

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/22/2019
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NAME OF PROVIDER OR SUPPLIER BRENTWOOD SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 6280 CENTRAL AVE, STE 312 SAINT PETERSBURG, FL 33707
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A 160 SS=D	<p>59A-36.015(1) FAC Records - Facility</p> <p>The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.</p> <p>(1) FACILITY RECORDS. Facility records must include:</p> <p>(a) The facility's license displayed in a conspicuous and public place within the facility.</p> <p>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:</p> <ol style="list-style-type: none"> 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of <p>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).</p> <p>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as</p>	A 160		
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AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 160	<p>Continued From page 1</p> <p>described in rule 59A-36.019, F.A.C., that must be readily available by facility staff.</p> <p>(e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C.</p> <p>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C.</p> <p>(g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C.</p> <p>(h) If the facility advertises that it provides special care for persons with _____'s _____ or related _____, a copy of all such facility advertisements as required by section 429.177, F.S.</p> <p>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C.</p> <p>(j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.</p> <p>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years.</p> <p>(l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years.</p> <p>(m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.</p>	A 160		

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A 160	<p>Continued From page 2</p> <p>(n) The facility's resident elopement response policies and procedures.</p> <p>(o) The facility's documented resident elopement response drills.</p> <p>(p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by: Based on records review and interview, the facility failed to maintain an accurate and up to date admission and discharge log.</p> <p>Findings Included:</p> <p>A records review of the facility's admission and discharge log was conducted on _____. There was no information of Resident #1's admission or discharge from the facility on the log. Resident #1's medical records was requested, and received, on _____. A review of the records revealed that Resident #1 lived in the facility from sometime in _____ of 2019 until _____, when the resident was taken to the hospital via ambulance. Photographic evidence of the admission and discharge log obtained.</p> <p>In an interview with the Health and Wellness Director at 11:30am on _____, she stated she was not aware that Resident #1's information was never entered on to the facility's admission and discharge log.</p> <p>Class III</p>	A 160			
A 165 SS=D	429.23(&) FS; 59A-36.016 FAC Risk Mgmt & QA; Adverse Incident Report	A 165			

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A 165	Continued From page 3 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements - (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. _____ ; 2. _____ or _____ damage; 3. Permanent _____ ; 4. _____ or _____ of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United	A 165			

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A 165	<p>Continued From page 4</p> <p>States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident.</p> <p>(4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident.</p> <p>(6) _____, neglect, or _____ must be reported to the Department of Children and Families as required under chapter 415.</p> <p>(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.</p> <p>(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report</p>	A 165		

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A 165	<p>Continued From page 5</p> <p>this fact to such regulatory board.</p> <p>(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.</p> <p>(10) The agency may adopt rules necessary to administer this section.</p> <p>59A-36.016 Adverse Incident Report.</p> <p>(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting.</p> <p>(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting.</p> <p>This Statute or Rule is not met as evidenced by: Based on records review and interview, the facility failed to report adverse incidents to the agency (AHCA) for 2 of 3 adverse incidents reviewed, involving Residents #1 and #3.</p> <p>Findings Included:</p> <p>A review of Resident #1's records on ... revealed and internal incident report dated ... at 4:40am. According to the report, Resident #1 . The writer described the as not being an adverse incident. The resident was not able to recall what happened. Upon entering</p>	A 165		

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A 165	<p>Continued From page 6</p> <p>the resident's room, the writer witnessed the resident laying on their left side in a "recovery position" on the floor, to the left of the bed. A large quantity of _____ was on the floor, under the resident and under the bed. (The resident) "tried to get up but was slipping on _____". The resident was advised by the writer not to move. The resident asked for a _____ towel from the bathroom because it hurts (____). The bedroom light was on and the television was on. The exact injuries were unknown as the resident was not moved until the emergency medical technicians (EMTs) did so. The injuries noted were _____.</p> <p>The facility staff did not take vital signs. 911 was called immediately and the resident was transferred to the hospital _____ center by emergency management system (____). Photographic evidence of the internal incident report and internal progress notes obtained.</p> <p>An interview with the Health and Wellness Director was conducted at 2:05pm on _____. In the interview, she stated the facility did not file an adverse incident report on the incident involving Resident #1 falling and having to be transported to the emergency _____ center on _____. After reviewing the adverse incident reporting criteria (with AHCA on _____), the Health and Wellness Director stated she was not sure why the facility did not file an adverse incident report with the agency. The Health and Wellness Director stated she did not follow up with resident, the family or the hospital because the resident's family was very upset and did not want to talk to her. The Health and Wellness Director stated the resident never came _____ to the facility after that, and they never learned about the extent of Resident #1's injuries or details of any hospitalization, following the</p>	A 165		

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A 165	<p>Continued From page 7</p> <p>incident on</p> <p>A review of Resident #3's records revealed an incident dated in which the resident in their room at 5:00pm and was found with a right The facility's internal incident reporting system called this incident "adverse", however there was no record of the facility ever filing an adverse incident with the agency.</p> <p>A review of the facility's policy on Adverse Incident Reporting revealed the facility's adverse incident reporting policy had a definition that included " of bones or joints AND any condition that required medical attention to which the resident has not given his or her consent." Reports will be submitted by the Executive Director and/or the Health and Wellness Director. Any questions to determine if an incident is adverse or not will be forwarded to Regional Clinical Director.</p> <p>In an interview with the Health and Wellness Director at 4:15pm on, she stated she did not know why the facility did not ever file an adverse incident report with the state agency for the incident of Resident #3 falling and fracturing their on</p> <p>Class III</p>	A 165		
A 000	<p>Initial Comments</p> <p>A complaint survey (complaint number 2019013659) was conducted at Brentwood Senior Living Community on Deficiencies were identified at the time of survey.</p>	A 000		

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A 025 A 025 SS=G	<p>Continued From page 8</p> <p>429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision</p> <p>429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of _____ or _____ or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such _____ or _____. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition.</p> <p>59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.</p> <p>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:</p> <p>(a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C.</p> <p>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.</p> <p>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.</p> <p>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.</p>	A 025 A 025		

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A 025	<p>Continued From page 9</p> <p>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.</p> <p>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.</p> <p>This Statute or Rule is not met as evidenced by: Based on records review and interviews, the facility failed to provide appropriate supervision and awareness of residents' general health, safety and well-being, which resulted in injury, for 1 (Resident #1) of 3 residents whose records were reviewed.</p> <p>Findings Included:</p> <p>A review of Resident #1's records on revealed a Resident Care Plan (or plan of care), which was based on the resident's need for assistance with bathing, grooming, medication management, transfers, and toileting. Resident #1's plan of care was to monitor the resident every day for an unsteady gait, as there was a history reported of The plan of care specifically stated that the resident was at risk for and required increased monitoring. The plan directed facility care staff to report to a nurse if the resident (had) a change in gait, change in ability to balance, change in level of, increased, refusal to use adaptive equipment (wheelchair) or if the resident The nurse would then reevaluate the resident's risk, as needed. Resident #1 used a wheelchair. The plan stated "Safety Checks - Risk". The plan also stated that the</p>	A 025		
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A 025	<p>Continued From page 10</p> <p>resident was able to utilize a push button pendant for emergency calls, but that the resident and/or community requested periodic safety checks. Photographic evidence of Resident #1's Care Plan obtained.</p> <p>According to the record, Resident #1 resided on the third floor of a remote building on the facility's campus for the entire time of residence.</p> <p>In an interview with the Health and Wellness Director at 2:05pm on . . . , she could not define what "periodic safety checks" meant. The Health and Wellness Director also stated that all of the assisted living residents in the facility required assistance, and there was no difference from building to building or from floor to floor, as far as some areas of the facility where residents were more independent than others.</p> <p>Interviews were conducted with care staff who worked primarily in the remote building where Resident #1 lived. An interview with Staff B was conducted at 12:40pm on Staff B stated there were residents living on all 3 floors of the remote building, but that the residents living on the 3rd floor were more independent. They (the care staff) only checked on them if they rang their emergency pendant. Staff B stated they checked on all the residents every 2 hours, except for the ones who didn't want them to check on them that often. Staff B stated that she was told, by other care staff, that there are certain people (residents) who didn't want to be checked on, and so they didn't unless the resident rang their pendant. The staff did not keep a written log of when and how often they did safety checks on the residents.</p> <p>Staff A, who also worked primarily in the remote</p>	A 025		

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A 025	<p>Continued From page 11</p> <p>building of the facility, was interviewed at 12:55pm on _____ and stated that sometimes there are not enough staff working in the building to meet the needs of the residents. Staff A stated they supervised the residents if they pushed their pendant to call for staff assistance or sometimes they would just go around and check on the residents. They were certain residents that they would check on more frequently, but no one from management told them which residents to check on more often. They did not document just seeing that a resident was safe.</p> <p>At 1:30pm on _____, the Health and Wellness Director was interviewed and stated that the facility supervised the residents when they were in their rooms according to their care plans. Each resident had a pendant and a bathroom pull cord. The residents had the choice of how often they needed to check on them, and it was on their care plan. The staff were supposed to check on everyone that needed to be checked on more frequently. (Resident #1's care plan stated the resident and/or community requested periodic safety checks).</p> <p>On _____, a review of an internal incident report dated _____ at 4:40am, involving Resident #1, revealed that the resident _____. The resident was not able to recall what happened. The resident pushed the emergency call pendant and staff responded. Upon entering the resident's room, the writer (staff member) witnessed the resident laying on their left side in recovery position on the floor, to the left of the bed. A large quantity of _____ was on the floor, under the resident and under the bed. (The resident) "tried to get up but was slipping on _____". The resident was advised not to move. The resident asked for a _____ towel from the</p>	A 025		
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bathroom because of . . . on the resident's The bedroom light was on and the television was on, the resident was dressed, but there was no footwear on. The exact injuries were unknown, as the resident was not moved until the emergency medical technicians (EMTs) did so. The injuries noted were The facility staff did not take vital signs. 911 was called immediately and the resident was transferred to the hospital center by ambulance (. . . . emergency management system).

A review of the hospital emergency department records revealed that Resident #1 was initially seen at 5:24am on , with an admitting diagnoses of and major blunt The history of present illness was that the patient presented to the center following a The onset was unknown. The was described as unknown. Location of the injury was the , a 3 centimeter over the left The character of symptoms was Initial reading was (. . . . - low). repair was performed and consisted of a 5 centimeter length of Medical decision making found that criteria was met. The patient, Resident #1, was admitted to the Critical Care Unit of the hospital and received a

A review of the transcript, from the hospital record, for the event involving Resident #1 on revealed that they received a call for a patient at 4:51am and arrived on the scene at 4:55am. The patient was transported at 5:03am, with a chief complaint " injury, found on floor, significant loss immediately noted". The patient did not remember how or when they reported (low temperature 95.5 degrees Fahrenheit) and (low

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NAME OF PROVIDER OR SUPPLIER BRENTWOOD SENIOR LIVING COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 6280 CENTRAL AVE, STE 312 SAINT PETERSBURG, FL 33707		
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A 025	<p>Continued From page 13</p> <p>.....), (rapid). Patient received 1 liter of fluids (in ambulance via administration) and still low</p> <p>In an interview with the Health and Wellness Director at 2:05pm on, she said the facility did not file an adverse incident report on this incident and wasn't sure why. The facility did not follow up with the resident or the hospital. She stated the resident never came ... to the facility after the incident and the facility did not really know the extent of Resident #1's injuries or details of any hospitalization.</p> <p>A review of the facility's Basic Care policy stated that "each resident should be monitored on an on-going basis as indicated in the service plan. Each resident is provided an electronic call system in each apartment or via an electronic pendant call system for notification when assistance is needed. Care staff respond to call light summons in a reasonable time span - typically within 10 minutes of the alarm sounding." No where in any of the records reviewed regarding this incident, does it mention what time Resident #1 pressed the electronic pendant call system.</p> <p>In an interview with the Health and Wellness Director at 2:05pm on, she stated that Resident #1 did press the call light pendant for assistance, and the staff responded. When AHCA pointed out that maybe the resident was unable to press the pendant for help for several hours, and only pressed it after becoming cognizant enough to, the Health and Wellness Director had no answer.</p> <p>Class II</p>	A 025			

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A 081 SS=D	<p>59A-36.011() FAC Training - Staff In-Service</p> <p>(2) STAFF PRESERVICE ORIENTATION.</p> <p>(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).</p> <p>(b) New staff must complete the preservice orientation prior to interacting with residents.</p> <p>(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.</p> <p>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:</p> <ol style="list-style-type: none"> 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. <p>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:</p> <p>(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.</p> <p>(b) Staff who provide direct care to residents</p>	A 081		
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A 081	<p>Continued From page 15</p> <p>must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. <p>(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:</p> <ol style="list-style-type: none"> 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and The facility must use its prevention policies and procedures when offering this training. <p>(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:</p> <ol style="list-style-type: none"> 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. <p>(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.</p> <p>(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.</p> <ol style="list-style-type: none"> 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 	A 081		
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A 081	<p>Continued From page 16</p> <p>understanding and competency in the implementation of the elopement response policies and procedures.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 2 of 3 resident care staff (Staff C and Staff D), were adequately trained for their positions as resident care assistants.</p> <p>Findings Included:</p> <p>The facility's staffing schedules for the weeks of _____ and _____ were reviewed on _____. The staffing schedules indicated that Staff C and Staff D worked together, primarily in Building C, a remote building on the facility's campus and that they were both assigned to the 3:00pm to 11:00pm shift.</p> <p>A records review of Staff C and Staff D's employee record, on _____, revealed that Staff C and Staff D started working at the facility on the same day, _____. Both Staff C and Staff D's records were missing the following trainings, required within 30 day of employment: 3 hours of training to assist with activities of daily living and behavioral needs, 1 hour of training for reporting adverse incidents, and 1 hour of training for resident rights. Both Staff C and Staff D's records were also missing the required 2 hour preservice orientation training, for all new assisted living employees, that should have been completed prior to interacting with residents.</p> <p>In an interview with the Administrator and Health and Wellness Director at 4:15pm on _____, the lack of training records for Staff C and Staff D was discussed. The Administrator stated that she is big on training and would take immediate</p>	A 081		

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A 081	Continued From page 17 action to ensure that all staff have all of the proper training. Class III	A 081		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (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. (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. (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 records review and interview, the facility failed to ensure that a staff member, who has completed courses in First Aid and { }, and holds a valid card documenting completion of such courses, must be in the facility at all times.	A 083		

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A 083	<p>Continued From page 18</p> <p>Findings Included:</p> <p>The facility's staffing schedules for the weeks of _____ and _____ were reviewed on _____. The staffing schedules indicated that Staff C and Staff D worked together, primarily in Building C, a remote building on the facility's campus and that they were both assigned to the 3:00pm to 11:00pm shift. A records review of Staff C and Staff D's training record, on _____, revealed that the facility had no documentation that either Staff C or Staff D had taken courses in First Aid or _____. There was a high likelihood that Staff C and Staff D worked together on the 3:00pm to 11:00pm shift, as the facility's schedule showed that they typically had 2 resident care staff working in Building C on that schedule.</p> <p>A review of Staff E's records on _____, revealed that the facility had no documentation that Staff E had taken courses in First Aid or _____. Staff E was noted to be on the staffing schedule to work the week of _____ and the week of _____ and was primarily scheduled to work alone in Building C, a remote building on campus, on the night shift.</p> <p>In an interview with the Administrator and Health and Wellness Director at 4:15pm on _____, the lack documentation that Staff C, D or E had taken courses in First Aid and _____ was discussed. The Health and Wellness Director, who was instrumental in care staff scheduling, did not dispute the issue of the staff not having First and _____ training.</p> <p>Class III</p>	A 083		

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A 086 A 086 SS=D	<p>Continued From page 19</p> <p>59A-36.011(10) FAC Training - ADRD</p> <p>(10) _____ AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training.</p> <p>(a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between _____ and _____ shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " _____ and Related Level I Training, " must address the following subject areas:</p> <ol style="list-style-type: none"> 1. Understanding _____'s _____ and related _____; 2. Characteristics of _____; 3. Communicating with residents with _____'s _____; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. <p>(b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility _____ and Related _____</p>	A 086 A 086		

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A 086	<p>Continued From page 20</p> <p>..... Level I Training.</p> <p>(c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these :</p> <ol style="list-style-type: none"> 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. <p>(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.</p> <p>(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.</p> <p>(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on</p>	A 086		

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A 086	<p>Continued From page 21</p> <p>interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.</p> <p>(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:</p> <ol style="list-style-type: none"> 1. Have 1 year teaching experience as an educator of caregivers for persons with _____ or related _____, or 2. Three years of practical experience in a program providing care to persons with _____ or related _____, or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with _____ or related _____. <p>(h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g).</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, records review and interview, the facility, which maintains a secured area to care for residents with _____'s _____ and Related _____ (ADRD), failed to ensure that staff members, who interact with these residents, receive ADRD training, as required.</p>	A 086		

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A 086	<p>Continued From page 22</p> <p>Findings Included:</p> <p>A tour of the facility conducted at 9:45am, revealed that the facility had a secured unit in which they cared for residents with ADRD.</p> <p>A review of Staff E's records on _____ revealed that Staff E began employment with the facility on _____ and had been working in the facility for more than 1 year and 8 months. Staff E was noted to be on the staffing schedule to work the week of _____ and the week of _____ and was primarily scheduled to work alone in Building C, a remote building on campus, on the night shift. Staff E's training record was missing ADRD Level 2 training, which is required for staff who work in facilities with secured areas that care for residents with ADRD, within 9 months of employment.</p> <p>In an interview with the Administrator and Health and Wellness Director at 4:15pm on _____, the lack of training records for Staff E was discussed. The Administrator stated that she is big on training and would take immediate action to insure that all staff have all of the proper training.</p> <p>Class III</p>	A 086		