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
	AL11969703	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIANA OF SARASOTA	2630 UNIVERSITY PARKWAY SARASOTA, FL 34243

(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, limited nursing services, emergency power plan monitoring, health facility reporting system, and visitation form survey was conducted on at Liana of Sarasota, an assisted living facility, in Sarasota, Florida. The following is the description of the deficiencies. .	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's	A 052		

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A 052	Continued From page 1 or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands	A 052		

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A 052	Continued From page 2	A 052		

the purpose for taking the medication.
(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.

59A-36.008
(3) ASSISTANCE WITH SELF-ADMINISTRATION.
(a) Any unlicensed person providing assistance with self-administration of medication must be ˊ ˬ or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.
(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.
(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected

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A 052	Continued From page 3 noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure Staff	A 052		

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A 052	Continued From page 4 providing assistance with self-administration of medications so so appropriately and follow facility policy and procedures for 3 (Resident #4, #8, #9) of 3 residents observed. The findings included: Policy Medication Administration. MED .31 issued . Procedure: 6. Nurse/Medication Aide performs hygiene. On at 8:30 a.m., record review of the Medication Administration Record for Resident #8 showed orders for , Cap 5MG ( ) Take 1 capsule by once daily for , , Tab 50MG ( ) take 1 Tablet by once daily for generalized , , D3 2,000 IU Tablet take 1 Tablet by once daily for supplement. On at 8:30 a.m., during medication observation Staff A did not sanitize her before beginning the medication pass for Resident #8. Staff A prepared the medication and brought the medication to Resident #8, and said, "I have your medication for you." Staff A failed to tell resident #8 the name and dose of the medication given and did not perform hygiene. staff A continued to the next resident. Review of Resident #9 Resident Health Assessment Form (1823) signed and dated on , indicates Resident #9 needs assistance with self-administration of medications. On /.2025 at 8:35 a.m., record review of the Medication Administration Record for Resident #9 showed orders for Tab 1 MG ( ) take 1 Tablet by once daily, , , EMU 0.05% OP instill one drop into	A 052		

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A 052	Continued From page 5 the affected , (s) twice daily for Unspecified , , Tab 5 MG take 1 Tablet by twice daily for Unspecified , Ensure High Protein Liquid one bottle three times a day for Nutritional Support, Tab 500 MG (,) take 1 Tablet by once daily with a meal for , , Tab 25 MG (,) take 1 Tablet by twice daily, , 10 MG Caps take 3 Capsules (30MG) by twice daily, , Tab 40 MG ( ) take 1 Tablet by twice daily for of and , Tab 10 MEQ take 1 Tablet by once daily. On .2025 at 8:37 a.m., during medication observation Staff A did not sanitize her before assisting with medication administration for Resident #9. Staff A prepared the medications into a pill crusher, then took out a pair of scissors and without sanitizing the scissors, she cut up 3 capsules and emptied the contents into the cup, and placed the scissors onto the cart without cleaning the scissors. Staff A added pudding to the cup and mixed the medication with the pudding, and brought the cup to Resident #9 and said "I have your medication for you" and spoon fed the medication into Resident #9's . Staff A donned gloves without sanitizing her , and proceeded to administered , to Resident #9. Staff A used unclean scissors to open medication capsules, did not tell Resident #9 the name and dosages of the medication given and spoon fed the medication to Resident # 9. Staff A is not licensed to administer medications. On .2025 at 8:40 a.m., record review of the Medication Administration Record for Resident #4	A 052		

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A 052	Continued From page 6 showed orders for , 500 MG Caplet take 2 Tablets (1000 MG) by three times daily for , Acidophilus 100 Million take 1 Tablet by once daily for supplement, Tab 0.5 MG ( ) take 1 Tablet by once daily for localized , D-Mannose Capsule 500 MG take 4 Capsules by once daily for supplement, Tablet 15 MG take 1 Tablet by once daily for , , Tab 40 MG take 1 Tablet by once daily, Preservision Chew AREDS Chew 1 tablet by twice daily, 1,000 MCG Tab take 1 Tablet by once daily for supplement, D3 2,000 IU Tab take 1 Tablet by once daily. On at 8:40 a.m., during medication observation Staff A prepared the medications and, brought the cup to resident #4, identified and said, "I have your medication for you", watched the resident swallow the medication and then left the room. Staff A did not inform Resident #4 of the name of the medications and the dosages given. On at 8:47 a.m., during an interview Staff A stated, "Everybody that gets crushed medicine, I feed it to them with a spoon." On at 9:08 a.m., during an interview the Director of Health and Wellness stated, "The Med Techs are supposed to say the name of the medication and dosages to the residents. Med Techs are not supposed to spoon feed residents medication." Class III .	A 052		

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A 081	Continued From page 7	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 8 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 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	A 081		

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A 081	Continued From page 9 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 10 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 reviewed and staff interview facility failed to ensure 1 (Director of Health and Wellness) of 3 staff records reviewed had proper documentation of required in service training's completed within 30 days of hire. The findings included: 1. Record review showed that the facility's Director of Health and Wellness (DHW) was hired on . 2. Further review showed no evidence the DHW completed in service training regarding the facility's resident elopement policies and procedures . There was no evidence of documentation showing the DHW demonstrated understanding and competency in the implementation of the finality elopement response policies and procedures. There was no evidence the DHW received a copy of the facility's elopement policies and procedures. 3. Record review for the DHW showed no evidence of completion of a minimum of 1 hour in-service training within 30 days of employment that covered resident rights in an assisted living facility and recognizing and reporting resident	A 081		

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A 081	Continued From page 11 , neglect, and , tailored to the facility's policies and procedures. On at 3:00 p.m., during an interview the Administrator confirmed the DHW did not complete the required training for elopement, resident rights in assisted living facility and recognizing and reporting resident , neglect and , . 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, 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.	A 083		

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A 083	Continued From page 12	A 083		

This Statute or Rule is not met as evidenced by:
Based on record review, and staff interview, the facility failed to ensure at least one staff member who has documentation of current valid , , , ( ) and first aid was in the building at all times. Failure to ensure a staff with a current first aid and is on premises at all times has the potential of residents not receiving when needed.

The findings included:

1. On at 10:00 a.m. the facility's Administrator said that all the facility's medications technicians had a current First Aid and training and when they completed the schedule they made sure to include at least one staff that had current First AID and training on the shift.

2. Requested First Aid and training for all staff in the facility. Review revealed two medication technicians Staff B and C had current valid First AID and cards.

3. Further review showed that Staff A's First Aid and training that was completed online on by a non approved training provider.
Staff D's and First Aid certification had expired on .
Staff E's First Aid and certification had expired on .
Staff F's First Aid and certification had expired on .
Staff G's First Aid and certification had expired on .

4. Requested and obtained the staffing schedule

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A 083	Continued From page 13 from to (date of survey). Review of the Staffing schedule showed that there was no staff with a current First Aid and training for first shift (6:00am-2:30pm), from to . Further review of the staffing schedule revealed there was no staff with current First Aid and on the following days during second shift (2:00pm-10:30pm): , , , , , , , /2 5, , , , , , , / 25, , , There was no staff with current First Aid and during third shift 10:00pm-6:15pm) on the following days: , , , , , , , , , , , , , / 25, , to . On at 3:00 p.m.. during an interview the Administrator said that he did not understand why himself, the Director of Health and Wellness, and the Activities Director could not be counted since all had valid First Aid and training's, even if they did not show on the staffing schedule. Class III	A 083		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ875 SS=D	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	CZ875		

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

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

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CZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , , must complete the training required in this section before , , . Proof of completion of equivalent training completed before , , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to satisfy 430.5025 Florida Statute " and Related Forms of Education and Training Act" ensuring all direct care and administrative staff completed the one hour training video from the Department of Elder Affairs (DOEA) within 30 days of hire 3 (administrator, director of health and wellness, and staff A) out of 3 staff record reviewed. The facility failed to ensure staff completed the 3 hours of additional training within 3 months of employment related to or related forms of , for facilities that advertises and provides specialized care to resident with or related forms	CZ875		

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CZ875	Continued From page 4 of for 1(director of health and wellness) of 3 staff reviewed . The findings included: The facility is a memory unit and advertises it provides specialized care to residents with or related forms of . 1. Record review revealed the Administrator was hired on . Further review showed no evidence of documentation the Administrator completed the 1 hour in service training by the DOEA. 2. Record review revealed the Director of Health and Wellness (DHW) was hired on . Further review showed no evidence of documentation the DHW completed the 1 hour in service training by the DOEA. Further review revealed the DHW did not complete the 3 hours of additional training within 3 months of employment related to or related forms of . 3. Record review revealed Staff A (caregiver/medication technician) was hired on . Further review showed no evidence staff A completed the 1 hour in service training by the DOEA. 4. On at 3:00 p.m. the Administrator acknowledged that himself, the DHW, and Staff A did not complete within 30 days of employment, 1 hour in service training that was provided by the Department of Elder Affairs. The Administrator said he was not aware of the regulatory requirement. The Administrator confirmed the DHW did not have the 3 hours of additional training within 3 months of employment related to	CZ875		

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CZ875	Continued From page 5 or related forms of . Class III .	CZ875		