, the Administrator reviewed each employee's personnel files and verified that the files were missing 2 hours of preservice orientation. The Administrator was not able to produce the 2 hours of preservice orientation. Class III	A 081		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross,	A 083		

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A 083	Continued From page 19 the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that a staff member who was currently trained in first aid and , , ( ) was in the facility at all times for 4 of 5 sampled employees. (Employees B, C, D, and E) The findings include: On at approximately 9:30 AM during the entrance into the facility, it was observed that Employee B was the only staff in the facility, providing care to 16 residents. Employee B reported that the Administrator was out of the office on , , . The Administrator arrived at the facility between 10:30 and 11:00 AM. A record review was conducted of five employees' personnel records amd found that only one employee (Employee A) completed courses in first aid and and hold a current valid card. Record review revealed that Employee B, who was hired on in the position of patient care assistant; Employee C, who was hired on in the position as patient care assistant; Employee D, who was hired on in the position as patient care assistant; and Employee	A 083		

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A 083	Continued From page 20 E, who was hired on as a patient care assistant had no documentation of completion for first aid and . On at approximately 4:34 PM, Employee C reported that he works on the 11:00 PM to 8:00 AM shift. Employee C stated that he had been working at the facility about a week and a half. He stated that he works alone on night shift. He stated that he had first aid and training, but it expired. On at approximately 4:00 PM, the Administrator stated Employee C's first aid and certification had expired and she was not sure if any other staff had first aid and certification. Class III	A 083		
AL243 SS=D	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules.	AL243		

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AL243	Continued From page 21 This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the	AL243		

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AL243	Continued From page 22 procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 5 sampled employees received their initial 6 hours of limited mental health training and a minimum of 3 hours of continuing mental health education. (Employee E) The findings include: A record review was conducted of the clearinghouse roster which indicated that Employee E was hired . The review indicated that this employee was still working at the facility. A record review of Employee E's personnel file found no limited mental health training for either the initial 6 hour training nor the 3 additional hours of continuing education every 2	AL243		

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AL243	Continued From page 23 years. Class III	AL243		