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
	AL11969380	A. BUILDING: _____ B. WING _____	02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS OF GULF BREEZE	50 JOACHIM DR GULF BREEZE, FL 32561

(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
ZZ000	Initial Comments An unannounced change of ownership survey was conducted at The Arbors of Gulf Breeze, an assisted living facility in Gulf Breeze, FL, on - . A generator assessment and a complaint review for complaint #2024016827 were completed concurrent to this survey. Deficiencies were identified at the time of survey.	ZZ000		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b} Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ◡ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ◡ , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ◡ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ◡ , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ◡ . to the Federal Bureau of Investigation for a national criminal history record check. The ◡ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national	CZ816		

AHCA Form 3020-0001

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

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CZ816	Continued From page 1 retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person , . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening.	CZ816		

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CZ816	Continued From page 2 (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's	CZ816		

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CZ816	Continued From page 3 request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based upon record review and interview, the facility failed to complete an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 (AOC), for 2 of 3 sampled staff. (Staff A and B) The findings include; On , staff record reviews were conducted for Staff A, a medication technician hired on , and Staff B, a medication technician hired on . Neither staff had documentation of an AOC in the record. On at approximately 4:23 PM, an interview was conducted with the Executive Director (ED), who stated, when the company changed management in , not all the employee files were transferred over from the previous company. No audits of the files had been done yet to ensure they were complete. The ED verbally agreed the staff members did not have the AOCs in their records. Unclassified	CZ816		

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A 000	Initial Comments An unannounced change of ownership survey was conducted at The Arbors of Gulf Breeze, an assisted living facility in Gulf Breeze, FL, on - . A generator assessment and a complaint review for complaint #2024016827 were completed concurrent to this survey. Deficiencies were identified at the time of survey.	A 000		
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 1 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 staff record reviews and interviews, the facility failed to obtain a statement that a staff member is free from communicable for 1 of 3 sampled staff (Staff C) and failed to have	A 078		

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A 078	Continued From page 2 ensure 1 of 3 sampled staff had annual ( ) testing (Staff A and C). The findings include: On , staff record reviews were conducted for Staff A, a medication technician hired on . The facility did not have documentation of a test for year 2024. The staff member's last test was documented on 11/15/23. Also, Staff C, a licensed practical nurse hired on , did not have a free from communicable statement and did not have documentation of having had a test. On at approximately 4:23 PM, an interview was conducted with the Executive Director (ED), who stated when the company changed management in , not all the employee files were transferred over from the previous company. No audits of the files have been done yet to ensure they are complete. The ED verbally agreed the staff members did not have the free from communicable forms and the documentation of having a test for Staff A and C. 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 3 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 4	A 081		

orientation prior to interacting with residents.
(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.
(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:
1. Resident's rights; and,
2. The facility's license type and services offered by the facility.
(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility 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

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A 081	Continued From page 5 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 6 This Statute or Rule is not met as evidenced by: Based on staff record reviews and interview, the facility failed to provide pre-service orientation for 3 of 3 staff members reviewed (Staff A, B and C), elopement training for 1 of 3 sampled staff (Staff B), Reporting Adverse Incidents training for 2 of 3 sampled staff (Staff B and C), Nutritional & Safe Food Handling training for 2 of 3 sampled staff (Staff B and C), and Resident Rights and Recognizing/Reporting /Neglect Training for 1 of 3 sampled staff (Staff B). The findings include: On , staff record reviews were conducted for Staff A, a medication technician hired on , Staff B, a medication technician hired on , and Staff C, a licensed practical nurse hired on . The record reviews revealed that all 3 staff members did not have proof of pre-service orientation. The record reviews revealed no elopement response training for Staff B, no Reporting Adverse Incidents training for Staff B and C. The record revealed no Nutritional & Safe Food Handling training for Staff B and C and no Resident Rights and Recognizing/Reporting /Neglect Training for Staff B. On at approximately 4:23 PM, an interview was conducted with the Executive Director (ED), who stated when the company changed management in and not all the employee files were transferred over from the previous company. No audits of the files have been done yet to ensure they are complete. The ED verbally agreed the staff members did not have the documentation of the training described above.	A 081		

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A 081	Continued From page 7 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 staff record reviews and interview, the facilty failed to provide ( ) training for 1 of 3 sampled staff. (Staff B) The findings include: On , record reviews were conducted for Staff B, a medication technician hired on . The record reviews revealed the staff member did not have proof of training. On at approximately 4:23 PM, an interview was conducted with the Executive Director (ED), who stated when the company changed management in , not all the employee files were transferred over from the previous company. No audits of the files have been done yet to ensure they are complete. The ED verbally agreed the staff member did not have the documentation of having completed training.	A 082		

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A 082	Continued From page 8 Class III	A 082		
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 more residents, a copy of the job description	A 161		

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A 161	Continued From page 9 given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ⌄ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on staff record reviews and interviews, the facility failed to have an employment application on file for 1 of 3 sampled staff (Staff A) and failed to have a job description on file for 1 of 3 sampled staff (Staff C). The findings include: On , record reviews were conducted for staff A, a medication technician hired on . The record review revealed the staff member did not have a job application on file. Staff C, a licensed practical nurse hired on , did not have a job description in the employee file. On at approximately 4:23 PM, an interview was conducted with the Executive Director (ED), who stated when the company changed management in and not all the employee	A 161		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969380	A. BUILDING: _____ B. WING _____	02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS OF GULF BREEZE	50 JOACHIM DR GULF BREEZE, FL 32561

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A 161	Continued From page 10 files were transferred over from the previous company. No audits of the files have been done yet to ensure they are complete. The ED verbally agreed that Staff A did not have a job application in the record and Staff C did not have a job description in the record. Class III	A 161		

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ZZ000	Initial Comments An unannounced change of ownership survey was conducted at The Arbors of Gulf Breeze, an assisted living facility in Gulf Breeze, FL, on - . A generator assessment and a complaint review for complaint #2024016827 were completed concurrent to this survey. Deficiencies were identified at the time of survey.	ZZ000		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b} Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ◡ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ◡ , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ◡ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ◡ , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ◡ . to the Federal Bureau of Investigation for a national criminal history record check. The ◡ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national	CZ816		

AHCA Form 3020-0001

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

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CZ816	Continued From page 1 retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person , . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening.	CZ816		

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CZ816	Continued From page 2 (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's	CZ816		

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CZ816	Continued From page 3 request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based upon record review and interview, the facility failed to complete an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 (AOC), for 2 of 3 sampled staff. (Staff A and B) The findings include; On , staff record reviews were conducted for Staff A, a medication technician hired on , and Staff B, a medication technician hired on . Neither staff had documentation of an AOC in the record. On at approximately 4:23 PM, an interview was conducted with the Executive Director (ED), who stated, when the company changed management in , not all the employee files were transferred over from the previous company. No audits of the files had been done yet to ensure they were complete. The ED verbally agreed the staff members did not have the AOCs in their records. Unclassified	CZ816		

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A 000	Initial Comments An unannounced change of ownership survey was conducted at The Arbors of Gulf Breeze, an assisted living facility in Gulf Breeze, FL, on - . A generator assessment and a complaint review for complaint #2024016827 were completed concurrent to this survey. Deficiencies were identified at the time of survey.	A 000		
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 1 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 staff record reviews and interviews, the facility failed to obtain a statement that a staff member is free from communicable for 1 of 3 sampled staff (Staff C) and failed to have	A 078		

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A 078	Continued From page 2 ensure 1 of 3 sampled staff had annual ( ) testing (Staff A and C). The findings include: On , staff record reviews were conducted for Staff A, a medication technician hired on . The facility did not have documentation of a test for year 2024. The staff member's last test was documented on 11/15/23. Also, Staff C, a licensed practical nurse hired on , did not have a free from communicable statement and did not have documentation of having had a test. On at approximately 4:23 PM, an interview was conducted with the Executive Director (ED), who stated when the company changed management in , not all the employee files were transferred over from the previous company. No audits of the files have been done yet to ensure they are complete. The ED verbally agreed the staff members did not have the free from communicable forms and the documentation of having a test for Staff A and C. 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 3 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 4	A 081		

orientation prior to interacting with residents.
(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.
(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:
1. Resident's rights; and,
2. The facility's license type and services offered by the facility.
(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility 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

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A 081	Continued From page 5 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 6 This Statute or Rule is not met as evidenced by: Based on staff record reviews and interview, the facility failed to provide pre-service orientation for 3 of 3 staff members reviewed (Staff A, B and C), elopement training for 1 of 3 sampled staff (Staff B), Reporting Adverse Incidents training for 2 of 3 sampled staff (Staff B and C), Nutritional & Safe Food Handling training for 2 of 3 sampled staff (Staff B and C), and Resident Rights and Recognizing/Reporting /Neglect Training for 1 of 3 sampled staff (Staff B). The findings include: On , staff record reviews were conducted for Staff A, a medication technician hired on , Staff B, a medication technician hired on , and Staff C, a licensed practical nurse hired on . The record reviews revealed that all 3 staff members did not have proof of pre-service orientation. The record reviews revealed no elopement response training for Staff B, no Reporting Adverse Incidents training for Staff B and C. The record revealed no Nutritional & Safe Food Handling training for Staff B and C and no Resident Rights and Recognizing/Reporting /Neglect Training for Staff B. On at approximately 4:23 PM, an interview was conducted with the Executive Director (ED), who stated when the company changed management in and not all the employee files were transferred over from the previous company. No audits of the files have been done yet to ensure they are complete. The ED verbally agreed the staff members did not have the documentation of the training described above.	A 081		

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A 081	Continued From page 7 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 staff record reviews and interview, the facilty failed to provide ( ) training for 1 of 3 sampled staff. (Staff B) The findings include: On , record reviews were conducted for Staff B, a medication technician hired on . The record reviews revealed the staff member did not have proof of training. On at approximately 4:23 PM, an interview was conducted with the Executive Director (ED), who stated when the company changed management in , not all the employee files were transferred over from the previous company. No audits of the files have been done yet to ensure they are complete. The ED verbally agreed the staff member did not have the documentation of having completed training.	A 082		

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A 082	Continued From page 8 Class III	A 082		
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 more residents, a copy of the job description	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969380	A. BUILDING: _____ B. WING _____	02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS OF GULF BREEZE	50 JOACHIM DR GULF BREEZE, FL 32561

(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 161	Continued From page 9 given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ␣ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on staff record reviews and interviews, the facility failed to have an employment application on file for 1 of 3 sampled staff (Staff A) and failed to have a job description on file for 1 of 3 sampled staff (Staff C). The findings include: On , record reviews were conducted for staff A, a medication technician hired on . The record review revealed the staff member did not have a job application on file. Staff C, a licensed practical nurse hired on , did not have a job description in the employee file. On at approximately 4:23 PM, an interview was conducted with the Executive Director (ED), who stated when the company changed management in and not all the employee	A 161		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 161	Continued From page 10 files were transferred over from the previous company. No audits of the files have been done yet to ensure they are complete. The ED verbally agreed that Staff A did not have a job application in the record and Staff C did not have a job description in the record. Class III	A 161		