

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965763	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER BARRINGTON TERRACE - FT MYERS		STREET ADDRESS, CITY, STATE, ZIP CODE 9731 COMMERCE CENTER COURT FORT MYERS, FL 33908		
(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, extended congregate care, emergency power plan monitoring, health facility reporting system, visitation form, and complaint survey for #2024013945 was conducted on through _____ at Barrington Terrace -Fort Myers, an assisted living facility in Fort Myers, Florida. Complaint #2024013945 was substantiated without deficiencies. 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	A 052		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 052	Continued From page 1 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 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,"	A 052			

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A 052	Continued From page 2 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 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 _____ 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,	A 052			

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A 052	Continued From page 3 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 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	A 052			

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A 052	Continued From page 4 medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure Staff who provide assistance with self-administration of medications do so appropriately for 2 (Resident #15, #16) of 5 residents observed. The findings included: On a record review of Resident # 15's Resident Health Assessment Form (1823) showed Resident #15 requires assistance with self-administration of medication. On at 9:45 a.m., during an observation of Staff D assisting Resident #15 with Medication assistance showed, Staff D did not wash or sanitize her before starting her med pass. Staff D prepared Resident #15's medications placing the dosages into a cup and brought everything into Resident#15's room. Staff D handed Resident #15 the cup with the medications and said, "here is your medication. You are going to take these now." Staff D donned gloves, no hygiene was performed, and said, "I have your , for you," and proceeded to administer medications into Resident #15's . Staff D then doffed her gloves, handed Resident #15 her gummie medication, and said, "here are two gummies." Staff D did not perform hygiene, prepare the medications in the presence of the resident and did not tell resident #15 what medications she was being given. Staff D continued to the next resident. On a record review of Resident # 16's	A 052		

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A 052	Continued From page 5 1823 showed Resident #16 requires assistance with self-administration of medication. On at 9:59 a.m., during an observation of Staff D assisting Resident #16 with Medication assistance showed, Staff D did not wash or sanitize her before starting her med pass and or after assisting Resident #16 with medication assistance. Staff D Staff D prepared Resident #16's placing the dosages into a cup. Staff D brought the medication to Resident #16 who was sitting next to the medication room at a table, and said, "I got your medicine for you" confirmed the residents Identification and donned gloves. Staff D applied a medication patch to Resident #16's after removing the old patch, and then told Resident #16 "I got your spray" and sprayed the medication twice into each of Resident #16 nostrils. Staff D handed Resident #16 the cup with his medication and said, "You got to start taking your pills. Staff D did not perform hygiene, prepare the medications in the presence of the resident and did not tell resident #15 what medications she was being given. Staff D continued to the next resident. On at 9:15 a.m., during an interview Staff D stated, "the residents do not have waivers. I didn't realize that I didn't tell the residents the names of their medications. Our policy is to use sanitizer. I use gloves instead of sanitizing." On at 12:15 p.m. during an interview the Wellness Director, said they did not have Waivers for Medication administration. Their policy is to bring the residents to the cart if they are able, ensure the five rights of medication administration, tell the resident the names of the	A 052		

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A 052	Continued From page 6 medication and chart the medication correctly. Their policy is to always sanitize before administering medications and between residents. Class III	A 052		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) ... (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 (Health and Wellness Director) of 3 staff reviewed completed the required and education course within 30 days of employment. The findings included: Review of the Health and Wellness Director's employee file on showed a hire date of . Review of their file contained documentation of completion of the required / training on and was not	A 082		

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A 082	Continued From page 7 completed within the required timeframe. On at 1:30 p.m., during an interview, the Business office Manager acknowledged the findings. Class III .	A 082			
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.frules.org/Gateway/reference.asp?No=Ref-04003 , and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx . Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.	A 093			

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A 093	Continued From page 8 (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in	A 093			

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A 093	Continued From page 9 the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on hand. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on hand at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to conspicuously post or make easily available menus for residents in the Memory Care	A 093		

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A 093	Continued From page 10 Unit. The findings included: On . . . at 11:00 a.m., during a tour of the Bridges memory care unit, there was no menu posted. During an interview on . . . at 11:05 a.m., Staff A said menus were posted at the front of the facility. Staff A said the memory care unit is locked, and the residents stay in the unit. During an interview on . . . at 12:00 p.m., the Memory Care Director (MCD) stated "in the Bridges unit, menus are posted daily on the screen of the television in the hallway." On . . . at 8:55 a.m., an observation of the Bridges memory care unit showed no menu displayed on the screen of the television as previously stated by the MCD. Observation of a menu posted showed a date of Five days before today's current date of During an interview on . . . at 9:04 a.m., the Director of Dining said that all menus are interchanged daily. The menus in the memory care unit and the menus in the Bridges unit are to be changed out by the caregivers. Class III .	A 093			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BARRINGTON TERRACE - FT MYERS

**9731 COMMERCE CENTER COURT
FORT MYERS, FL 33908**

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ZZB14 SS=D	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 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.	ZZB14		

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ZZ814	Continued From page 1 (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 record review, and staff interview, the facility failed to ensure 2 (Staff E & Health and Wellness Director) of 3 staff reviewed, had Level 2 background screening employment status updated within 5 business days on the Agency's Background Screening Clearinghouse (Clearinghouse) website. This has the potential for staff with disqualifying offenses to have access to adults. The findings included: Review of the employee record for staff E revealed a hire date of . Review of the Background screening Clearinghouse website indicated that Staff E was added to the facility employee roster on . Review of the employee record for the Health and wellness Director revealed a hire date of . Review of the Background screening	ZZ814			

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ZZ814	Continued From page 2 Clearinghouse webiste indicated the Health and Wellness Director was added to the facility employee roster on . On at 1:30 p.m., during an interview, the Business Office Manager acknowledged the findings. **Photographic evidence obtained.** Unclassified	ZZ814		
ZZ875 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	ZZ875		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965763	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/15/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BARRINGTON TERRACE - FT MYERS

**9731 COMMERCE CENTER COURT
FORT MYERS, FL 33908**

(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
ZZ875	Continued From page 3 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 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 _____, in addition or related forms of _____	ZZ875		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965763	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER BARRINGTON TERRACE - FT MYERS		STREET ADDRESS, CITY, STATE, ZIP CODE 9731 COMMERCE CENTER COURT FORT MYERS, FL 33908		
(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
ZZ875	Continued From page 4 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, 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	ZZ875		

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NAME OF PROVIDER OR SUPPLIER BARRINGTON TERRACE - FT MYERS			STREET ADDRESS, CITY, STATE, ZIP CODE 9731 COMMERCE CENTER COURT FORT MYERS, FL 33908		
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ZZ875	Continued From page 5 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. (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:	ZZ875			

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NAME OF PROVIDER OR SUPPLIER BARRINGTON TERRACE - FT MYERS		STREET ADDRESS, CITY, STATE, ZIP CODE 9731 COMMERCE CENTER COURT FORT MYERS, FL 33908		
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ZZ875	Continued From page 6 Based on record review and interview, the facility failed to ensure new employees hired completed the required 1-hour Department of Elder Affairs (DOEA) training within the required 30 days of hire, 3 hours additional (AD) and related (ADRD) training within 3 months of hire, and the required 4 hours additional training within 6 months of hire for 2 (Staff E & Health and Wellness Director) of 3 employees reviewed . The findings included: Review of Caregiver Staff E's employee file on showed a hire date of . Their employee file contained a 4-hour certificate of completion of Level I training dated . There was no documentation for any additional ADRD training within their employee file. Review of the Health and Wellness Director's file on showed a hire date of . Their employee file contained a 4-hour certificate of completion of Level I training dated and a 4-hour Level II training certificate dated but was not completed within the required timeframe. There was no documentation of completion of the 1 hour training provided by the DOEA. On at 1:30 p.m., during an interview the Business Office Manager acknowledged the missing trainings. Class III	ZZ875		