

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11965334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/04/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARDEN COURTS OF WINTER SPRINGS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1057 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708</b>
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(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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A 000	Initial Comments  A re-licensure survey with Limited Nursing Service, control monitoring, and generator monitoring were conducted at Arden Courts of Winter Springs on . . . . . The facility had deficiencies at the time of the survey.	A 000		
A 010 SS=B	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency  429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice,	A 010		

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

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A 010

Continued From page 1

and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.

(d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:

- Move, turn, or reposition without total physical assistance;
- Transfer to a chair or wheelchair without total physical assistance; or
- Sit safely in a chair or wheelchair without personal assistance or a physical ...

2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days.

3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days.

(2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.

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A 010	<p>Continued From page 2</p> <p>(3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility.</p> <p>59A-36.006</p> <p>(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:</p> <p>(a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.</p> <p>(b) A resident requiring care of a _____ may be retained provided that:</p> <ol style="list-style-type: none"> <li>1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,</li> <li>2. The condition is documented in the resident's record; and,</li> </ol>	A 010		
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A 010	<p>Continued From page 3</p> <p>3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility.</p> <p>(c) A . . . , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;</li> <li>2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;</li> <li>3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,</li> <li>4. Documentation of the requirements of this paragraph is maintained in the resident's file.</li> </ol> <p>(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.</p> <p>(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.</p> <p>(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.</p> <p>(g) Continued residency criteria for facilities holding an extended congregate care license are</p>	A 010		
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A 010	<p>Continued From page 4</p> <p>described in Rule 59A-36.021, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility did not obtain an accurate resident health assessment form at least every 3 years after the initial assessment for 2 of 2 sampled residents (#10 and #11).</p> <p>Findings:</p> <p>1. Record review for resident #11 revealed her initial resident health assessment form (1823) was dated . . . . . The next assessment was due . . . . . Further record review revealed there was no updated health assessment form available for review.</p> <p>The facility's registered nurse said she had found the updated resident health assessment form and she provided it. Review of the updated form revealed the resident health assessment form had only a signature of the form that was not legible.</p> <p>The form did not have the printed name of the health care provider, address, telephone number and the date of examination.</p> <p>There was no documentation found in the record that the facility had made an attempt to obtain the missing information.</p> <p>The facility's registered nurse reviewed the resident health assessment form and confirmed the findings.</p> <p>2. Review of resident #10's record revealed it</p>	A 010		

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A 010

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contained an undated 1823 and it was missing the printed name of the examiner and the examiner's address and telephone number.

The record did not contain documentation to indicate the facility contacted the examiner to obtain the omitted information.

On ..... at 1:45 p.m., nurse E confirmed the findings.

Class

A 010

A 025  
SS=D

429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision

429.26  
(7) The facility shall 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 must notify the resident's representative or designee of the need for health care services and must assist in making ..... for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.

59A-36.007 Resident Care Standards.

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A 025	<p>Continued From page 6</p> <p>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> <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 record reviews and interviews, the facility failed to administer a prescribed, medication to 1 of 2 sampled residents (#10).</p> <p>Findings:</p> <p>Review of resident #10's record revealed a facility</p>	A 025		
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A 025

Continued From page 7

admission date of . . . . . The record contained an undated 1823 health assessment form that indicated the resident received hospice services, required medication administration, and had diagnoses that included . . . . . 's . . . . . and . . . . .

Review of the resident's . . . . . Medication Administration Record (MAR) revealed an entry for . . . . . 5-325 milligram (mg.) tablet, take one tablet by . . . . . every 12 hours for . . . . . The staff's initials were circled from . . . . . through . . . . . and documentation on the . . . . . of the MAR indicated the medication was ordered on . . . . .

Review of a facility progress note, dated . . . . . , revealed the pharmacy was called for an update on the refill. The note indicated the pharmacy would deliver it on the next day.

Review of a pharmacy delivery slip revealed thirty tablets were delivered to the facility on . . . . . However, review of the . . . . . count sheet revealed it was not signed as given until . . . . .

Review of the . . . . . count sheet revealed the last available dose before the medication ran out was on . . . . . at 8 a.m. However, staff F signed that she gave the medication at 8 p.m. on . . . . . and the 8 a.m. and 8 p.m. doses on both . . . . . and . . . . .

On . . . . . at 2:20 p.m., nurse E said the last dose available before the medication ran out was, in fact, on . . . . . at 8 a.m. She said the medication ran out because hospice usually filled it through their pharmacy so when the refill was sent to the facility's pharmacy, it was rejected by

A 025



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A 025	<p>Continued From page 8</p> <p>them.</p> <p>The resident's record did not contain any documentation to support nurse E's statement, nor did it contain documentation to indicate the facility contacted hospice to aid in obtaining a refill, so the resident did not run out of the . . . medication.</p> <p>On . . . at 3:14 p.m., nurse F said that although she signed the MAR from . . . through . . . and again on both . . . and . . ., she did not give the medication and she just forgot to circle her initials. She went on to say that she did not know the medication was delivered on . . . .</p> <p>The resident was unable to verbalize what effects, if any, she experienced as a result of not receiving the . . . medication.</p> <p>Class III</p>	A 025		
A 056 SS=D	<p>59A-36.008(7) FAC Medication - Labeling and Orders</p> <p>(7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container.</p>	A 056		

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A 056	<p>Continued From page 9</p> <p>(b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another.</p> <p>(c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for . . . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.</p> <p>(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.</p> <p>(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.</p>	A 056		

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A 056	<p>Continued From page 10</p> <p>(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.</p> <p>(g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:</p> <ol style="list-style-type: none"> <li>1. Practitioner's name,</li> <li>2. Resident's name,</li> <li>3. Date dispensed,</li> <li>4. Name and strength of the drug,</li> <li>5. Directions for use; and,</li> <li>6. Expiration date.</li> </ol> <p>(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.</p> <p>This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to make every reasonable effort to ensure a medication was refilled in a timely manner for 1 of 2 sampled residents (#10.)</p> <p>Findings:</p> <p>Review of resident #10's record revealed a facility</p>	A 056		
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A 056	<p>Continued From page 11</p> <p>admission date of ..... The record contained an undated 1823 health assessment form that indicated the resident received hospice services, required medication administration, and had diagnoses that included ..... 's ..... and</p> <p>Review of the resident's Medication Administration Record (MAR) revealed an entry for ..... 5-325 milligram (mg.) tablet, take one tablet by every 12 hours for ..... The staff's initials were circled from ..... through ..... and documentation on the ..... of the MAR indicated the medication was ordered on .....</p> <p>Review of a facility progress note, dated ..... , revealed the pharmacy was called for an update on the refill. The note indicated the pharmacy would deliver it on the next day.</p> <p>Review of a pharmacy delivery slip revealed thirty tablets were delivered to the facility on ..... However, review of the ..... count sheet revealed it was not signed as given until .....</p> <p>Review of the ..... count sheet revealed the last available dose before the medication ran out was on ..... at 8 a.m. However, staff F signed that she gave the medication at 8 p.m. on ..... and the 8 a.m. and 8 p.m. doses on both ..... and .....</p> <p>On ..... at 2:20 p.m., nurse E said the last dose available before the medication ran out was, in fact, on ..... at 8 a.m. She said the medication ran out because hospice usually filled it through their pharmacy so when the refill was sent to the facility's pharmacy, it was rejected by</p>	A 056		

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NAME OF PROVIDER OR SUPPLIER  <b>ARDEN COURTS OF WINTER SPRINGS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1057 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708</b>
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A 056	<p>Continued From page 12</p> <p>them.</p> <p>The resident's record did not contain any documentation to support nurse E's statement, nor did it contain documentation to indicate the facility contacted hospice to aid in obtaining a refill so the resident did not run out of . . . medication.</p> <p>On . . . at 3:14 p.m., nurse F said that although she signed the MAR from . . . through . . . and again on both . . . and . . . , she did not give the medication and she just forgot to circle her initials. She went on to say that she did not know the medication was delivered on . . . .</p> <p>The resident was unable to verbalize what effects, if any, she experienced as a result of not receiving the . . . medication.</p> <p>Class III</p>	A 056		
A 081 SS=D	<p>429.52(1 &amp; 7) FS; 59A-36.011(. . . ) FAC Training - Staff In-Service</p> <p>429.52(1)</p> <p>(1) 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.</p>	A 081		

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A 081	<p>Continued From page 13</p> <p>(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.</p> <p>59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1</p>	A 081		

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A 081	<p>Continued From page 14</p> <p>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 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"> <li>1. Reporting adverse incidents.</li> <li>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.</li> </ol> <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"> <li>1. Resident rights in an assisted living facility.</li> <li>2. Recognizing and reporting resident . . . . . neglect, and . . . . . The facility must use its . . . . . prevention policies and procedures when offering this training.</li> </ol> <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"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must</p>	A 081		
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A 081	<p>Continued From page 15</p> <p>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"> <li>All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</li> <li>All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</li> </ol> <p>This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interviews, the facility failed to ensure the 2-hour preservice orientation statement of completion for 4 of 5 sampled staff was signed by the facility's administrator (A, B, C and E).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of staff C's personnel record revealed a hire date of . . . . . The 2-hour preservice orientation statement of completion, dated . . . . ., was signed by staff C and the business office manager, and not the administrator, as required.</li> <li>Review of staff E's personnel record revealed a hire date of . . . . . The 2-hour preservice orientation statement of completion, dated . . . . ., was signed by staff E and the business office manager, and not the administrator, as required.</li> </ol>	A 081		
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A 081	<p>Continued From page 16</p> <p>On _____ at 2:30 p.m., the business office manager confirmed the findings and was unable to provide additional documentation.</p> <p>Neither personnel record contained documentation that indicated the staff were core trained to exempt them from the requirement.</p> <p>3. Personnel record review for staff A, a caregiver hired _____ revealed the statement that she had completed the 2-hour preservice orientation on _____ was signed by the staff. The form had a space for the executive director to sign and it was signed by the business office manager and not the administrator as required.</p> <p>4. Personnel record review for staff B, a caregiver hired _____ revealed the statement that she had completed the 2-hour preservice orientation on _____. The space for the employee's signature was left blank and the form had a space for the executive director to sign and it was signed by the business office manager and not the administrator as required.</p> <p>On _____ at 2 PM, the business office manager confirmed the findings.</p> <p>Class III</p>	A 081		
A 091 SS=B	<p>59A-36.011(12) FAC Training - Documentation &amp; Monitoring</p> <p>(12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by</p>	A 091		

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A 091

Continued From page 17

this rule must be documented in the facility's personnel files. The documentation must include the following:

1. The title of the training program,
2. The subject matter of the training program,
3. The training program agenda,
4. The number of hours of the training program,
5. The trainee's name, dates of participation, and location of the training program,
6. The training provider's name, dated signature and credentials, and professional license number, if applicable.

(b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.

(c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.

This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure staff had certificates that included the required information for 3 of 5 sampled staff (A, B and C).

Findings:

1. Personnel record review for staff A, a caregiver hired \_\_\_\_\_, revealed there was a training certificate that listed topics on resident rights, \_\_\_\_\_, license type and services offered. The duration of the training noted only 1 hour and was dated \_\_\_\_\_.

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A 091	<p>Continued From page 18</p> <p>2. Personnel record review for staff B, a caregiver hired , revealed there was a training certificate that listed topics on resident rights, , license type and services offered. The duration of the training noted only 1 hour and was dated .</p> <p>The requirement for and resident rights training was 1 hour. The other training's license type and services offered that was to be included in the preservice orientation was to be for a total of 2 hours. There was no way to determine if staff A and B had received a total of 1 hour training only for and residents' rights that did not include other topics.</p> <p>On . . . . . at 3 PM, The business office manager said the staff attended the 1 hour's . . . . . training and a 2-hour preservice orientation that included license type and services offered. She confirmed the duration of the training's were no correct on the certificates.</p> <p>3. Review of staff C's personnel record revealed a hire date for a caregiver position on .</p> <p>The record contained a certificate of training on the topic of activities of daily living and behavioral changes however, the certificate was not dated.</p> <p>In addition, it contained a 1-hour certificate of training, dated . . . . ., on the topics of resident rights, resident , and license type and services offered. However, the duration for resident rights and resident was 1-hour so it could not be determined if staff C received a total of 1-hour that did not include other topics.</p> <p>On at 3:30 p.m., the business office</p>	A 091		

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A 091

Continued From page 19  
manager confirmed the findings.

A 091

Class

AN278  
SS=D

59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records

AN278

59A-36.022  
(3) RECORDS.  
(a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility.  
(b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff.  
(c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service.

429.07 (3)(c)2, FS  
A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health...

This Statute or Rule is not met as evidenced by:  
Based on record reviews and interview, the facility failed to ensure a nursing assessment was conducted at least monthly on 2 of 2 sampled residents who received a Limited Nursing Service (LNS) (#10 & #12).

Findings:

1. Review of the facility's LNS resident log revealed resident #10 began receiving LNS for

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AN278	<p>Continued From page 20</p> <p>... on ... and resident #12 on ... for ...</p> <p>2. Review of each resident's documented monthly nursing assessments revealed there was not one for</p> <p>On ... at 1:50 p.m., nurse E said she did not conduct an assessment for either resident in</p> <p>Class III</p>	AN278		