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
	AL11969764	A. BUILDING: _____ B. WING _____	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC GARDENS	3130 OPPORTUNITY COURT SOUTH DAYTONA, FL 32119

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the fingerprints are enrolled in the national retained print arrest notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective January 1, 2026, or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before January 1, 2024, initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective January 1, 2024, 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.	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic fingerprint 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; sex; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure 3 of 3 sampled employees (Employee A, B, C, and D) were added to the facility roster within the Agency's background screening clearinghouse. The findings include: Review of the facility schedule for 3/17/2024-3/24/2024 revealed the following direct care staff working: Employee A was scheduled for Monday through Wednesday and Saturday 7am-7pm. Employee B was scheduled for Thursday- Friday 7am-7pm and Employee C was scheduled to work Monday through Friday 7am-2pm. An interview was conducted on 3/19/2024 at 10:47am with Employee A. She stated she had been employed at the facility for approximately five months. She stated she worked the 7am-7pm shift.	CZ814		

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CZ814	Continued From page 2 An interview was conducted on 3/19/2024 at 11:46am with Employee C. She stated she had been employed at the facility since November of 2023. She stated she worked various shifts. Record review revealed Employees A, B, and C were not registered in the provider's background screening clearinghouse roster. An interview was conducted with the Administrator on 3/20/2024 at 5:10pm. She confirmed the employees were not on the roster. Unclassified	CZ814		
CZ815	408.809(1)(3-8); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or	CZ815		

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CZ815	Continued From page 3	CZ815		

have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, contracting with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or contracting with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee.

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

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an arrest awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.

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CZ815	Continued From page 4 (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a vulnerable adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any	CZ815		

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CZ815	Continued From page 5 counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or contracted with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is	CZ815		

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CZ815	Continued From page 6 not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining fingerprints pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of	CZ815		

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CZ815	Continued From page 7	CZ815		

the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity.
(2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any vulnerable person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any vulnerable person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been arrested for a disqualifying offense, the employer must remove the employee from contact with any vulnerable person that places the employee in a role that requires background screening until the arrest is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening

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CZ815	Continued From page 8 process for training and orientation purposes. However, the employee may not have direct contact with vulnerable persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including fingerprints if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or arrest for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was arrested, regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure 2 of 4 sampled employees (Employee C and D) went through a Level II background screening prior to working independantly with residents. The findings include: An interview was conducted on 3/19/2024 at	CZ815		

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CZ815	Continued From page 9 11:46am with Employee C. She stated she had been employed at the facility since November of 2023. She stated she worked various shifts. On 3/20/2024 at 1:00pm, Employee C and Employee D were the only staff observed in the facility. Employee C referred to Employee D as someone who was "helping out." On 3/20/2024 at 2:04pm, Employee C explained she was leaving the facility for the day. Employee D remained in the facility with the residents. There were no additional staff members observed in the facility at the time. Record review revealed Employees C did not have an eligible Level II background screening. The roster showed Employee C had a background screening completed on 2/19/2018. The fingerprints on file were listed as "expired." Record review revealed Employee D did not have an active Level II background screening. Employee D was not found in the Care Provider Background Screening Clearinghouse. An interview was conducted with the Administrator on 3/20/2024 at 5:10pm. She stated there were no personnel files for Employee C or Employee D. She stated they were "new employees." When advised Employee C stated she had been with the facility since November 2023, she confirmed she had, but on an as needed basis. She expressed awareness of the missing background screenings. Unclassified	CZ815		

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CZ816	Continued From page 10	CZ816		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check unless the person's fingerprints are enrolled in the Federal Bureau of Investigation's national retained print arrest notification program. If the fingerprints 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 fingerprints electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print arrest 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 fingerprinted. The agency may accept as satisfying the requirements of this section proof of compliance	CZ816		

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CZ816	Continued From page 11	CZ816		

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

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

59A-35.090 Background Screening.
(2) Processing Screening Requests, Required Documents and Fees.
(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, January 2017, herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for

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CZ816	Continued From page 12 Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form 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 arrested for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to appointment to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the arrest report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 4 of 5 employees (Employee A, B, C, and D) completed an Attestation of	CZ816		

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CZ816	Continued From page 13 Compliance with Background Screening Requirement. The findings include: An interview was conducted on 3/19/2024 at 11:46am with Employee C. She stated she had been employed at the facility since November of 2023 and she worked various shifts. During a telephone interview with the Administrator on 3/19/2024 2:03pm, she stated there are currently five staff members in the facility. She stated she worked in the facility overnight. She Employee A and Employee C worked the day shift and there was another worker for the weekend. Review of the facility schedule for 3/17/2024-3/24/2024 revealed: Employee A was scheduled for Monday through Wednesday and Saturday 7am-7pm. Employee B was scheduled for Thursday- Friday 7am-7pm and Employee C was scheduled to work Monday through Friday 7am-2pm. Upon entering the facility on 3/20/2024 at 1:00pm, Employee C and Employee D were the only staff observed in the facility. On 3/20/2024 at 2:04pm Employee C said she was leaving the facility for the day. Employee D remained in the facility and was observed working with the residents. There were no additional staff members present in the facility at the time. An interview was conducted on 3/20/2024 at 2:27pm with Employee D. She stated she is a Caregiver and that it was her first day.	CZ816		

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CZ816	Continued From page 14 Review of the facility records revealed no completed Attestations of Compliance with Background Screening Requirements for Employee A, Employee B, Employee C, or Employee D. An interview was conducted with the Administrator on 3/20/2024 at 5:10pm. She confirmed there were no Attestations in the employee files. Unclassified	CZ816		
A 000	Initial Comments A relicensure survey and complaint investigation (complaint numbers 2023011534 and 2023010127) was conducted at Majestic Gardens on 3/19/2024 through 3/20/2024. Deficient practice was identified during the survey.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative tuberculosis examination must be documented on an annual basis. Documentation provided by the Florida	A 078		

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A 078	Continued From page 15 Department of Health or a licensed health care provider certifying that there is a shortage of tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of communicating tuberculosis. 2. If any staff member has, or is suspected of having, a communicable disease, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease. (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must:	A 078		

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A 078	Continued From page 16 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure 1 of 3 sampled employees had evidence of a negative tuberculosis examination, or that 2 of 3 sampled employees had a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease within 30 days after beginning employment. The findings include: Review of the facility schedule for 3/17/2024-3/24/2024 revealed Employee A was scheduled to work direct care Monday through Wednesday and Saturday from 7am-7pm. Employee C was scheduled to work Monday through Friday 7am-2pm. An interview was conducted on 3/19/2024 at 10:47am with Employee A. She stated she had been employed at the facility for approximately five months. She stated she worked the 7am-7pm shift. An interview was conducted on 3/19/2024 at 11:46am with Employee C. She stated she had been employed at the facility since November of 2023, and she stated she worked various shifts.	A 078		

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A 078	Continued From page 17 Record review revealed C did not have evidence of a negative TB test on file. Record review also revealed Employee A and C did not have a written statement from a health care provider documenting that they did not have any signs or symptoms of communicable disease. An interview was conducted with the Administrator on 3/20/2024 at 5:10pm. She confirmed the information was not available. CLASS III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011(2-3) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s.	A 081		

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A 081	Continued From page 18 430.5025 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 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	A 081		

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A 081	Continued From page 19 facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in infection control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its infection control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident abuse, neglect, and exploitation. The facility must use its abuse prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:	A 081		

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A 081	Continued From page 20 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure 4 of 4 sampled employees attended a preservice orientation provided by the facility before interacting with residents. The findings include: Review of the facility schedule for 3/17/2024-3/24/2024 revealed the following direct care staff working: Employee A was scheduled for Monday through Wednesday and Saturday 7am-7pm. Employee B was scheduled for Thursday- Friday 7am-7pm and Employee C was scheduled to	A 081		

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A 081	Continued From page 21 work Monday through Friday 7am-2pm. An interview was conducted on 3/19/2024 at 10:47am with Employee A. She stated she had been employed at the facility for approximately five months. She stated she worked the 7am-7pm shift. An interview was conducted on 3/19/2024 at 11:46am with Employee C. She stated she had been employed at the facility since November of 2023. She stated she worked various shifts. An interview was conducted on 3/20/2024 at 2:27pm with Employee D. She stated she is a Caregiver and that it was her first day. She was observed assisting residents throughout the day on 3/20/2024. Record review revealed Employees A, B, C, nor D had evidence of completing the 2-hour preservice orientation. Employee B's hire date was listed as 10/15/2023. An interview was conducted with the Administrator on 3/20/2024 at 5:10pm. She confirmed the information was not available. CLASS III	A 081		
A 082	59A-36.011(4) FAC Training - HIV/AIDS (4) HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS). 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 HIV	A 082		

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A 082	Continued From page 22 and AIDS, including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure 2 of 3 sampled employees, Employees A, B, and C, completed a one-time education course on HIV and AIDS within 30 days of hire. The findings include: Review of the facility schedule for 3/17/2024-3/24/2024 revealed the following direct care staff working: Employee A was scheduled for Monday through Wednesday and Saturday 7am-7pm. Employee C was scheduled to work Monday through Friday 7am-2pm. An interview was conducted on 3/19/2024 at 10:47am with Employee A. She stated she had been employed at the facility for approximately five months. She stated she worked the 7am-7pm shift. An interview was conducted on 3/19/2024 at 11:46am with Employee C. She stated she had been employed at the facility since November of 2023. She stated she worked various shifts. Record review revealed Employees A and C's files contained no evidence the employees had completed the required HIV education. An interview was conducted with the Administrator on 3/20/2024 at 5:10pm. She	A 082		

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A 082	Continued From page 23 confirmed the information was not available. Class III	A 082		
A 083	59A-36.011(5) FAC Training - First Aid and CPR (5) FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR). A staff member who has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current CPR certification that requires the student to demonstrate, in person, that he or she is able to perform CPR and which is issued by an instructor or training provider that is approved to provide CPR training by the American Red Cross, the American Heart 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. (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. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a staff member who had completed courses in First Aid and Cardiopulmonary Resuscitation (CPR) and holds a currently valid card documenting completion of such courses remained in the facility at all times. This had potential to affect all residents in the event of an emergency.	A 083		

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A 083	Continued From page 24 The findings include: An interview was conducted on 3/19/2024 at 11:46am with Employee C. She stated she had been employed at the facility since November of 2023 and she worked various shifts. During a telephone interview with the Administrator on 3/19/2024 2:03pm, she stated there are currently five staff members in the facility. She stated she worked in the facility overnight. She Employee A and Employee C worked the day shift and there was another worker for the weekend. Review of the facility schedule for 3/17/2024-3/24/2024 revealed: Employee A was scheduled for Monday through Wednesday and Saturday 7am-7pm. Employee B was scheduled for Thursday- Friday 7am-7pm and Employee C was scheduled to work Monday through Friday 7am-2pm. Upon entering the facility on 3/20/2024 at 1:00pm, Employee C and Employee D were the only staff observed in the facility. On 3/20/2024 at 2:04pm Employee C said she was leaving the facility for the day. Employee D remained in the facility and was observed working with the residents. There were no additional staff members present in the facility at the time. An interview was conducted on 3/20/2024 at 2:27pm with Employee D. She stated she is a Caregiver and that it was her first day. When personnel records were reviewed, there was no evidence present to show Employees B,	A 083		

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A 083	Continued From page 25 C, or D had current first aid or CPR credentials. During a telephone interview on 3/20/2024 at 3:16pm with Employee C, she stated she was unsure if she had the required first aid and CPR certification. She stated she would have to locate the documentation. At 3:26pm on 3/20/2024, Employee D stated in an interview that she did not have current first aid or CPR certification. An interview was conducted with the Administrator on 3/20/2024 at 5:10pm. She confirmed the information was not available. CLASS III	A 083		
A 090	59A-36.011(11) FAC Training - Do Not Resuscitate Orders (11) DO NOT RESUSCITATE ORDERS TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding Do Not Resuscitate Orders. (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 DNROs within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility	A 090		

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A 090	Continued From page 26 failed to ensure three direct care staff members and staff involved in resident care, (Employees A, B, and C) received at least one hour of training in the facility's policies and procedures regarding Do Not Resuscitate Orders (DNROs) within 30 days of hire. The findings include: Review of the facility schedule for 3/17/2024-3/24/2024 revealed the following direct care staff working: Employee A was scheduled for Monday through Wednesday and Saturday 7am-7pm. Employee B was scheduled for Thursday- Friday 7am-7pm and Employee C was scheduled to work Monday through Friday 7am-2pm. An interview was conducted on 3/19/2024 at 10:47am with Employee A. She stated she had been employed at the facility for approximately five months. She stated she worked the 7am-7pm shift. An interview was conducted on 3/19/2024 at 11:46am with Employee C. She stated she had been employed at the facility since November of 2023. She stated she worked various shifts. Record review revealed no evidence that Employees A, B, and C had completed the required DNRO education. Employee B's hire date was listed as 10/15/2023. An interview was conducted with the Administrator on 3/20/2024 at 5:10pm. She confirmed the information was not available. Class III	A 090		

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A 161	Continued From page 27	A 161		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable disease. In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969764	A. BUILDING: _____ B. WING _____	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC GARDENS	3130 OPPORTUNITY COURT SOUTH DAYTONA, FL 32119

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 161	Continued From page 28 administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain completed personnel records for each staff member (Employee C and D). The findings include: Upon entrance into the facility on 3/19/2024 at 10:20am, Employee C, Caregiver, was observed working in the facility. Review of the facility schedule for 3/17/2024- 3/24/2024 revealed Employee C was scheduled to work Monday through Friday 7am-2pm. An interview was conducted on 3/19/2024 at 11:46am with Employee C. She stated she had been employed at the facility since November of 2023, approximately four months. She stated she worked various shifts. During a telephone interview with the Administrator on 3/19/2024 2:03pm, she stated	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 161	Continued From page 29 there are currently five staff members in the facility. She stated Employee C worked the day shift. On 3/20/2024 at 1:00pm, Employee C and Employee D were the only staff observed in the facility. Employee C referred to Employee D as someone who was "helping out." On 3/20/2024 at 2:04pm, Employee C explained she was leaving the facility for the day.Employee D remained in the facility with the residents. There were no additional staff members observed in the facility at the time. At 3:16pm on 3/20/2024 Employee C was interviewed by phone and was asked about trainings. She explained she had not received the required trainings. An interview was conducted with the Administrator on 3/20/2024 at 5:10pm. She stated there were no personnel files for Employee C nor Employee D. She stated they were "new employees." When advised Employee C stated she had been with the facility since November 2023, she confirmed she had, but on an as needed basis. She stated Employee D was filling in for Employee A on 3/20/2024, adding it was her first day in the facility. She confirmed required elements were missing for Employees C and D. CLASS III	A 161		