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
		A. BUILDING: _____ B. WING _____	/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT NAPLES	15150 TAMIAMI TR N NAPLES, FL 34110

(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 A relicensure, emergency power plan monitoring, health facility reporting system and complaint investigation #2025014206 was conducted at Grand , on through 2/18/26. Deficiencies were identified at the time of the survey.	A 000		
A 030 SS=D	59A-36.007(5) FAC; 429.28(1-2) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; Disability Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Abuse Hotline, 1(800)96-ABUSE or 1(800)962-2873. The telephone numbers must be posted in close	A 030		

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A 030	Continued From page 1 proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. Alcohol and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident abuse, neglect, and exploitation; 6. Administrative and housekeeping schedules and requirements; 7. Infection control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical restraints. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible	A 030		

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A 030	Continued From page 2 telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from abuse and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the	A 030		

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A 030	Continued From page 3 facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making appointments for health care services, the provision of or arrangement of transportation to health care appointments, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care	A 030		

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A 030	Continued From page 4 Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, obligations, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and, if applicable, Disability Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for	A 030		

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A 030	Continued From page 5 exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and Disability Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated incompetent or incapacitated under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility failed to ensure the Resident Bill of rights to live in a safe and decent living environment, free from abuse and neglect for 4 (Residents #7, #9, #15, and #16) of 4 residents reviewed for misappropriation of property. Failure to follow through with the first report of missing jewelry for 57 days allowed the thief/thieves to steal from 3 other residents.	A 030		

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A 030	Continued From page 6 The findings included: The facility Policy XII. Risk Management and Quality Assurance, Abuse, Neglect, and Exploitation page 152 of the Policy and procedure manual: Under Policy: . . . Residents must not be subjected to abuse by anyone... It is the policy of this Grand Living Community that all residents will be protected from all types of abuse, neglect, misappropriation of resident property and exploitation. Under Explanation: . . .This policy includes the following components:...3. Prevention...5. Investigation and Protection, 6. Reporting and Response. 1. The facility contract # dated 3/6/25 revealed: Page 8 and 9. "F. Risk Agreement and Limitation of Liability, . . .Resident acknowledges the Community is not an insurer of Resident's person or property, and Community will not be responsible for loss of or damage to Resident's personal property due to theft. . . Community will only be liable for damages, injuries or other losses if due to willful misconduct or negligence of employees or agents of Community." Page 17 Exhibit D Resident Rights as Cited in Section 429.28, 429.85 Florida Statutes revealed. . . "Every resident shall have the right to: Live in a safe and decent living environment free from abuse and neglect. . . Retain and use his/her own clothes and other personal property." Page 22 Exhibit J Grievance Policy . . . "4. Within 24 hours, the Executive Director [ED]or designee will document a record of the grievance as discussed with the Resident. . . 5. The Executive Director or designee will a) investigate the grievance within 72 hours, b) report our findings by the end of the next business day to the	A 030		

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A 030	Continued From page 7 Resident, . . . and c) document the response. . . 7. Final resolution of the grievance will be documented by the Executive Director. 8. Any completed grievance report will be kept on file and made available to survey process as requested. . ." Page 23 Exhibit K Abuse, Neglect, Exploitation (The Reporting Of) Policy. . . "2. During orientation Team Members are required to complete training on "Reporting Abuse, Neglect, and Exploitation". . . 6. The Executive Director or designee will a) investigate the grievance immediately, b) if staff member involvement, the staff member will be removed from duty pending the outcome of the investigation. (c) as part of the investigation all other care of alleged staff member will be interviewed. . ." On 2/17/26 at 10:38 a.m., during an interview, # she reported the missing jewelry to the ED on 7/23/25. She was alerted to the theft because her husband found a garnet broach lying in the middle of the bedroom floor. She said she never takes it out of the box. At that point she discovered other gold jewelry was missing. Among the missing pieces was a gold and 1-karat diamond ring from her father, a gold and topaz ring from her mother-in-law, 2 fraternity pins, hers and her husband's, a gold acorn broach from her mother-in-law, and a gold slide bracelet. She said she was not asked to fill out, nor did anyone offer to fill out a grievance form. Resident #7 said no one told her the results of an investigation. She said the facility told her they were sorry and to put the jewelry in a safe place. No one called the police. The facility did not help her look for it. She said she felt as though she was being ignored. Resident #7 said she heard the same thing had happened to others at the facility. Resident #7 said she did not get her	A 030		

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A 030	Continued From page 8 jewelry back and she was not reimbursed for her . /17/26 at 11:41 a.m., during an interview, the ED said Resident #7 reported her jewelry missing from the apartm /23/25. The ED said she asked the resident to check with family and then Resident #7 did not get back to her. The ED said Resident #9 reported her jewelry missing from , m on 8/26/25. The ED said she helped Resident #9 look for the jewelry but never found the jewelry. The ED said after that she had a town hall meeting with the staff to let them know of the missing items and if they knew anything about it to come forward. She said she did not have documentation m . The ED said on 9/18/25, the housekeeper, Staff Z reported to the Business Office Manager (BOM) that she took the jewelry from Resident #7. Staff Z said she did not take the jewelry from Resident #9. The ED said , me to the facility on 9/18/25 and arrested Staff Z. The ED said as the police got involved and reviewed the video surveillance cameras, it unknown female entered the facility on 8/26/25 entering Resident #9's apartment. 2. On 2/17/26 at 2:18 p.m., Resident #9 , the missing jewelry to the ED on 8/26/25. The ED helped her look for it, but they did not find it. Resident #9 said she called her daughter and she could not find it. She said her daughter insisted she report it to the police. The police came and took a report along with pictures she had of the missing jewelry. The police located the jewelry in a Fort Myers pawn shop. She said she and her daughter drove to the pawn shop and bought it back the day they were going to melt it. She said she was traumatized by the	A 030		

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A 030	Continued From page 9 event. She said the facility made her feel as though she was forgetful and misplaced the jewelry. She said she was very embarrassed. She said the facility did not ask her to fill out a grievance report and she was not given the results of their /18/26 at 9:27 a.m., the ED said she does not use the grievance form for complaints or grievances. She said she writes notes on paper. She said she tries to "nip things in the bud." Review of the notes by the ED about the m /16/25 - Staff Z: 305 8:30, 314, 322, 337, 351, 354 (no), /23/25 - Staff Z: 305-8; 314, 322, 337 (n/s), 351, 354, /23/25 - Resident #7 red broach, room 337, sorority and fraternity pins, will ask children if they removed and get m . 8/28/25 - Resident #9's daughter - 603-591-4590; 6 items; Detective's name and unknown m me (25 years old). 9/16/25 - Resident #15 Apartment 131; golden bear - chain, 2 chain link bracelets. 9/15/25 - Resident #16; 6 items, 1 bracelet, 2 necklaces, 2 pendants, 1 earring Department of Children and Families Health Care Administration Visitor Entry - mera 9/26/25 - Detective name and unknown female. On 2/18/26 at 10:29 a.m., Resident #9's daughter said she insisted Resident #9 call the police and file a report about the stolen jewelry. The facility was not doing anything for Resident #9, and they did not call the police. She said Resident #9 gave	A 030		

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A 030	Continued From page 10	A 030		

the police pictures of the jewelry. The police located the jewelry in a Fort Myers pawn shop. She said she and Resident #9 drove to the pawn shop and bought it back on the day they were going to melt it. She said no one filled out a grievance form and there was no facility investigation. She said she was grateful to the policeman, and said it was because of him the facility reimbursed Resident #9 for what she paid the pawn shop to get the jewelry back. The cost was approximately $.

. On 2/18/26 at 11:55 a.m., in a telephone interview with Resident #16 she said she had several pieces of gold jewelry taken from her 3rd . m on 8/26/25 while a resident at the facility. She said she reported it to the ED, and the ED told her to call the police because the police were investigating a few thefts at the facility. She said the facility did not ask her to fill out a grievance form. She said no one came to her with the results of an investigation about what happened to the jewelry. She said she did not get , , .

4. On 2/18/26 at 12:22 p.m., Resident #15 said she had 2 gold necklaces and 2 gold bracelets stolen out . ment on 8/26/25. She said she reported it to the ED, and she told her to call the police. Resident #15 said she spoke to the police, and they found her jewelry in a pawn shop. She said she went to the pawn shop, but it was too late and they melted it. She said the facility did not ask her to fill out a grievance form. She said no one came to her with the results of an investigation about who took the jewelry. No one offered to reim the missing items.

On 2/18/26 at 1:23 p.m., the BOM said Staff Z confessed to her that she took the jewelry from

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A 030	Continued From page 11 Resident #7. She said Staff Z submitted her resignation /18/25 with a note at the bottom that she took items from residents. Record review of Housekeeper Staff Z's personnel file included the 9/ . 2/18/26 at 3:29 p.m., the ED said she did not fill out grievance forms for Residents #7, #9, #15, or #16. She said she did not investigate when she first became aware of m ms /25 and 8/26/25. The ED said Staff Z, who took the m #7 on 7/23/25, had apartments until 9/18/25, when she confessed and was arrested. The ED said after the incidents she did not retrain staff on abuse, neglect and misappropriation. The ED said she held a manager's daily stand-up meeting in September 2025 and informed them of the thefts and to come forward if they knew anything. D she had a staff meeting on 10/8/26 where she discussed building safety. She made new rules that friends and visitors of staff were not to go past the front desk, food deliveries for staff must wait in the lobby, and the front door must remain locked until concierge arrives. She said she had installed the Accushield at the front desk and everyone signs in electronically. She said she was aware of an unknown female who was seen entering the facility and she thinks she was responsible for Resident #9, #15, and #16's jewelry theft. Class III .	A 030		
A 052 SS=D	429.256(3-5); 59A-36.008(3) Medication - Assistance with Self-Admin	A 052		

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A 052	Continued From page 12 429.256 (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 insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen 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 hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth. (d) Applying topical 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 nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into	A 052		

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GRAND LIVING AT NAPLES	15150 TAMIAMI TR N NAPLES, FL 34110

(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 052	Continued From page 13 the dispensing cup of the nebulizer. (4) Assistance with self-administration of medication does not include: (a) Mixing, compounding, converting, or calculating 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 cavity of the body. (d) Administration of parenteral preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with rectal, urethral, or vaginal 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 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	A 052		

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A 052	Continued From page 14 SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be 18 years of age 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 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	A 052		

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A 052	Continued From page 15 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 infection 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, interview, and record review, the facility failed to orally advise 4 residents of the names and/or doses for 4 (Residents #11, #12, #13, and #14) of medication assistance. The findings included: On 2/17/26 at 1:50 p.m., observed Medication Technician (MT) Staff C assist Resident #11 in the apartment. Staff C obtained the antibiotic from the cabinet in the apartment. Staff C told Resident #11, "I'm giving you your antibiotic." Staff C did not tell Resident #11 the name or the dose of the antibiotic.	A 052		

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A 052	Continued From page 16 /26 at 1:55 p.m., during an interview, MT Staff C said she did not tell Resident #11 the name or dose of the antibiotic. She said she only told the resident it was an antibiotic. She said she was trained to tell the residents the names of the medication. She said she could not recall if she needed to tell the resident the . /18/26 at 7:39 a.m., observed Licensed Practical Nurse (LPN) Staff D assist Resident #14 with medications at the dining room table of the 1st floor memory care unit. Staff D did not tell Resident #14 the doses of the m . /18/26 at 7:59 a.m., observed MT Staff E assist Resident #13 with medications in the 2nd floor memory care unit. Staff E placed 7 pills in the cup and walked them to the resident's room. Staff E told the resident they were her pills includng the blood pressure pill and the big one was the Vitamin D. Staff D did not tell the resident the doses of the medications. Saff D did not tell the resident the names of m . On 2/18/26 at 8:25 a.m., observed MT Staff E assist Resident #12 with medications at the dining room table of the 2nd floor memory care unit. Staff E brought 10 medications and 2 gummies to the resident in 2 separate plastic cups. Staff E told the resident the pills contained the fish oil, the blood pressure pill, the furosemide, and the fiber gummies. Staff E did not tell Resident #12 the names of the rest of the medication. Staff E did not tell doses of the medication. On 2/18/26 at 8:35 a.m., during an interview, MT Staff E said she was trained to tell each resident	A 052		

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A 052	Continued From page 17 all of the names of the medications she is assisting with. She said she did not tell Residents #12 and #13 the name of all of the medications because there were so many pills for them to take. She said the residents get confused when there are so many medications. Class III .	A 052		
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 disease. 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 tuberculosis 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 tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of communicating tuberculosis. 2. If any staff member has, or is suspected of having, a communicable disease, such individual must be immediately removed from duties until a	A 078		

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A 078	Continued From page 18 written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease. (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 contracting 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 contracted by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure for 1 (Executive Director) of 3	A 078		

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A 078	Continued From page 19 staff reviewed, within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable disease including Tuberculosis (TB). This has the potential to put a vulnerable population at risk of developing communicable diseases. The findings included: Review of the Executive D , D) employee file showed a hire date of 2/3/25. Review of her employee file did not contain a written statement from a health care provider documenting free from signs/symptoms of communicable disease. During an interview on 2/18/26 at 11:02 a.m., the ED said she could not find her original TB from when she was going to continue it. The original negative TB statement from 1/15/25 was provided on 2/18/26 at 9:05 p.m., it did not contain the required freedom from communicable disease statement. Class III .	A 078		
A 081 SS=E	429.52(1 & 7) FS; 59A-36.011(2-3) 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	A 081		

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A 081	Continued From page 20 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. 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).	A 081		

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A 081	Continued From page 21 (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 infection control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its infection control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, 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.	A 081		

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A 081	Continued From page 22 (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 abuse, neglect, and exploitation. The facility must use its abuse 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 23 This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure direct care staff complete 1 hour of Resident Rights and Recognizing/Reporting Abuse/Neglect training based on facility policy.for 3 (Health and Wellness Director [HWD], Staff F, and Staff X) of 4 staff reviewed. The findings included: Record review of the HWD's employee file showed a 10/28/25 and myALFtraining.com 1-hour certificate of completion for Abuse, dated 11/6/25. The training was not based on the facility's specific policies and procedures. Record review of caregiver Staff F's employee file showed a myALFtraining.com 1-hour certificate of completion , and Exploitation dated 2/11/25, but was not based on the facility's specific policies and procedures. Record review of Staff X's employee file showed a MyALFtraining.com 1-hour certificate of Abuse, Neglect, and Exploitation dated 1/15/25, but was not based on the facility's procedures. During an interview on 2/18/26 at 2:01 p.m., the Business Office Manager confirmed that the MyALF training certificates are the only training that staff receive for the abuse and neglect requirement. Class III .	A 081		

Agency for Health Care Administration

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	AL11970382	A. BUILDING: _____ B. WING _____	02/18/2026

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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 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	ZZ875		

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ZZ875	Continued From page 1	ZZ875		

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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ZZ875	Continued From page 2	ZZ875		

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.

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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
ZZ875	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 ensure that 1 (Staff F) of 3 employees reviewed 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. The findings included: Review of Caregiver Staff F's employee file showed a hire date of . Her file contained a 1-hour certificate of completion from the DOEA	ZZ875		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970382	A. BUILDING: _____ B. WING _____	02/18/2026

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ZZ875	Continued From page 4 dated and was not within the required timeframe. During an interview on at 12:35 p.m., the Executive Director stated they were having some trouble finding the certificate from the DOEA for Staff F and that they would email documentation when found. No additional documentation was provided. Class III	ZZ875		