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 |
|---|---|---|---|
| | AL11922257 | A. BUILDING: _____ B. WING _____ | 08/27/2026 |

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| VICTORIA GARDENS ALF | 701 WEST 9TH STREET RIVIERA BEACH, FL 33404 |

| (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 |
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| ZZ814 | 435.12(2)(b-d), FS Background Screening Clearinghouse<br><br>435.12 Care Provider Background Screening Clearinghouse.-<br>(2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation:<br>1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.<br>2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity.<br>(c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse.<br>1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made.<br>2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made. | ZZ814 | | |

AHCA Form 3020-0001

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

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| ZZ814 | Continued From page 1<br><br>(d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic ⌄ , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview,the facility failed to maintain the employment status of all employee within the Agency for Health Care Administration (AHCA) background screening clearinghouse and any changes in status must be reported within 5 business days for 5 out of 11 sampled staff records reviewed (Staff A, B,H, I &J).<br><br>The findings included:<br><br>On the 24-hour facility staffing schedule was compared to the AHCA background screening clearing house roster. The roster revealed that the facility had not added Staff A whose hire date is unknown (approximately two months) ago to the roster.<br>The roster revealed that the facility had not added Staff B whose hire date is to the roster. | ZZ814 | | |

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| ZZ814 | Continued From page 2<br><br>The roster further revealed that the facility had not entered an end date of hire for the following:<br>1) Staff H who is no longer employed at the facility.<br>2) Staff I who is no longer employed at the facility.<br>3) Staff J who is no longer employed at the facility.<br><br>On at approximately 12:30PM during an interview with the Administrator she revealed she had not added Staff A and B to the roster. She further confirmed that Staff H, I and J are no longer employed at the facility and had not removed them from the roster.<br><br>The Administrator acknowledged the findings and no additional information was provided.<br><br>Unclassified | ZZ814 | | |
| 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 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 | ZZ816 | | |

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| ZZ816 | Continued From page 3<br><br>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, provided that:<br>(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;<br>(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<br>(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. | ZZ816 | | |

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| ZZ816 | Continued From page 4<br><br>435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:<br>(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.<br><br>59A-35.090 Background Screening.<br>(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: 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 | ZZ816 | | |

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| ZZ816 | Continued From page 5<br><br>licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, correspondence will be sent to the individual being screened requesting the report and court disposition information. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S.<br><br>This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the signed Attestation form are in the employee's personnel file and maintained by the provider for 2 of 8 sampled staff employee personnel files reviewed. (Staff A& B )<br><br>The findings included:<br><br>On a review of the employee personnel file was conducted and the following was revealed:<br><br>Staff A date of hire is unknown (approximately two months ago). The employee personnel file did not contain (under penalty of perjury) an attestation form of compliance for the Level II background screening.<br><br>Staff B date of hire . The employee personnel file did not contain (under penalty of perjury) an attestation form of compliance for the Level II background screening. | ZZ816 | | |

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| ZZ816 | Continued From page 6<br><br>On at 3:05PM During an interview with the Administrator she acknowledged the findings.<br><br>Unclassified. | ZZ816 | | |
| ZZ875 | 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 the record of completion consistent with the | ZZ875 | | |

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| ZZ875 | Continued From page 7<br>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 of training as provided in paragraph (d). | ZZ875 | | |

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| ZZ875 | Continued From page 8 | ZZ875 | | |

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.
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.
(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

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| ZZ875 | Continued From page 9<br><br>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 that 6 out of 8 sampled staff (Administrator, Staff A, B, D, E, F & G) completed the mandatory 1-hour Department of Elder Affairs (DOEA) training for and Other Related within 30 days of employment. | ZZ875 | | |

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| ZZ875 | Continued From page 10<br><br>The findings included:<br><br>A review of the Administrator's file revealed a hire date of . Further review of the file revealed there was no documentation of a completed DOEA 1-hour training for 's and Other Related .<br><br>A review of Staff A (Direct caregiver) file revealed a hire date as unknown (approximately two months ago). Further review of the file revealed there was no documentation of a completed DOEA 1-hour training for 's and Other Related .<br><br>A review of Staff B (Direct caregiver) file revealed a hire date of . Further review of the file revealed there was no documentation of a completed DOEA 1-hour training for 's and Other Related .<br><br>A review of Staff C (Direct caregiver) file revealed a hire date of . Further review of the file revealed there was no documentation of a completed DOEA 1-hour training for 's and Other Related<br><br>A review of Staff D (Direct caregiver) file revealed a hire date of . Further review of the file revealed there was no documentation of a completed DOEA 1-hour training for 's and Other Related .<br><br>A review of Staff E (Direct caregiver) file revealed a hire date of . Further review of the file revealed there was no documentation of a completed DOEA 1-hour training for 's and Other Related<br><br>A review of Staff F (Direct caregiver) file revealed | ZZ875 | | |

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| ZZ875 | Continued From page 11<br><br>a hire date of . Further review of the file revealed there was no documentation of a completed DOEA 1-hour training for 's and Other Related .<br><br>A review of Staff G (Direct caregiver) file revealed a hire date of . Further review of the file revealed there was no documentation of a completed DOEA 1-hour training for 's and Other Related<br><br>During an interview with the Administrator on at approximately 1:00 PM she was notified of the missing documents the 1-hour DOEA training from the staff.<br><br>Class III | ZZ875 | | |

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| A 000 | Initial Comments<br><br>An unannounced Complaint survey (2026010408 & 2026014034) was conducted on at Victoria Gardens ALF. The facility had deficiencies identified related to the Complaints at the time of the survey. | A 000 | | |
| A 054 | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use.<br>(b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:<br>1. The name of the resident and any known the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the | A 054 | | |

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| A 054 | Continued From page 1<br>medication.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, interview and record review, the facility failed to ensure the Medication Observation Records (MORs) were signed immediately after medication assistance was provided to the residents for 4 of 10 sampled residents (Resident #2,6,9 & 10)<br><br>The findings included:<br>On at 9:40AM a medication audit review of the MOR's was conducted. The review revealed medications were not signed off as administered, to the residents by the staff.<br><br>Resident #2 revealed 3 medications were not signed off as administered by staff.<br>1) No staff initials on , thru 27/2026,(noon drops), at 8:00AM for Lubricating , 0.4%-0.3% *Instill 1 drop into each , 3X daily ( /5:00).<br>2) No staff initials on thru 13/2026 and thru 27/2026 at 9:00AM for Cent Senior Tabs (Certavite) *Take 1-tab 1X daily in morning.<br>3) No staff initials on at 9:00PM for , 30mg *Take 1-tab 1X daily at bedtime.<br><br>Resident #6 revealed 1 medication was not signed off as administered by staff.<br>1)No staff initials on and at 9:00AM for 0.05% *Instill 1 drop into each affected , 2X daily (9AM & 5PM).<br><br>Resident #9) revealed 6 medications were not signed off as administered by staff.<br>1)No staff initials on , , and at 8:00AM for -1000mcg | A 054 | | |

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| A 054 | Continued From page 2<br><br>*Take 1-tab X1 daily in the mornings<br>2)No staff initials on , , , at 8:00AM for X-Polysacc Iron 150mg *Give 1 capsule 1Xdaily on Mon/Wed/Fridays for .<br>3)No staff initial on , , , at 8:00AM for /HCTZ 37.5-25mg *Take 1 tablet 1Xdaily in the morning.<br>4) No staff initial on at 8:00AM on Mondays for D3 50,000 IU *Take 1 capsule every week on Mondays.<br>5) No staff initial on at 8:00AM for LevEiracetam 750mg *Take 1-tab 2X daily morning and evening.<br>6) No staff initial on at 8:00AM and thru 26/2026 at 5:00PM for , 300mg *Take 1-tab 3X daily morning, evening and bedtime.<br><br>Resident #10 revealed 13 medications were not signed off as administered by staff.<br>1)No staff initial on at 9:00AM for , 20mg *Take 1-tab 1X daily for , , .<br>2)No staff initial on at 9:00AM for , 10mg *Take 1-tab 1Xdaily in the morning.<br>3)No staff initial on at 9:00AM D3 1000IU (25mcg) *Take 1-tab 1X daily in morning.<br>4)No staff initial on at 9:00AM , ER 2.5mg *Take 1 tab1 1X daily in morning with meals.<br>5)No staff initial on at 9:00AM 10mg *Take 1-tab 1X daily in morning.<br>6)No staff initial on at 9:00AM , , 15mg *Take 1-tab 1X daily in morning.<br>7)No staff initial on at 9:00AM Propiona 50mcg *Instill 1 spray | A 054 | | |

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| A 054 | Continued From page 3<br><br>intranasally 1X daily in each nostril.<br>8)No staff initial on and at 9:00AM Clopidogre/ 75mg *Take 1-tab 1X daily in the morning.<br>9)No staff initial on and at 9:00AM 20mg *Take 1-tab 1X daily in the morning.<br>10)No staff initial on at 9:00AM 5% *Take 1 patch , , to affected area on lower daily.<br>11) No staff initial on and at 9:00AM 1000 Mcg *Take 1-tab 1X daily in morning.<br>12) No staff initial on and at 9:00AM , 5mg * Take 1-tab 2X daily morning and evening.<br>13) No staff initial on at 5:00PM 40mcq *Take 1-tab 1X daily in evening.<br><br>During an interview with the Administrator on at 3:15PM she acknowledged the findings.<br><br>Class III | A 054 | | |
| A 078 | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another | A 078 | | |

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| A 078 | Continued From page 4 | A 078 | | |

when the facility is under the same management or ownership.
1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of
2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable
(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.
(d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility

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| A 078 | Continued From page 5<br><br>and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure that all staff had documentation of freedom from on an annual basis, for 5 of 8 sampled staff. (Administrator,Staff A,B,F &G)<br><br>The Findings Included:<br><br>An employee record review was conducted for the Administrator with a date of hire on . The review revealed no documentation of screening was conducted for 2026. Further review revealed no statement of being free of communicable in the employee file.<br><br>An employee record review was conducted for Staff A with a date of hire of unknown. The review revealed no documentation of Staff A's last screening. Further review revealed no statement of being free of communicable in the employee file.<br><br>An employee record review was conducted for Staff B with a date of hire on . The review revealed no documentation of Staff B's | A 078 | | |

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| A 078 | Continued From page 6<br><br>last screening. Further review revealed no statement of being free of communicable in the employee file.<br><br>An employee record review was conducted for Staff F with a date of hire on . The review revealed no documentation of Staff Fs last screening. Further review revealed no statement of being free of communicable in the employee file.<br><br>An employee record review was conducted for Staff G with a date of hire on . The review revealed no documentation of Staff G's last screening. Further review revealed no statement of being free of communicable in the employee file.<br><br>During and interview with the Administrator at 3:00PM, she acknowledged the findings.<br><br>Class | A 078 | | |
| A 081 | 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 | A 081 | | |

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| A 081 | Continued From page 7 | A 081 | | |

must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record.
(b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d).
(c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a).

(7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.

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

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| A 081 | Continued From page 8 | A 081 | | |

employee completed the preservice orientation which must be kept in the employee's personnel record.
(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:
1. Resident's rights; and,
2. The facility's license type and services offered by the facility.
(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 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

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| A 081 | Continued From page 9<br>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 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, it was determined that the facility failed to ensure 1 out | A 081 | | |

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| A 081 | Continued From page 10 | A 081 | | |

of 8 employees (Staff A) had completed all the require training within 30 days of employment at the facility.

The findings included:

An attempted review of the employee record on indicated that Staff A(Direct Care Staff) has an unknown date of hire and no training records to review. No documentation of Staff A completing the following training's:

1. Reporting Major Incidents Reporting Adverse Incidents and Facility Emergency Procedures-1hr
2. Incident Reporting-1hr
3. Resident rights and recognizing Reporting /Neglect-1hr
4. Safe Food Handling-1hr
5. Control-1hr
6.Pre-Service Training-2hrs
7. Activities of Daily Living & Behavioral Needs Training -3hrs.

The findings included:

Review of the staffing schedule for the month of revealed that Staff A(Direct Care Staff) is a current employee and was observed working the day of the survey.

During an interview with the Administrator on at 3:15PM, she acknowledged the findings and provided no further documentation that Staff A(Direct Care Staff) completed any trainings.

Class III

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| A 083 | Continued From page 11 | A 083 | | |
| A 083 | 59A-36.011(5) FAC Training - First Aid and<br><br>(5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times.<br>(a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.<br>(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, and interviews, the facility failed to ensure that staff members who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses is in the facility at all times as evidenced by the following:<br>1) Eight of 8 sampled direct care staff from various shifts (7 AM - 3 PM, 3 PM - 11 PM and 11 PM - 7 AM) had not completed courses in First Aid and did not hold a currently valid card documenting completion of such courses (Administrator,Staff A,B,C,D,E,F,G); and | A 083 | | |

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| A 083 | Continued From page 12<br><br>2) Five of 8 sampled direct care staff had failed to completed a course in ( ) and did not hold a currently valid card documenting completion of such course (Staff A,C,D,F and Staff G).<br><br>The findings included:<br><br>During employee record review for the Administrator, it was noted that there were no evidence of the completion of First Aid Training. The Administrator did not have evidence of completion of First Aid Training. The Administrator usually works flexible shifts and hours.<br><br>During employee record review for Staff A, it was noted that there were no evidence of the completion of First Aid Training. Staff A did not have evidence of completion of First Aid Training. Staff A usually works flexible shifts and hours.<br><br>During employee record review for Staff B, it was noted that there were no evidence of the completion of First Aid Training. Staff B did not have evidence of completion of First Aid Training. Staff B usually works flexible shifts and hours.<br><br>During employee record review for Staff C, it was noted that there were no evidence of the completion of First Aid Training. Staff C did not have evidence of completion of First Aid Training. Staff C usually works flexible shifts and hours.<br><br>During employee record review for Staff D, it was noted that there were no evidence of the completion of First Aid Training. Staff D usually works flexible shifts and hours.<br><br>During employee record review for Staff E, it was | A 083 | | |

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| A 083 | Continued From page 13<br><br>noted that there were no evidence of the completion of First Aid Training. Staff E usually works flexible shifts and hours.<br><br>During employee record review for Staff F, it was noted that there were no evidence of the completion of First Aid Training. Staff F usually works flexible shifts and hours.<br><br>During employee record review for Staff G, it was noted that there were no evidence of the completion of First Aid Training. Staff G usually works flexible shifts and hours.<br><br>It was also noted that Staff A did not have evidence of the completion of an approved training or hold a currently valid certification card. There were no evidence of completion of Training.<br><br>It was also noted that Staff C did not have evidence of the completion of an approved training or hold a currently valid certification card. There were no evidence of completion of Training.<br><br>It was also noted that Staff D did not have evidence of the completion of an approved training or hold a currently valid certification card. Staff D last training expired .<br><br>It was also noted that Staff F did not have evidence of the completion of an approved training or hold a currently valid certification card. There were no evidence of completion of Training.<br><br>It was also noted that Staff G did not have evidence of the completion of an approved training or hold a currently valid certification | A 083 | | |

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| A 083 | Continued From page 14<br><br>card. There were no evidence of completion of Training.<br><br>During and interview on at 3:15PM with the Administrator she acknowledged the findings.<br><br>Class III | A 083 | | |
| A 084 | 59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt<br><br>59A-36.011<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 | A 084 | | |

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| A 084 | Continued From page 15 | A 084 | | |

include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:
a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an "as needed" prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication;
g. Recognize the general signs of adverse reactions to medications and report such reactions;
h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;

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| A 084 | Continued From page 16<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.<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 | A 084 | | |

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| A 084 | Continued From page 17<br><br>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 interview and record review, the facility failed to provide evidence of the trained unlicensed staff who assist with the self-administration of medications who have successfully completed 6 hours of assistance with self-administration of medication training, must completed and additional 2 hours of medication training on an annual basis for 2 of the 8 employee personnel records reviewed. (Staff A&C).<br><br>The findings included:<br><br>On a review of the employee personnel records was conducted. There were no documentation of completion of the 6 hours training. Staff A hire date unknown. She assist the residents with self-administration of medications. No training documentation.<br><br>On a review of the employee personnel records was conducted. There were no documentation of completion of the 6 hours training. Staff C was hired on . She assist the residents with self-administration of medication. No training documentation.<br><br>On at 3:20PM an interview was conducted with the Administrator, she provided no additional documents for review and she acknowledged the findings. | A 084 | | |

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| A 084 | Continued From page 18<br><br>Class III | A 084 | | |
| A 090 | 59A-36.011(11) FAC Training -<br><br>(11) . . . . . .<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 review and interview, the facility failed to have documented evidence to indicate 2 of 4 sampled staff received at least one hour of training in the facility's policy and procedures regarding<br>( ) Staff B & Staff C.<br><br>The finding includes:<br><br>Review of Staff B personnel records revealed a hire date of . The records did not contain documentation to indicate Staff B receiving training on the facility's policy and procedures regarding .<br><br>Review of Staff C personnel records revealed a | A 090 | | |

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| A 090 | Continued From page 19<br><br>hire date of . The records did not contain documentation to indicate Staff C receiving training on the facility's policy and procedures regarding .<br><br>On at 2:30PM an interview was conducted with the Assistance Administrator and she acknowledged the findings and provided no other documentation.<br><br>Class III | A 090 | | |
| A 161 | 429.275(2) FS; 59A-36.015(2) FAC Records - Staff<br><br>429.275<br>(2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule.<br><br>59A-36.015<br>(2) STAFF RECORDS.<br>(a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable:<br>1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., | A 161 | | |

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| A 161 | Continued From page 20<br><br>2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,<br>3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C.,<br>4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C.,<br>5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.<br>(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ˬ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C.<br>(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review the facility failed to ensure 1 of 4 employee personnel records reviewed contain the required mandatory in services (Staff B).<br><br>The findings included:<br><br>Review of the personnel records for Staff B revealed a date of hire . Further review of the personnel record revealed the | A 161 | | |

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| A 161 | Continued From page 21<br><br>1-hour of Elopement training, 1-hour of Resident Rights, 1-hour of reporting Major Incidents, and 3-hour in-service pertaining to ADL'S and Behavioral Needs training,1-hour of Control training, the certificates were not available for review at the time of the survey<br><br>On at 3:00PM an interview was conducted with the Administrator and she acknowledged the personnel records were not available for review. Based on observation and interview,the facility failed to have personnel records available for staff member. (Administrator).<br><br>The finding included: A request was made to review the staffing file of all staff. (Administrator), however, no file was provided with the following documentation:<br>Job application, Job references, Pre-service Orientation-2hrs, Free of Communicable Statement, , Elopement training-1hr,Reporting Major Incidents-1hr, Incident Training-1hr, Nutritional Food Safety Handling-1hr, / , ,First AID, ,<br><br>On at 11:20AM the Administrator acknowledged the findings and provided no additional documentation.<br><br>Class | A 161 | | |