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 |
|---|---|---|---|
| | AL11910473 | A. BUILDING: _____ B. WING _____ | 06/03/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| CARING VILLAGE AT FOREST GLEN LLC | 7435 PLATHE ROAD NEW PORT RICHEY, FL 34653 |

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| ZZ815 | 408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses<br><br>408.809 Background screening; prohibited offenses.-<br>(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:<br>(a) The licensee, if an individual.<br>(b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider.<br>(c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.<br>(d) Any person who is a controlling interest.<br>(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, ␣ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ␣ 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.<br><br>(3) All ␣ , 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 | ZZ815 | | |

AHCA Form 3020-0001

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

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| ZZ815 | Continued From page 1 | ZZ815 | | |

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 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

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| ZZ815 | Continued From page 2<br><br>obtaining goods or services from a health care provider.<br>(l) Section 817.505, relating to patient brokering.<br>(m) Section 817.568, relating to criminal use of personal identification information.<br>(n) Section 817.60, relating to obtaining a credit card through fraudulent means.<br>(o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.<br>(p) Section 831.01, relating to forgery.<br>(q) Section 831.02, relating to uttering forged instruments.<br>(r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.<br>(s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.<br>(t) Section 831.30, relating to fraud in obtaining medicinal drugs.<br>(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.<br>(v) Section 895.03, relating to racketeering and collection of unlawful debts.<br>(w) Section 896.101, relating to the Florida Money Laundering Act.<br>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 | ZZ815 | | |

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| ZZ815 | Continued From page 3<br><br>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.<br><br>(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.<br><br>(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:<br>1. Does not have an active professional license or certification from the Department of Health; or<br>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.<br>(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.<br><br>(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 | ZZ815 | | |

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| ZZ815 | Continued From page 4<br><br>relating to retaining ⌣ , pursuant to s. 943.05(2).<br><br>(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.<br><br>435.06 Exclusion from employment.-<br>(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.<br>(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 | ZZ815 | | |

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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 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,

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| ZZ815 | Continued From page 6<br><br>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.<br><br>435.02 Definitions.-For the purposes of this chapter, the term:<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure employees had an eligible level II background screening for one (Staff G) of two sampled employees.<br><br>Findings included:<br><br>An employee record review for Staff G, conducted on , revealed there was no eligible level II background screening in Staff G's employee record. Staff G was hired on<br><br>During an interview on at 2:15 PM, the Administrator agreed Staff G did not have a level II background screening.<br><br>Unclassified | ZZ815 | | |
| ZZ816 | 408.809(2) 435.05(2) 59A-35.090(2d-3b)<br>Background Screening-Compliance Attestation<br><br>408.809 Background screening; prohibited offenses.-<br>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity | ZZ816 | | |

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| ZZ816 | Continued From page 7 | ZZ816 | | |

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 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,

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| ZZ816 | Continued From page 8 | ZZ816 | | |

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 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:

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| ZZ816 | Continued From page 9<br><br>https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-central-services/background-screening/additional-information/regulations.<br>(e) An administrator or chief financial officer must be screened and qualified prior to , , to the position.<br>(3) Results of Screening and Notification.<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure an attestation of compliance was signed and included for one (Staff G) of two sampled employees.<br><br>Findings included:<br><br>An employee record review for Staff G, conducted on , revealed Staff G's employee record did not contain a signed attestation of compliance. Staff G was hired on . | ZZ816 | | |

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| ZZ816 | Continued From page 10<br><br>During an interview on at 2:15 PM, the Administrator agreed Staff G's employee record did not contain a signed attestation of compliance.<br><br>Unclassified | ZZ816 | | |
| ZZ875 SS=D | 430.5025(4 & ) / ;<br>Training<br><br>(4) Employees of covered providers must complete the following training for 's and related forms of :<br>(a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of .<br>(b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department.<br>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.<br>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 | ZZ875 | | |

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| ZZ875 | Continued From page 11<br>the record of completion consistent with the employer's written policies.<br>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.<br>(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.<br>(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.<br>(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 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:<br>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 | ZZ875 | | |

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| ZZ875 | Continued From page 12<br>of training as provided in paragraph (d).<br>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 's , communication strategies, medical information, and stress management.<br>3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's 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.<br>(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 | ZZ875 | | |

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| ZZ875 | Continued From page 13<br><br>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.<br>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.<br>(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.<br>(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.<br>(9) Each person employed, , or referred to provide services before , , , must complete the training required in this section before , , . Proof of completion of equivalent training completed before , , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6).<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure employees completed a one-hour online training with the department regarding and related forms of for one (Staff G) of two sampled employees. | ZZ875 | | |

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| ZZ875 | Continued From page 14<br><br>Findings included:<br><br>An employee record review for Staff G, conducted on , revealed Staff G's employee record did not contain evidence the employee had completed the one-hour online training with the department regarding and related forms of . Staff G was hired on .<br><br>During an interview on at 2:15 PM, the Administrator agreed Staff G's employee record did not contain evidence the employee completed the one-hours training with the department regarding 's and related forms of within thirty days of employment.<br><br>Class III | ZZ875 | | |
| A 000 | Initial Comments<br><br>A complaint investigation (complaint numbers: 2026005590 and 2026008821), a revisit to complaint investigation (complaint numbers: 2025016581 and 2026001600), and a generator monitoring visit were conducted at Caring Village at Forest Glen on . Deficiencies were identified at the time of survey. | A 000 | | |
| A 025 SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition | A 025 | | |

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| A 025 | Continued From page 15<br><br>in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.<br>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant | A 025 | | |

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| A 025 | Continued From page 16<br><br>change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to have documented an elopement for one (Resident #1) of one resident who eloped from the facility.<br><br>Findings included:<br><br>A record review of the facility's elopment log, conducted on , revealed Resident #1 eloped from the facility on an unknown date and time.<br><br>A record review for Resident #1, conducted on , revealed there was nothing documented in Resident #1's record regarding an elopement. There were no progress notes or incident reports regarding an elopement for Resident #1. Resident #1 was admitted to the facility on .<br><br>During an interview on at 9:25 AM, Staff A stated Resident #1 eloped from the facility and was the same day.<br><br>During an interview on at 9:55 AM, Staff L stated Resident #1 was pretty independent and did not think she had eloped. | A 025 | | |

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| A 025 | Continued From page 17<br><br>During an interview on at 9:58 AM, Staff M stated Resident #1 had eloped recently.<br><br>During an interview on at approximately 1:30 PM, Resident #1 stated she had eloped from the facility because of the voices in her told her to do it. Resident #1 stated she was never lost. Resident #1 stated that shou would be sent to a locked out facility if she eloped again.<br><br>During an interview on at 2:30 PM, the Administrator agreed there was nothing documented in Resident #1's record regarding the resident's elopement.<br><br>Class III | A 025 | | |
| A 032 SS=E | 59A-36.007(7) FAC Resident Care - Elopement Standards<br><br>59A-36.007<br>(7) ELOPEMENT STANDARDS.<br>(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement | A 032 | | |

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| A 032 | Continued From page 18<br>for up to 30 days.<br>1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.<br>2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.<br>(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:<br>1. An immediate search of the facility and premises,<br>2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,<br>3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,<br>4. The continued care of all residents within the facility in the event of an elopement. | A 032 | | |

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| A 032 | Continued From page 19<br><br>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure all administration and direct care staff had participated in elopement drills for eleven (Administrator and Staff B, Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J, and Staff K) of eleven sampled employees.<br><br>Findings included:<br><br>An observation of Resident #1, conducted on between 9:45 AM - 10:05 AM, revealed Resident #1 did not have any identification on her person that included resident's name and the facility's name, address, and telephone number.<br><br>During a review of the facility's elopement drills, conducted on , revealed the facility's elopement drills were performed on , , , , and . The facility's elopment drill participation signature sheet showed no participation in any elopment drills for Staff B, C, D, E, F, G, H, I, and J. and only one elopment drill participation by the Administrator and Staff K.<br><br>A resident record review for Resident #1, conducted on , revealed there was nothing documented in Resident #1's record regarding the elopement. Resident #1 was admitted on .<br><br>During an interview on at 9:25 AM, Staff A stated Resident #1 eloped from the facility. | A 032 | | |

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| A 032 | Continued From page 20<br><br>Staff A stated no one at the facility had identification on their person.<br><br>During an interview on at 9:55 AM, Staff L stated she did not think Resident #1 eloped from the facility recently. Staff L stated no one at the facility had identification on their person which included Resident #1. Staff L would not answer the question as to how many people were at risk for elopement.<br><br>During an interview on at 9:58 AM, Staff M stated Resident #1 eloped recently from the facility. Staff M stated that she did not know how many residents had identification on their person.<br><br>During an interview on at approximately 1:30 PM, Resident #1 stated she had eloped from the facility and went to Walmart to get an energy drink and a soda. Resident #1 stated she was never lost. Resident #1 stated if she eloped again, she would be sent to a locked facility.<br><br>During an interview on at 2:07 PM, the Power of Attorney stated Resident #1's elopement was a safety concern and placed Resident #1 at risk.<br><br>During an interview on at 12:45 PM, the Administrator stated he spoke to staff regarding the elopement policy after Resident #1 had eloped from the facility. The Administrator stated the investigation on Resident #1's elopment on was not completed. The Administrator stated Resident #1 was at risk for elopement. The Administrator stated the resident did not have identification on their person and noted resident name and the facility's name | A 032 | | |

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| A 032 | Continued From page 21<br><br>address and telephone number.<br><br>An additional interview on at 2:25 PM, the Administrator agreed there was no elopement drill participation for Staff B, Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J and only one participation for Staff K and himself.<br><br>Class III | A 032 | | |
| A 081 SS=D | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52<br>(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.<br>(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).<br>(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). | A 081 | | |

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| A 081 | Continued From page 22<br><br>(7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.<br><br>59A-36.011<br>(2) STAFF PRESERVICE ORIENTATION.<br>(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).<br>(b) New staff must complete the preservice orientation prior to interacting with residents.<br>(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.<br>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br>1. Resident's rights; and,<br>2. The facility's license type and services offered by the facility.<br>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule | A 081 | | |

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| A 081 | Continued From page 23<br>59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement.<br>(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:<br>1. Reporting adverse incidents.<br>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br>(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:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training.<br>(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:<br>1. Resident behavior and needs.<br>2. Providing assistance with the activities of daily living.<br>(e) Staff who prepare or serve food, who have not | A 081 | | |

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| A 081 | Continued From page 24<br>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.<br>(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.<br>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.<br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to provide direct care staff with the required in-service trainings, which included a two-hours pre-service orientation and control trainings prior to providing direct care as wells as activities of daily living and behavioral needs, elopement response, and resident rights and recognizing and reporting , neglect, and , trainings within thirty days of hire for two (Staff G and Staff L) of two sampled employees.<br><br>Findings included:<br><br>A record review for Staff G, conducted on , revealed Staff G's employee record did not contain evidence the employee had a two-hours pre-service orientation and | A 081 | | |

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| CARING VILLAGE AT FOREST GLEN LLC | 7435 PLATHE ROAD NEW PORT RICHEY, FL 34653 |

| (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 081 | Continued From page 25<br><br>control trainings prior to providing direct care to residents. Staff G's employee record did not contain evidence the employee had trainings involving activities of daily living and behavioral needs, elopement response, and resident rights and reporting , neglect, and within thirty days of employment. Staff G was hired on .<br><br>A record review for Staff L, conducted on , revealed Staff L's employee record did not contain evidence the employee had a two-hours pre-service orientation and control trainings prior to providing direct care to residents. Staff L's employee record did not contain evidence the employee had trainings involving activities of daily living and behavioral needs and elopement response within thirty days of employment. Staff L was hired on .<br><br>During an interview on at 2:15 PM, the Administrator agreed Staff G and Staff L did not have all of the required trainings prior to direct care and within thirty days of employment.<br><br>Class III | A 081 | | |
| A 165 SS=D | 429.23( & ) FS Risk Mgmt & QA<br><br>429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.-<br>(1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and | A 165 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11910473 | A. BUILDING: _____ B. WING _____ | 06/03/2026 |

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| A 165 | Continued From page 26<br>develop plans of action to correct and respond quickly to identify quality differences.<br>(2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means:<br>(a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in:<br>1. ;<br>2. or , damage;<br>3. Permanent ; <br>4. or of bones or joints;<br>5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;<br>6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or<br>7. An event that is reported to law enforcement or its personnel for investigation; or<br>(b) Resident elopement, if the elopement places the resident at risk of harm or injury.<br>(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident.<br>(4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in | A 165 | | |

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| A 165 | Continued From page 27<br>this section. The report must include the results of the facility's investigation into the adverse incident.<br>(6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415.<br>(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.<br>(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.<br>(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.<br>(10) The agency may adopt rules necessary to administer this section. | A 165 | | |

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| A 165 | Continued From page 28 | A 165 | | |

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to submit an adverse incident report when a resident eloped from the facility placing one (Resident #1) of one sampled resident at risk of harm or injury.

Findings included:

A record review of the facility's elopment log, conducted on , revealed Resident #1 eloped from the facility on an unknown date and time.

A record review for Resident #1, conducted on , revealed there was nothing documented in Resident #1's record regarding an elopement. There were no progress notes or incident reports regarding an elopement for Resident #1. Resident #1 was admitted to the facility on .

During an interview on at approximately 1:30 PM, Resident #1 stated she had eloped from the facility because of the voices in her told her to do it. Resident #1 stated she was never lost. Resident #1 stated that shou would be sent to a locked out facility if she eloped again.

A review of the facility's adverse incidents for Resident #1, conducted on , revealed there were no adverse incident reports for Resident #1.

During an interview on at 2:30 PM, the Administrator agreed the facility did not report or submit an adverse incident report for Resident

Agency for Health Care Administration

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| A | Continued From page 29<br><br>#1. The Administrator stated it was on or near the date of when Resident #1 eloped from the facility. The Administrator stated he did not file or submit an adverse incident report for Resident #1's elopement.<br><br>Class III | A 165 | | |