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 |
|---|---|---|---|
| | AL11969598 | A. BUILDING: _____ B. WING _____ | 06/01/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| RIVERS EDGE ASSISTED LIVING LLC | 1315 ROCKLEDGE DR ROCKLEDGE, FL 32955 |

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| ZZ875 SS=D | 430.5025(4 & ) / ; 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 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 | ZZ875 | | |

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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| ZZ875 | Continued From page 1 | ZZ875 | | |

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's 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 's , communication strategies, medical information,

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| ZZ875 | Continued From page 2<br>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 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. | ZZ875 | | |

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| ZZ875 | Continued From page 3<br><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 personnel record reviews and interviews, the facility failed to ensure 1 of 3 sampled caregivers completed a 1-hour training program on and Related (ADRD) within 30 days after beginning employment (A).<br><br>Findings:<br><br>Caregiver A's record revealed a hire date . Further review revealed a 4hr annual 's Training completed on . There was no documented evidence of a one-hour training video from Department of Elder Affairs (DOEA) within 30 days of hire. | ZZ875 | | |

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| ZZ875 | Continued From page 4<br><br>On at 3:15 PM, the Administrator stated she was not aware of the new training requirements.<br><br>Class III | ZZ875 | | |
| A 000 | Initial Comments<br><br>A re-licensure survey and generator monitoring was conducted at Rivers Edge Assisted Living with Limited Mental Health on . The facility had deficiencies at the time of the survey. | A 000 | | |
| A 010 SS=D | 429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency<br><br>429.26 Appropriateness of placements; examinations of residents.-<br>(1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility:<br>(a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing | A 010 | | |

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| A 010 | Continued From page 5 | A 010 | | |

that service or treatment are met by the facility or a third party.
(b) A facility may admit or retain a resident who requires the use of assistive devices.
(c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.
(d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:
a. Move, turn, or reposition without total physical assistance;
b. Transfer to a chair or wheelchair without total physical assistance; or
c. Sit safely in a chair or wheelchair without personal assistance or a physical
2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days.
3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days.

(2) A resident may not be moved from one facility to another without consultation with and

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| A 010 | Continued From page 6<br><br>agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.<br><br>(3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility.<br><br>59A-36.006<br>(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:<br>(a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.<br>(b) A resident requiring care of a pressure | A 010 | | |

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| A 010 | Continued From page 7<br>may be retained provided that:<br>1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,<br>2. The condition is documented in the resident's record; and,<br>3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility.<br>(c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:<br>1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;<br>2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;<br>3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,<br>4. Documentation of the requirements of this paragraph is maintained in the resident's file.<br>(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.<br>(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. | A 010 | | |

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| A 010 | Continued From page 8 | A 010 | | |

(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.
(g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, resident record reviews and interviews, the facility failed to obtain a new AHCA Form, 1823 Health Assessment completed by the healthcare provider for continued residency after a significant change for 2 of 5 sampled residents (#4, #5); failed to obtain a -to- medical examination at least every 3 years after the initial assessment for 1 of 5 sampled residents (#2) as required in an assisted living facility (ALF).

Findings:

On at 9:35 AM, during the entrance conference the Administrator stated she has one resident receiving hospice services, later identified as Resident #4.

1. On at 10:08 AM, Resident #4 stated he was on Vitas Hospice and receiving services. Further stating, he's not sure what they do for him.

Review of Resident #4's 1823 health assessment indicated a medical history of , , , nursing, service requirements revealed nursing, ,

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| A 010 | Continued From page 9<br><br>and care. There was no indication of Resident #4 receiving hospice care.<br><br>The Administrator failed to obtain an updated 1823 after Resident #4 was admitted to hospice care.<br><br>Further review of Resident #4's hospice record indicated an admission date on .<br><br>On at 1:26 PM, the Administrator stated she obtained a new 1823 for Resident #4 and will check to see if it was emailed to her.<br><br>On at 2:05 PM, the Administrator stated she spoke with hospice. The doctor is out of the office, and she does not have a 1823. Adding, the doctor will send one.<br><br>2. On at 10:08 AM, Resident #2 was observed sitting in a wheelchair in the common area watching television.<br><br>Review of Resident #2's record revealed a 1823 health assessment dated .<br><br>The Administrator was asked if she had a new 1823 for Resident #2 which is required every 3 years after the initial assessment or a significant change.<br><br>On at 1:26 PM, the Administrator said she has an updated 1823 for her and will print it out.<br><br>On at 2:20 PM, the Administrator stated she contacted the doctor and he sent a new 1823. She further stated that the ink was low in the printer, was unable to print it out, and asked if she could email them to the agency representative. The Administrator was asked if | A 010 | | |

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| A 010 | Continued From page 10<br><br>the documents were updated today. She replied "yes." The Administrator was made aware the new documents would not correct the findings. She then stated the doctor had the documents in their charts but did not send them.<br><br>3. On at 10:05 AM, Resident #5 was observed in his room watching television. During the interview, the resident stated the facility assist with his medications.<br><br>Review of Resident #5's 1823 health assessment indicated a medical history of<br><br>without , inability to hold conversation appropriate to topics, and completed with medical clearance. He can self-administer medications.<br><br>On at 1:05 PM, Unlicensed Caregiver A stated she gives medications to Resident #5 and unaware his 1823 stated he was able to self-administer. Further stating, he would not be able to.<br><br>On at 1:26 PM, the Administrator stated after review Resident #5's 1823. He's not able to do his own meds and that is incorrect. She stated the resident has changed doctors several times since moving in. She said she has contacted the doctor's office to request he fills out a new form.<br><br>On at 4:45 PM, the Administrator confirmed the findings.<br><br>(photographic evidence obtained)<br><br>Class III | A 010 | | |

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| A 052 | Continued From page 11 | A 052 | | |
| A 052 SS=D | 429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin<br><br>429.256<br>(3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers.<br>(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.<br>(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 .<br>(d) Applying , medications.<br>(e) Returning the medication container to proper storage.<br>(f) Keeping a record of when a resident receives assistance with self-administration under this section.<br>(g) Assisting with the use of a , including removing the cap of a , opening the unit | A 052 | | |

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| A 052 | Continued From page 12 | A 052 | | |

dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the .
(4) Assistance with self-administration of medication does not include:
(a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications by way of a tube inserted in a of the body.
(d) Administration of preparations.
(e) The use of irrigations or debriding agents used in the treatment of a skin condition.
(f) Assisting with , , or preparations.
(g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands 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.

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| A 052 | Continued From page 13<br><br>59A-36.008<br>(3) ASSISTANCE WITH SELF-ADMINISTRATION.<br>(a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.<br>(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.<br>(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.<br>(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.<br>(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:<br>1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, | A 052 | | |

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| A 052 | Continued From page 14<br><br>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,<br>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<br>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.<br>(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.<br>(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.<br>(h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record reviews, and interview Medication technician A failed to follow proper medication - assistance with self-administration of an improper medication pass for 2 of 3 sampled resident. (#3, #7).<br><br>Findings:<br><br>On , observation revealed Unlicensed Caregiver A perform two improper med passes for Resident #3 and #7.<br><br>1. On at 11:47 AM, Unlicensed Caregiver A | A 052 | | |

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| A 052 | Continued From page 15<br><br>removed the medication card from the med cart and did not review the medication observation record (MORs) before conducting the med pass. She proceeded to the common area where Resident #7 was sitting. After the medication pass, she returned to the cart, updated the MORs and did not perform hygiene after the med pass.<br><br>Review of Resident #7's 1823 health assessment indicated needs assistance with self-administration of medication.<br><br>2. On at 11:50 AM, Unlicensed Caregiver A did not perform hygiene before starting the med pass for Resident #3. She removed the medication card from the cart and reviewed the MORs. She did not state the name or dose of the medication to the resident.<br><br>Review of Resident #3's 1823 health assessment indicated needs assistance with self-administration of medication.<br><br>On at 1:00 PM, Unlicensed Caregiver A stated she has completed the 6-hr. training for assistance with self-administration of medication. She said before starting the med pass for each resident she sanitizes her and verify the MORs in the morning for the residents. Further stating, during the med pass she asks the residents' their names, prepare the medication in the presence of the residents, and update then MORs. The unlicensed caregiver stated she got distracted with Resident #3 and that is why she didn't sanitize before the med pass.<br><br>On at 1:18 PM, the Administrator stated she was unaware of the improper med passes and will provide more training to Unlicensed | A 052 | | |

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| A 052 | Continued From page 16<br>Caregiver A.<br><br>(photographic evidence obtained)<br><br>Class III | A 052 | | |
| 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).<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 | A 081 | | |

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| A 081 | Continued From page 17 | A 081 | | |

orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.

59A-36.011
(2) STAFF PRESERVICE ORIENTATION.
(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).
(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

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| A 081 | Continued From page 18 | A 081 | | |

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.
(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.

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| A 081 | Continued From page 19<br><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 personnel record reviews and interviews, the facility failed to obtain the staff in-service training for 1 of 3 sampled staff (A) within 30 days of employment as required.<br><br>Findings:<br><br>Caregiver A's record revealed a hire date with a 2-hour certificate for pre-service orientation dated . All other required in-service training dates did not indicate completion within 30 days of the hire date.<br><br>a. 1 hour control training dated from another facility Living Southern Style.<br>b. 3-hour ADL and Behavioral Needs Training certificate completed 2 credit hours on .<br>c. 1 hour Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Incident Reporting Training certificate completed 1 credit hours on on Significant Changes, Incident, and Adverse | A 081 | | |

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| A 081 | Continued From page 20<br><br>Incident Reporting. 1 credit hour certificate completed on Major Emergency Preparedness & Evacuation.<br>d. 1 hour Resident Rights and Recognizing/Reporting /Neglect Training completed on did not list if the training met the 1hr requirement and did not include Resident Rights.<br>e. 1 hour Nutritional & Safe Food Handling certificate completed 2 credit hours.<br><br>On at 3:15 PM, the Administrator stated the staff brought the training documents and she just placed them in the chart. Further stating, she did not understand why the training was not acceptable if the staff had already completed it. She said the staff has never worked at her facility before. The Administrator stated the staff told her that she took the training on her own and provides copies to each facility upon hire.<br><br>The Administrator was made aware the training must coincide with the employee's hire date within 30 days after employment.<br><br>(photographic evidence obtained)<br><br>Class III | A 081 | | |
| A 082 SS=D | 59A-36.011(4) FAC Training - /<br><br>(4)<br>. /<br>( / ). 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 | A 082 | | |

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| A 082 | Continued From page 21<br><br>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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record reviews and interviews, the facility failed to obtain a one-time training in<br>( / ) for 1 of 3 sampled staff (A) within 30 days of employment as required.<br><br>Findings:<br><br>Caregiver A's record revealed a hire date .<br>There was no documented evidence that the / training was completed.<br><br>On at 3:15 PM, the Administrator stated the staff brought the training documents and she just placed them in the chart. Further stating, she did not understand why the training was not acceptable if the staff had already completed it. She said the staff has never worked at her facility.<br><br>The Administrator was made aware the training must coincide with the employee's hire date within 30 days after employment.<br><br>(photographic evidence obtained)<br><br>Class III | A 082 | | |
| A 084 SS=D | 59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt<br><br>59A-36.011 | A 084 | | |

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| A 084 | Continued From page 22<br><br>(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:<br>(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of 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.<br>(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:<br>1. Read and understand a prescription label;<br>2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: | A 084 | | |

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| A 084 | Continued From page 23<br>a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms;<br>b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;<br>c. Recognize the need to obtain clarification of an "as needed" prescription order;<br>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;<br>e. Complete a medication observation record;<br>f. Retrieve and store medication;<br>g. Recognize the general signs of adverse reactions to medications and report such reactions;<br>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;<br>i. Assist with ;<br>j. Use a to perform testing;<br>k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels;<br>l. Apply and remove stockings and hosiery;<br>m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and,<br>n. Measurement of , , rate, temperature, and , , rate. | A 084 | | |

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| A 084 | Continued From page 24<br><br>(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.<br>(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have 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.<br><br>429.52<br>(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<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews and interviews the facility failed to ensure 1of 2 unlicensed caregivers who provides assistance with self-administration of medications completed the initial 6-hour training (A). | A 084 | | |

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| A 084 | Continued From page 25<br><br>Findings:<br><br>On at 9:35 AM, during the entrance conference the Administrator stated, herself and Unlicensed Caregiver A were the medication techs working today.<br><br>On at 1:00 PM, Unlicensed Caregiver A stated she completed the 6hr and 2hr training for assistance with self-administration of medications.<br><br>Review of Unlicensed Caregiver A's record revealed a hire date on . Further review revealed a 2 credit hours training completed on . There was no documented evidence of a 6hr initial training.<br><br>On at 3:00 PM, Unlicensed Caregiver A stated she completed the 6hr training and provided the document to the Administrator.<br><br>On at 3:15 PM, the Administrator stated the caregiver brought the training with her and she just put them in her chart.<br><br>On at 4:45 PM, the Administrator confirmed the findings, providing no additional documentation to show completion of the 6-hr. initial training.<br><br>(photographic evidence obtained)<br><br>Class III | A 084 | | |
| A 090 SS=D | 59A-36.011(11) FAC Training -<br><br>(11) | A 090 | | |

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| A 090 | Continued From page 26<br><br>TRAINING.<br>(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 .<br>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.<br>(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record reviews and interview, the facility failed to ensure that one hour ( ) training was completed for 1 of 3 sampled staff (A) within 30 days after employment.<br><br>Findings:<br><br>Caregiver A's record revealed a hire date . Further reviewed revealed a 1 credit hours training dated .<br><br>On at 3:15 PM, the Administrator stated the staff brought the training documents and she just placed them in the chart. Further stating, she did not understand why the training was not acceptable if the staff had already completed it. She said the staff has never worked at her facility before. The Administrator stated the staff told her that she took the training on her own and provides copies to each facility upon hire.<br><br>The Administrator was made aware the training must coincide with the employee's hire date | A 090 | | |

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| A 090 | Continued From page 27<br>within 30 days after employment.<br><br>(photographic evidence obtained)<br><br>Class III | A 090 | | |
| A 152 SS=D | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside | A 152 | | |

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| A 152 | Continued From page 28<br><br>commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interviews, the facility failed to provide a safe living environment free of structural damage and in good working order.<br><br>Findings:<br><br>On at 10:00 AM, during the tour observation revealed the two top cabinet drawers located in the white kitchen buffet along the hallway did not align and close properly. The drawers appeared off track and revealed open space.<br><br>On at 10:35 AM, during the generator assessment it was revealed the patio screened door was ripped along the top and bottom of the door. The screens to the left and right of the door were missing screen and/or ripped allowing access to the outside.<br><br>On at 1:26 PM, the Administrator stated she's aware of the cabinet drawers and asked the owner of the property to remove or replace the buffet with just a counter.<br><br>On at 1:40 PM, the Administrator stated the owner is going to repair the screen and she will let them know about the cabinet drawers.<br><br>On at 4:45 PM, the Administrator confirmed the findings. | A 152 | | |

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| A 152 | Continued From page 29<br><br>(photographic evidence obtained)<br><br>Class III | A 152 | | |
| AL241 SS=D | 429.075( ); 59A-36.020(2) FAC LMH - Records<br><br>429.075<br>(3) A facility that has a limited mental health license must:<br>(a) Have a copy of each mental health resident's community living support plan and the , agreement with the mental health care services provider or provide written evidence that a request for the community living support plan and the , agreement was sent to the Medicaid managed care plan or managing entity under contract with the Department of Children and Families within 72 hours after admission. The support plan and the agreement may be combined.<br>(b) Have documentation provided by the department that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility that has a limited mental health license or provide written evidence that a request for documentation was sent to the department within 72 hours after admission.<br>(c) Make the community living support plan available for inspection by the resident, the resident's legal guardian or health care surrogate, and other individuals who have a lawful basis for reviewing this document.<br>(d) Assist the mental health resident in carrying out the activities identified in the resident's community living support plan.<br>(4) A facility that has a limited mental health license may enter into a , agreement | AL241 | | |

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| AL241 | Continued From page 30<br><br>with a private mental health provider. For purposes of the limited mental health license, the private mental health provider may act as the case manager.<br><br>59A-36.020<br>(2) RECORDS.<br>(a) A facility with a limited mental health license must maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required in rule 59A-36.015, F.A.C., satisfies this condition provided that all mental health residents are clearly identified.<br>(b) Staff records must contain documentation that designated staff have completed limited mental health training as required by rule 59A-36.011, F.A.C.<br>(c) Resident records must include:<br>1. Documentation, provided by a mental health care provider within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in section 394.4574, F.S., and that the resident is receiving social security , or supplemental security income and as follows:<br>a. An affirmative statement on the Alternate Care Certification for , ( ) form, CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-03988, that the resident is receiving SSI or SSDI due to a mental ,<br>b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental . Such | AL241 | | |

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| AL241 | Continued From page 31<br><br>verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information, or<br>c. A written statement from the resident's case manager or other mental health care provider that the resident is an adult with severe and persistent mental . The case manager or other mental health care provider must consider the following minimum criteria in making that determination:<br>(I) The resident is eligible for, is receiving, or has received mental health services within the last 5 years, or<br>(II) The resident has been diagnosed as having a severe or persistent mental .<br>2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment must be conducted by a psychiatrist, clinical psychologist, clinical social worker, , , nurse, or an individual supervised by one of these professionals.<br>a. Any of the following documentation that contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, meets this requirement:<br>(I) Completed Alternate Care Certification for . . ( ) form, CF-ES Form 1006,<br>(II) Discharge Statement from a state mental hospital completed no more than 90 days before admission to the assisted living facility provided it contains a statement that the individual is appropriate to live in an assisted living facility, or<br>(III) Other signed statement that the resident has | AL241 | | |

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| AL241 | Continued From page 32<br>been assessed and found appropriate for residency in an assisted living facility.<br>b. A mental health resident returning to a facility from treatment in a hospital or crisis stabilization unit will not be considered a new admission and will not require a new assessment. However, a break in a resident's residency that requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident's mental health care provider must provide a new assessment.<br>3. A Community Living Support Plan. Each mental health resident and the resident's mental health case manager must, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility or within 30 days after receiving the appropriate placement assessment in paragraph (2)(c), whichever is later, that:<br>a. Includes the specific needs of the resident that must be met in order to enable the resident to live in the assisted living facility and the community,<br>b. Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services,<br>c. Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and duration of such services and activities,<br>d. Includes the ␣ of the facility to facilitate and assist the resident in attending , , and arranging transportation to , , for the services and activities identified in the plan that have been provided or arranged for by the resident's mental health care provider or case manager,<br>e. Includes a description of other services to be | AL241 | | |

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| AL241 | Continued From page 33<br>provided or arranged by the facility,<br>f. Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms , to the resident that indicate the immediate need for professional mental health services,<br>g. Is in writing and signed by the mental health resident, the resident's mental health case manager, and the assisted living facility administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager must add a statement that the resident was asked but refused to sign the plan,<br>h. Is updated at least annually or if there is a significant change in the resident's behavioral health,<br>i. , include the , Agreement described in subparagraph (2)(c)4. If included, the mental health care provider must also sign the plan; and,<br>j. Must be available for inspection to those who have legal authority to review the document.<br>4. , Agreement. The mental health care provider for each mental health resident and the facility administrator or designee must prepare a written statement, within 30 days of the resident's admission to the facility or receipt of the resident's appropriate placement assessment, whichever is later. The statement:<br>a. Provides procedures and directions for accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider's 24-hour emergency crisis telephone number;<br>b. Must be signed by the administrator or designee and the mental health care provider, or | AL241 | | |

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| AL241 | Continued From page 34<br><br>by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services in section 409.912, F.S.;<br>c. , cover all mental health residents of the facility who are clients of the same provider; and,<br>d. , be included in the Community Living Support Plan described in subparagraph (2)(c)3.<br>5. Missing documentation will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the appropriate party. A documented request for such missing documentation made by the facility administrator within 72 hours of the resident's admission will be considered a good faith effort. The documented request must include the name, title, and phone number of the person to whom the request was made and must be kept in the resident's file.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to obtain a completed community living support plan and , agreement for 1 of 5 sampled resident identified as a mental health resident. (#3)<br><br>Findings:<br><br>On at 1:40 PM, the Administrator identified Resident #3 as a limited mental health resident.<br><br>Review of Resident #3's record revealed a facility admission on . A 1823 health assessment indicated a medical history of , and 's .<br><br>Review of Resident #3's record revealed a Circuit Court for Brevard County, FL | AL241 | | |

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| AL241 | Continued From page 35<br><br>guardianship documents and documents from the physician's visit.<br><br>Review of Resident #3's record revealed an incomplete Community Living Support (CLSP) and , Agreement. The document revealed an admission date . The document listed Case Manager Florida Counseling Network LLC and a case manager. The form did not identify the date an assessment was conducted to determine the appropriateness or placement. The , Agreement ( ) did not provide the completed applicable clinical mental health services provided by the mental health provider to meet the resident's needs. The did not list the following people as peer support for the resident, list of action steps should be used on behalf of the resident to ensure she has access to emergency, after-hours and weekend behavioral health services, or identify any barriers that may prevent the resident from receiving services that are deemed necessary and how they will be addressed. Further review revealed the document was not signed by Case Manager or Power of Attorney/Legal Guardian for the resident.<br><br>On at 2:14 PM, several attempts were made to contact the case manager with no response and ability to leave a voice message.<br><br>On at 2:15 PM, an attempt was made to contact Resident #3's POA and voice message left for a return call. The POA returned the call via text message requesting to speak via text.<br><br>On at 4:05 PM, the Administrator stated Resident #3 has a new case manager and she's not happy with their services. She stated the case manager comes once a month and the primary | AL241 | | |

Agency for Health Care Administration

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| AL241 | Continued From page 36<br><br>physician comes twice a week. Further stating, when made aware of the request to speak with POA. She said she will only text.<br><br>On at 3:28 PM, an attempt was made to speak with the new case manager and voice message left for a call .<br><br>(photographic evidence obtained)<br><br>Class III | AL241 | | |