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
	AL11910496	A. BUILDING: _____ B. WING _____	R 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KIVA AT CANTERBURY, LLC	10 7TH STREET BONITA SPRINGS, FL 34134

(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 revisit to the Change of Ownership, extended congregate care, emergency power plan monitoring and health facility reporting system survey was conducted at Kiva at Canterbury on . The provider had uncorrected and new deficiencies at the time of the survey.	{A 000}		
{A 026} SS=D	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other	{A 026}		

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{A 026}	Continued From page 1	{A 026}		

day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on observation, and interview, the facility failed to provide scheduled ongoing group activities program for social, recreational, educational and other activities within the facility for 2 (Resident #8 and #9) of 2 residents. This is an uncorrected deficiency.

Florida Administrative Code 59A-36.007(2)(a) reads: The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests.

The findings included:

On at 8:40 a.m., during an interview, Resident #9 said he does puzzles for 3 years. That is all he does. He said there are no other activities here.

On at 9:10 a.m., observation of the facility TV room near the lobby found 2 residents watching TV. At the opposite end of the facility there was a large room open to a courtyard. The residents were not engaged in any activity.

On at 9:25 a.m. found 3 people in the Dining Room, no group activities were being

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{A 026}	Continued From page 2 conducted. On at 9:30 a.m., during an interview, the Administrator/Owner said he hired a new staff person who is to do the activities. He said it was Staff F and she is now doing activities with the residents. On at 10:19 a.m., during an interview, Med Tech/Activity Coordinator Staff F said she started a month ago and she was doing activities two days a week on Mondays and Thursdays at the request of the Administrator/Owner. She said she did Bingo a couple of times and coloring and puzzles or magazines. She said she was then trained as a Medication Technician and she did that for her 12 hour shift. She says her days off now are Mondays and Thursdays and she has not done any group activities since then. She said she does still put out the coloring , puzzles and magazines. During the interview no activities were being conducted. 3 residents and 1 other staff person were observed in the common area of the memory care unit. 1 resident over to the interview with Staff F and stood speaking in a nonsensical manor without other staff redirecting the resident. On at 10:30 a.m., a gentleman with a guitar was seen entering the building. On at 11:38 a.m., the gentleman identified himself as working for a Hospice provider and said he was visiting Resident #4 for music , . He said he does try to play loudly for other residents benefit, but today Resident #4 only wanted to stay in the bedroom and not go into the common area. He offered suggestions to the Activity Director as to how to find others who	{A 026}		

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{A 026}	Continued From page 3 do music On at 1:08 p.m., Resident #8 said he just watches TV. He said the facility did not do activities here, he said he had played bingo a time or two but they don't do that anymore. Two other ladies where watching the TV program with him. On at 3:30 p.m., Staff F verified that no group activities have been planned or conducted since the first two weeks of her employment. She said she works 12 hours shifts and is busy. She verified she sets out supplies for individual activities, but nothing for group activities at this time. On at 3:30 p.m., during exit conference, the Administrator/Owner said he comes here weekly and takes Residents for a walk. He agreed it was not written down, nor on an activity calendar or schedule. He said coloring books and crayons were "age appropriate" for the residents as most had and reverted [to their younger years] which made it age appropriate. Class III	{A 026}		
{A 052} SS=E	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	{A 052}		

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{A 052}	Continued From page 4 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 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.	{A 052}		

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{A 052}	Continued From page 5 (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 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	{A 052}		

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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 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

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{A 052}	Continued From page 7 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 interviews, the facility failed to ensure only trained staff assisted with medications in a safe and sanitary manner (cutting medications with rusty scissors), only licensed healthcare professionals administered medications, and ensure trained medication staff orally advised each resident of the name and dosage of the medication being given as required by regulation for 6 (Residents #2, #5, #6, #11, #12, #13) of 6 residents reviewed for medication assistance. This is an uncorrected deficiency. The findings included: On at 11:21 a.m., observed Medication Technician (MT) Staff F prepare 2 pills for Resident #6. Upon entering the room she told the resident she had her "new med" and asked Resident #6 how she was feeling. MT Staff F did not tell the resident the name or dosage of the medication.	{A 052}		

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{A 052}	Continued From page 8 On at 11:30 a.m., observed MT Staff F prepare an over the counter medication for Resident #12. Upon approaching Resident #12, she said "I have your chewable ." Resident #12 said he does not like taking it as he complained it was hard for him to swallow due to the dry chalky texture of the chewable . MT Staff F said he does not like taking the pill but agreed to take 1 today to demonstrate the process. Record review of the Emergen - C 1000 mg directions are to take 2 chewable tablets daily. On at 1:15 p.m., MT Staff F approached the surveyor with a plastic glove holding a palm full of a gel substance and a box. MT Staff F said she was going to provide the cream for Resident #5. She approached the resident, MT Staff F said "I have your gel," and the resident began pulling up his pant . She was observed to wipe a portion of the gel onto the right then a portion onto the left , then go and rub the gel into both . Record review of the medication observation record found the order was to apply 2 grams to 4 times a day. On at 1:23 p.m., during an interview, MT Staff F said she did not know what 2 grams were. MT Staff F was shown the box which had a two long thin circles one showing the measurement for 2 grams and 1 showing 4 grams. On at 1:33 p.m., MT Staff F prepared two medications by crushing both and adding them to a small portion of applesauce. MT Staff F approached Resident #13 in her room and asked her to take the afternoon medications. MT Staff F held the spoon of applesauce to the resident's twice and the resident would not take it.	{A 052}		

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{A 052}	Continued From page 9 After the surveyor suggested she try allowing the resident to guide the medication, MT Staff F put the spoon in the resident's and guided it over to the resident's and she took it. She then scrapped the pill cup and put the remaining mixture on the spoon, the resident would not guide her to her a second time and said she did not need the rest. MT Staff F returned to administration and tried until Resident #13 had taken the medications. On at 2:05 p.m., MT Staff F said Resident #2 had 2 medications. She prepared 2 liquid capsules, by cutting each capsule with a rusty pair of scissors, pouring the liquid form the capsules into a pill cup and adding applesauce. MT Staff D approached the resident and told him what she was doing and put the medication mixture on a spoon and fed it to Resident #2. On at 2:37, MT Staff F said Resident #11 had 1 pill. MT Staff F popped the pill from the bubble pack into a crushing bag and crushed the pill. She then put it into a pill cup and added a small amount of applesauce. She went to Resident #11's room and woke the resident up after elevating the of the bed, she spoon fed the pill and applesauce mixture into Resident #11's . On at 10:19 a.m., MT Staff F said she had been trained in medications by Staff A on-the job here, but someone came, she thinks from a pharmacy, and did a blow by blow training, She said the person would provide a certificate, but she has not gotten it yet. She said this occurred around the first of , . It was a 6 hour course, but thought it only lasted 2 and hours. On at 9:12 a.m., during an interview, the	{A 052}		

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{A 052}	Continued From page 10 Administrator/Owner said Staff A has the paperwork to put the personnel files together. He said Staff F and G were hired around and Staff A had them screened and all the training was completed, but he could not find the completed personnel records anywhere. He said he knew Staff F was trained in Medications and it should be in the file. When shown the scissors used to cut the liquid capsules, the Administrator/Owner rolled his , but did not comment. Class III .	{A 052}		
{A 056} SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be	{A 056}		

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{A 056}	Continued From page 11 contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or	{A 056}		

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{A 056}	Continued From page 12	{A 056}		

complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:
1. Practitioner's name,
2. Resident's name,
3. Date dispensed,
4. Name and strength of the drug,
5. Directions for use; and,
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure that each resident takes their medication according to prescription or manufacturer's label for 1 (Resident #12) of 6 resident's reviewed for medications. This is an uncorrected deficiency.

The findings included:

On . at 11:30 a.m., observed MT Staff F prepare an over the counter medication for Resident #12. Upon approaching Resident #12, she said she had his chewable .

On at 11:31 a.m., Resident #12 said he

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{A 056}	Continued From page 13 does not like taking it as he complained it was hard for him to swallow due to the dry chalky texture of the chewable . On at 11;33 a.m., MT Staff F said he does not like taking the pill but agreed to take 1 today to demonstrate the process. Review of the medication order for Emergen - C 1000 mg found the directions are to take 2 chewable tablets daily. Class III .	{A 056}		
A 077 SS=F	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II	A 077		

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A 077	Continued From page 14 of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.	A 077		

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A 077	Continued From page 15 (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and	A 077		

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A 077	Continued From page 16 may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interviews, the Facility Administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents failed to 1) ensure when the administrator owns/operates more than 1 Assisted Living Facility (ALF) each licensed building must have a manager; further the Facility Administrator 2) failed to ensure that all residents are sheltered in a safe environment due to failure of the Administrator to maintain the Fire System with automatic notification to the monitoring station in the event of a fire; further 3) failed to ensure that 2 (Staff F and G) of 2 new staff had a level 2 background screening before working with residents and 4) failed to register for the Health Facility Reporting System HFRS and complete and submit the Comprehensive Emergency Management Plan (CEMP) within 30 days of the change of ownership. These failures allow unscreened staff to have access to our most population as well as failing to protect their safety from fire, failure to register to report in the event of a Governor declared emergency and	A 077		

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A 077	Continued From page 17	A 077		

failure to maintain administrative oversight due to lack of appointed manager from .

The findings included:

1. Review of the Agency for Health Care Administration data base found the Owner became the Administrator on . The Provisional License was issued on until .

On 4:58 p.m., during a telephone interview, the owner said the manager is his major problem now. He said he does not have a Manager now. He is looking for a Manager. He said Magnolia Manor is an ALF and he is the Administrator there. He said the lead Medication Tech was offered the manager job but she would not take it. He said he is an Administrator of the 2 facilities.

On at 9:12 a.m. during an interview, the Administrator said the lead Medication Tech had agreed to become the Manager. He said she was taking the Core training. At 10:11 a.m., the Manager returned the Administrator/Owner call and said she was in class and would not be able to sit for the test until 30 days following the training. When asked if he had put the Manager's , , in writing, he did not answer the question.

2. On at 10:19 a.m., Staff F said she spoke to the Fire Inspector and was told the owner was not accessing emails, so she pulled them for him and put them on the desk for today. She said she was afraid the Fire Department would shut them down. The Fire Inspector told her he was concerned that the citations were not

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A 077	Continued From page 18	A 077		

corrected timely and there would be penalties. She said the Owner had 1 line removed and was going to change to a cellular wire service for the second line, but the Fire Marshall discovered the fire monitoring system was no longer working.

On at 10:45 a.m., the Administrator/Owner said the Fire Inspector told them to fix the system. He said 1 of the lines was changed and now there is no automatic emergency reporting to the fire monitoring system. He said he got a quote for $3000.00 to add a line, but was having Comcast come and replace the line. He said he was to do a Fire Watch. He said Comcast was due today at 1:00 p.m. He said he did not know why this was such an issue, there was no point in doing fire watch as Comcast was coming and would fix it. He said he was not assigning a dedicated staff to the Fire Watch, there was no reason to do this. It's not a big deal, the staff walk the building all day and all night long and cover every inch. He said he was printing the pages. The email contained the Fire Watch Agreement, explanation of the Fire Watch procedure and form to complete, and the fire watch was to begin immediately.

Observed the Fire Watch page with hours denoted and blanks to sign. It was placed in the Medication Room on the Memory Care Unit with Staff F's name at the top. There was no communication at that time to the staff to instruct them on Fire Watch and how and when to do it.

At 3:00 p.m., after the last medication pass observation, the Fire Watch sheet was again observed in the Memory Care Medication Room. No signatures for fire watch observations had been added to the page.

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A 077	Continued From page 19 On at 10:45 a.m., the Fire Inspections and Fire Related paperwork was requested. The Fire Inspection was conducted on with 4 issues note: Provide current generator inspection report; Emergency Lighting must be in working order, Repair or maintain the system; Exit Signs are to be operational. , Powder room, Dining room, hallway near # ; Have system tested/maintained - Needs current tag. The inspector will return on or after . Revisit for Inspection dated 5/27/26, documented Fire Alarm System must have current State of Florida certified inspector tag. Have system service/tested by a certified State of Florida Alarm Company. The Inspector will return on or after . 3. a. On 6./2/26 a review of the personnel record for Staff F contained a W-4 signed on , and an application. Nothing else was present on the file. On at 10:19 a.m., during an interview, Staff F stated she started after she signed the W-4 in , . She has never gone to a store and placed her on a scanning machine and had any prints or her picture taken. She said she has been working full time with only Mondays and Thursdays off. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said he cannot find anything else for the files for Staff F. He said he knew the staff was screened. By the time of the exit interview at 4:00 p.m., no additional documents had been found and or provided. The Administrator/Owner was shown in the Background Screening website, that Staff F	A 077		

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A 077	Continued From page 20 had no background screening in the system. He again said he thought she was screened, that Staff A was supposed to have set that up. b. On 6./2/26 a review of the personnel record for Staff G contained a W-4 signed on . Nothing else was present on the file. On at 10:19 a.m., during an interview, Med Tech Staff F stated she started after she signed the W-4 in , and Staff G started around the same time she did and Staff G is working full time also since hire. She works both night shifts and day shifts. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said Staff A is on vacation, then he said she was at Core training. He said he cannot find anything else for the files for G. He said he knew she had all the trainings and was screened. On at 4:00 p.m., the background screening website was accessed. Staff G was found to have an eligible background screening from . The work history on the screening showed Staff G's work at an eligible Assisted Living Facility ended on . No further eligible employment was found. This would amount to a break in employment of 553 days. By exit at 4:00 p.m., no additional documents had been found or provided for Staff G. 4. (a) On at 9:24 a.m., the prior Administrator, who was assisting the owner with the survey, contacted the County Emergency Management Approver and was told the CEMP for this facility had not been submitted for the	A 077		

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A 077	Continued From page 21 Change of Ownership, but could still be submitted until 5:00 p.m. that evening and she would review it. On a review of the Agency for Health Care Administration Data base revealed the Provisional licensure was issued on . On at 9:39 a.m., the Administrator/Owner said Staff A was in charge of the CEMP. She submitted it, it had 1 issue and then should have been approved, but he was not able to find it. The Administrator/Owner said Staff A was at training today and had not returned his call. On at 10: 15 a.m., the Administrator/Owner was asked for the CEMP submission and approval and was still not able to find it. On at 4:00 p.m., during the exit no documentation of the CEMP was provided. (b) On at 12:10 p.m., during an interview, the Administrator/Owner said he could not get into the HFRS system for this facility. He said the prior administrator closed her account and he has not received the HFRS invitation yet. On at 9:19 a.m., the contact page from HFRS was requested from the Administrator/Owner. At that time the Administrator/Owner said he had no code. He said his Attorney was supposed to obtain it as part of the Change of Ownership process. He said he spoke to him a while and still had not receive the invitation. He said he had not contacted Tallahassee Assisted Living Unit for the link. The Administrator/Owner acknowledged hurricane season began , and he has no	A 077		

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A 077	Continued From page 22 access to the reporting system. He further agreed that on at 2:20 p.m., during the change of ownership survey he could not provide the contact page to the surveyors at that time either. On by 4:00 p.m., no documentation of the CEMP approval or submission was found, no HFRS Contacts page was provided. Class III .	A 077		
{A 078} SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of	{A 078}		

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{A 078}	Continued From page 23 having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by:	{A 078}		

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{A 078}	Continued From page 24 Based on record review, and interview, the facility failed to ensure that staff provided documentation of a statement from a health care provider indicating freedom from communicable within 30 days of beginning employment for 2 (Staff F and G) of 2 newly hired staff reviewed. This is an uncorrected deficiency. The findings included: On a review of the employee list with positions and hire days included two new hires. Medication Technician/Caregiver/Activity Coordinator Staff was listed as hired on . Caregiver Staff G was listed as hired on . On 6./2/26 a review of the personnel records found for Staff F and G contained the following: Staff F had a W-4 signed on , and an application. Nothing else was present on the file. Staff G's personnel file had a W-4 signed on . Nothing else was present on the file. On at 10:19 a.m., during an interview, Staff F stated she started after she signed the W-4 in , . She said she had the medication Training only. She said she has working full time with only Mondays and Thursdays off. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said Staff A is on vacation, then he said she was at Core training. He said he cannot find anything else for the files for Staff F and G. He said he knew they had all the trainings. By exit at 4:00 p.m., no additional documents had been found or provided for either staff. Class III	{A 078}		

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{A 078}	Continued From page 25	{A 078}		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the 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	A 081		

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A 081	Continued From page 26 staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility 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	A 081		

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	AL11910496	A. BUILDING: _____ B. WING _____	R 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KIVA AT CANTERBURY, LLC	10 7TH STREET BONITA SPRINGS, FL 34134

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A 081	Continued From page 27 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training 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.	A 081		

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A 081	Continued From page 28 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the Facility failed to ensure that all new staff completed required training before working with residents or within 30 days of hire for 3 (Administrator/Owner, Staff F, Staff G) of 4 staff files reviewed. The findings included: On a review of the employee list with positions and hire dates included two new hires. Medication Technician/Caregiver/Activity Coordinator Staff was listed as hired on . Caregiver Staff G was listed as hired on . On 6./2/26 a review of the personnel records found for Staff F and G contained the following: Staff F had a W-4 signed on , and an application. Nothing else was present in the file. Staff G's personnel file had a W-4 signed on . Nothing else was present in the file. No documentation was present for completion of 2-hour pre-service orientation training, 1-hour Control, Universal Precautions and Sanitation, 1-hour Neglect and , and Resident Rights, 1-hour Reporting Adverse	A 081		

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A 081	Continued From page 29 Incidents and Facility Emergency Procedures, Elopement Policies and Procedures (required to be taught based on the facility's policy and procedure), 3-hour Resident Behavior and Needs and Assistance with Activities of Daily Living, and 1-hour Safe Food Handling. A review of the Administrator/Owners's employee file found no completion of 2-hour pre-service orientation training, 1-hour Control, Universal Precautions and Sanitation, 1-hour Neglect and , and Resident Rights, 1-hour Reporting Adverse Incidents and Facility Emergency Procedures, Elopement Policies and Procedures (required to be taught based on the facility's policy and procedure), 3-hour Resident Behavior and Needs and Assistance with Activities of Daily Living, and 1-hour Safe Food Handling. The training was from another facility located in Tampa. On at 10:19 a.m., during an interview, Staff F stated she started after she signed the W-4 in , . She said she had the medication Training only. She said she has working full time with only Mondays and Thursdays off. Staff F said Staff G was hired around the time she was and is working full time both night and day shifts. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said Staff A is on vacation, then he said she was at Core training. He said he cannot find anything else for the files for Staff F and G. He said he knew they had all the trainings. By exit at 4:00 p.m., no additional documents had been found or provided for either staff. Class III	A 081		

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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 all new staff completed required training within 30 days from hire for 3 (Administrator/Owner, Staff F and Staff G) of 4 staff files reviewed. The findings included: On a review of the employee list with positions and hire dates included two new hires. Medication Technician/Caregiver/Activity Coordinator Staff was listed as hired on . Caregiver Staff G was listed as hired on . On 6./2/26 a review of the personnel records found for Staff F and G contained the following: Staff F had a W-4 signed on , and an application. Nothing else was present in the file. Staff G's personnel file had a W-4 signed on . Nothing else was present in the file. No documentation was present for completion of the / (/)	A 082		

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A 082	Continued From page 31 training. On at 10:19 a.m., during an interview, Staff F stated she started after she signed the W-4 in , . She said she had the medication Training only. She said she has working full time with only Mondays and Thursdays off. Staff F said Staff G was hired around the time she was and is working full time both night and day shifts. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said Staff A is on vacation, then he said she was at Core training. He said he cannot find anything else for the files for Staff F and G. He said he knew they had all the trainings. By exit at 4:00 p.m., no additional documents had been found or provided. Class III	A 082		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of	A 084		

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A 084	Continued From page 32	A 084		

medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:
a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an "as needed" prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;

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A 084	Continued From page 33	A 084		

e. Complete a medication observation record;
f. Retrieve and store medication;
g. Recognize the general signs of adverse reactions to medications and report such reactions;
h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;
i. Assist with ;
j. Use a to perform testing;
k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels;
l. Apply and remove stockings and hosiery;
m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and,
n. Measurement of , , rate, temperature, and , rate.
(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.
(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have

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A 084	Continued From page 34 successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure staff who assist with self-administration of medications completed the required 6 hours of initial training for Assistance with self-administration of medication and medication management as required before providing medication assistance to residents for 1 (Staff F) of 4 staff files reviewed. The findings included: On . a review of the employee list with positions and hire dates included two new hires. Medication Technician/Caregiver/Activity Coordinator Staff F was listed as hired on . On 6./2/26 a review of the personnel records found for Staff F contained the following: Staff F had a W-4 signed on , and an	A 084		

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A 084	Continued From page 35 application. Nothing else was present in the file. No documentation was present for the 6-hour Assistance with Self-Administration of Medications training. On at 10:19 a.m., during an interview, Staff F stated she started after she signed the W-4 in , . She said she had the medication Training only, but it lasted about 2 and hours. She said she began the training about 2 weeks after hire and has passed medications since then. She said she has been working full time with only Mondays and Thursdays off. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said Staff A is on vacation, then he said she was at Core training. He said he cannot find anything else for the files for Staff F. He said he knew she had the training. By exit at 4:00 p.m., no additional documents had been found or provided for Staff F. Class III	A 084		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of	A 090		

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A 090	Continued From page 36 training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure that all new staff completed 1 hour training for ( ) based on the facility policy and procedures as required before working with residents or within 30 days of hire for 3 (Administrator/Owner, Staff F and Staff G) of 4 staff files reviewed. The findings included: On a review of the employee list with positions and hire dates included two new hires. Medication Technician/Caregiver/Activity Coordinator Staff was listed as hired on . Caregiver Staff G was listed as hired on . On 6./2/26 a review of the personnel records found for Staff F and G contained the following: Staff F had a W-4 signed on , and an application. Nothing else was present in the file. Staff G's personnel file had a W-4 signed on . Nothing else was present in the file. No documentation was present for the 1-hour for ( ) training which must be taught based on the Facility's policy and procedure. A review of the Administrator/Owners's employee file found no training taught from the Facility's policies and procedures. The training was from another facility located in Tampa.	A 090		

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A 090	Continued From page 37 On at 10:19 a.m., during an interview, Staff F stated she started after she signed the W-4 in , . She said she had the medication Training only. She said she has been working full time with only Mondays and Thursdays off. Staff F said Staff G was hired around the time she was and is working full time both night and day shifts. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said Staff A is on vacation, then he said she was at Core training. He said he cannot find anything else for the files for Staff F and G. He said he knew they had all the trainings. By exit at 4:00 p.m., no additional documents had been found and or provided for either staff F and Staff G. Class III	A 090		
{A 161} SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member	{A 161}		

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{A 161}	Continued From page 38 must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity _ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	{A 161}		

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{A 161}	Continued From page 39 failed to ensure all staff had a job description for 2 (Staff F and G) of 2 newly hired employees. This is an uncorrected deficiency. The findings included: On . a review of the employee list with positions and hire dates included two new hires. Medication Technician/Caregiver/Activity Coordinator Staff was listed as hired on . Caregiver Staff G was listed as hired on . On 6./2/26 a review of the personnel records found for Staff F and G contained the following: Staff F had a W-4 signed on , and an application. Nothing else was present on the file. Staff G's personnel file had a W-4 signed on . Nothing else was present on the file. On at 10:19 a.m., during an interview, Staff F stated she started after she signed the W-4 in , . She said she had the medication Training only. She has never gone to a store and placed her on a scanning machine and had her prints and her picture taken. She has not had any further training. She said she has been working full time with only Mondays and Thursdays off. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said Staff A is on vacation, then he said she was at Core training. He said he cannot find anything else for the files for Staff F and G. He said he knew they had all the trainings. By exit at 4:00 p.m., no additional documents had been found or provided for either staff F and or Staff G. Class III	{A 161}		

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KIVA AT CANTERBURY, LLC	10 7TH STREET BONITA SPRINGS, FL 34134

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 161}	Continued From page 40	{A 161}		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{ZZ814}	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.	{ZZ814}		

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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 interview, the facility failed to ensure that employee status was updated within 5 business of hire or termination to Agency's Background Screening Clearinghouse (Clearinghouse) website for 3 (Administrator/Owner, Staff F, Staff G) of 4 staff records reviewed. Further the facility failed to ensure that all staff hired had an eligible background screen and were rescreened if there was a break in service of 90 days or more, before to working with residents for 1 (Staff G) of 4 staff records reviewed. This has the potential to allow unscreened employee access to a population. This is an uncorrected deficiency. The findings included: 1. The Facility's Background Screening Clearinghouse Roster was reviewed on . The Administrator/Owner, Staff F and Staff G were not added to the roster at that time.	{ZZ814}		

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{ZZ814}	Continued From page 2 Review of the Agency for Health Care Administration data base shows the Administrator/Owner was added as the Administrator on . On 6./2/26 a review of the personnel records found for Staff F and G contained the following: Staff F had a W-4 signed on , and an application. Nothing else was present on the file. Staff G's personnel file had a W-4 signed on . Nothing else was present on the file. On at 10:19 a.m., during an interview, Staff F stated she started after she signed the W-4 in . She has never gone to a store and placed her on a scanning machine and had her prints or her picture taken. She said she has been working full time with only Mondays and Thursdays off. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said Staff A is on vacation, then he said she was at Core training. He said he cannot find anything else for the files for Staff F and G. He said he knew they were screened. By exit at 4:00 p.m., no additional documents had been found for either staff. 2. On 6./2/26 a review of the personnel record for Staff G contained the following: Staff G's personnel file had a W-4 signed on . Nothing else was present on the file. On at 10:19 a.m., during an interview, Med Tech Staff F stated she started after she signed the W-4 in . She said Staff G started around	{ZZ814}		

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{ZZ814}	Continued From page 3 the same time she did and Staff G is working full time also since hire. She works both night shifts and day shifts. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said Staff A is on vacation, then he said she was at Core training. He said he cannot find anything else for the files for Staff G. He said he knew she had all the trainings and was screened. On at 4:00 p.m., the background screening website was accessed. Staff G was found to have an eligible background screening from . The work history on the screening showed Staff G's work at an eligible Assisted Living Facility ended on . No further eligible employment was found. This would amount to a break in employment of 553 days, and the requirement to re-screen. Unclassified .	{ZZ814}		
ZZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual	ZZ815		

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ZZ815	Continued From page 4	ZZ815		

who is responsible for the financial operation of the licensee or provider.
(d) Any person who is a controlling interest.
(e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ˬ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ˬ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee.

(3) All ˬ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not

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ZZ815	Continued From page 5	ZZ815		

have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
(g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.
(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(i) Section 817.234, relating to false and fraudulent insurance claims.
(j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
(k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.
(l) Section 817.505, relating to patient brokering.
(m) Section 817.568, relating to criminal use of personal identification information.
(n) Section 817.60, relating to obtaining a credit card through fraudulent means.
(o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
(p) Section 831.01, relating to forgery.
(q) Section 831.02, relating to uttering forged instruments.
(r) Section 831.07, relating to forging bank bills,

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ZZ815	Continued From page 6 checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.	ZZ815		

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ZZ815	Continued From page 7 (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining , pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency.	ZZ815		

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ZZ815	Continued From page 8	ZZ815		

435.06 Exclusion from employment.-
(1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity.
(2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in

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ZZ815	Continued From page 9	ZZ815		

noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , , if required, must be disqualified for employment in such position or, if employed, must be dismissed.
(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter.

435.02 Definitions.-For the purposes of this chapter, the term:
(2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.

This Statute or Rule is not met as evidenced by:
Based on record review, and interview, the facility

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ZZ815	Continued From page 10 failed to ensure that all staff had an eligible level 2 background screening determination before working with facility residents, or having access to resident living areas and funds for 1 (Staff F) of 4 staff reviewed. The findings included: On 6./2/26 a review of the personnel record for Staff F contained a W-4 signed on , and an application. Nothing else was present on the file. On at 10:19 a.m., during an interview, Staff F stated she started after she signed the W-4 in . She has never gone to a store and placed her on a scanning machine and had her prints or her picture taken. She said she has working full time with only Mondays and Thursdays off. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said Staff A is on vacation, then he said she was at Core training. He said he cannot find anything else for the files for Staff F. He said he knew the staff was screened. By the time of the exit interview at 4:00 p.m., no additional documents had been found for staff F. The Administrator/Owner was shown in the Background Screening website, that Staff F had no background screening in the system. He again said he thought Staff F was screened. The Administrator stated that Staff A was supposed to have set that up. Unclassified .	ZZ815		

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ZZ816	Continued From page 11	ZZ816		
ZZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ˘ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ˘ , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ˘ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ˘ , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ˘ , to the Federal Bureau of Investigation for a national criminal history record check. The ˘ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ˘ , . The agency may accept as satisfying the requirements of this section proof of compliance	ZZ816		

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ZZ816	Continued From page 12	ZZ816		

with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(d) Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires

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ZZ816	Continued From page 13 Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. The Attestation of Compliance is available at https://www.flrules.org/Gateway/reference.asp?No=Ref-17724, and available from the Agency for Health Care Administration's website at: https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-central-services/background-screening/additional-information/regulations. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, correspondence will be sent to the individual being screened requesting the report and court disposition information. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure that all staff records contained documentation of completed Affidavit of Compliance with background screening requirements form in the employee records for 2 (Staff F, Staff G) of 4 staff reviewed.	ZZ816		

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	AL11910496	A. BUILDING: _____ B. WING _____	R 06/02/2026

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ZZ816	Continued From page 14 The findings included: On 6./2/26 a review of the personnel records found for Staff F and G contained the following: Staff F had a W-4 signed on , and an application. Nothing else was present on the file. Staff G's personnel file had a W-4 signed on . Nothing else was present on the file. There was no evidence of documentation of the Affidavit of Compliance form in the employee records for staff F and Staff G On at 10:19 a.m., during an interview, Staff F stated she started after she signed the W-4 in , . She said she has been working full time with only Mondays and Thursdays off. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said Staff A is on vacation, then he said she was at Core training. He said he cannot find anything else for the files for Staff F and Staff G By the time of the exit interview at 4:00 p.m., no additional documents had been found or provided for staff F and Staff G. Unclassified .	ZZ816		
ZZ830 SS=F	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for	ZZ830		

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ZZ830	Continued From page 15 emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed.	ZZ830		

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ZZ830	Continued From page 16 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility	ZZ830		

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ZZ830	Continued From page 17 failed to submit a Comprehensive Emergency Management Plan (CEMP) within 30 days after the Change of Ownership Provisional Licensure; Further the Facility failed to ensure at least 1 person from management had signed up for the Florida Health Facility Reporting System (HFRS) required to be used to report issues during declared emergencies. The findings included: 1. On at 9:24 a.m., the prior Administrator contacted the County Emergency Management Approver and was told the CEMP for this facility had not been submitted for the Change of Ownership, but could still be submitted until 5:00 p.m. that evening and she would review it. On a review of the Agency for Health Care Administration Data base revealed the Provisional licensure was issued on . On at 9:39 a.m., the Administrator/Owner said Staff A was in charge of the CEMP. She submitted it, it had 1 issue and then should have been approved, but was not able to find it. The Administrator/Owner said Staff A was at training today and had not returned his call. On at 10: 15 a.m., the Administrator/Owner was asked for the CEMP submission and approval and was still not able to find it. On at 4:00 p.m., during the exit no documentation of the facility CEMP was provided. 2. On at 12:10 p.m., during an interview, the Administrator/Owner said he could not get into the HFRS system for the facility. He said the prior administrator closed her account and he has	ZZ830		

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ZZ830	Continued From page 18 not received he HFRS invitation yet. On at 9:19 a.m., the contact page from HFRS was requested from the Administrator/Owner. At that time the Administrator/Owner said he had no code. He said his Attorney was supposed to obtain it as part of the Change of Ownership process. He said he spoke to him a while and still had not receive the invitation. He said he had not contacted Tallahassee Assisted Living Unit for the link. Yes, he agreed the hurricane season began , and he has no access to the reporting system. He further agreed that on at 2:20 p.m., during the change of ownership survey he could not provide the contact page to the surveyors at that time either. On by 4:00 p.m., no CEMP approval or submission was found, no HFRS Contacts page was provided. Class III .	ZZ830		
ZZ875 SS=E	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	ZZ875		

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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 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

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ZZ875	Continued From page 20	ZZ875		

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, 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

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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.

(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

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ZZ875	Continued From page 22 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 all new staff completed the required 1 hour training provided by the Department of Elder Affairs as required before working in a secured facility or working with residents with within 30 days of hire for 3 (Administrator/Owner, Staff F and Staff G) of 4 staff files reviewed. The findings included: On a review of the employee list with positions and hire dates included two new hires. Medication Technician/Caregiver/Activity Coordinator Staff was listed as hired on . Caregiver Staff G was listed as hired on . On 6./2/26 a review of the personnel records found for Staff F and G contained the following: Staff F had a W-4 signed on , and an application. Nothing else was present in the file. Staff G's personnel file had a W-4 signed on . Nothing else was present in the file. No documentation was present for the and related training provided by the Department of Elder	ZZ875		

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ZZ875	Continued From page 23 Affairs to show completion. A review of the Administrator/Owners's employee file found no completion of the and related training provided by the Department of Elder Affairs. On at 10:19 a.m., during an interview, Staff F stated she started after she signed the W-4 in , . She said she had the medication Training only. She said she has working full time with only Mondays and Thursdays off. Staff F said Staff G was hired around the time she was and is working full time both night and day shifts. On from 9:12 a.m. to 10:20 a.m., during a series of interviews, the Administrator/Owner said Staff A is on vacation, then he said she was at Core training. He said he cannot find anything else for the files for Staff F and G. He said he knew they had all the trainings. By exit at 4:00 p.m., no additional documents had been found for either staff F and Staff G Class III	ZZ875		