

# Gold Seal Staff Analysis for Concordia Manor

## Background Info

NH Name	Concordia Manor	Nominator Name	Dr. Dylan Dinesh, Allied Health Clinics
NH Addr	321 13th Avenue North	Nominator Addr	1515 22nd Avenue North
NH City	St. Petersburg	Nominator City	St. Petersburg
NH Zip	33701-	Nominator Zip	33704-
NH Voice	(727) 822-3030	Nominator Voice	(727) 322-4227
NH Fax		Nominator Fax	(727) 322-4656
NH eM		Nominator eM	
NH Web	www.concordiamanor.com	Nominator Web	www.affiliatedhealthclinics.com
NH AO	5		
PermID	55215		
Application Received	2024-03-19	Nomination Received	2024-03-15

## Staff Review

	Date Completed	Pass	Comment
Record Review	2024-03-20 by J. Williams	<input checked="" type="checkbox"/>	This facility is owned by Senior Health Concordia, L.L.C. This is a 39 bed facility and is a Medicare/Medicaid provider. According to the Nursing Home Guide, this is a 5-star facility.
Quality of Care Review	2024-03-20 by J. Williams	<input checked="" type="checkbox"/>	The facility is in the upper 8 percentile of skilled nursing facilities region covering the period of July 1, 2021, through December 2023. This facility meets the requirements of Rule 59A-4.200(4), Florida Administrative Code.
Conditional Review	2024-03-20 by J. Williams	<input checked="" type="checkbox"/>	The facility has not received either a Class I or II deficiency nor a Conditional license over the past 30 months.
Financial Review	2024-04-05 by D. Hillman	<input type="checkbox"/>	The facility did not meet the financial requirements by Section 400.235(4), Florida Statutes and Rule 59A-4.200(5), Florida Administrative Code.
Staffing Review	2024-04-05 by J. Williams	<input type="checkbox"/>	The facility does not meet the stability rate or turnover rate as required by Section 400.235(5)(e), Florida Statutes and Rule 59A-4.200(6), Florida Administrative Code. The Agency did not receive the facility's staffing data.
Ombudsman Review	2024-03-29 by M. Hart	<input checked="" type="checkbox"/>	Based on a review of the facility complaint history, the facility did not have any Long-Term Care Ombudsman Program verified complaints that resulted in citations by the Agency for Health Care Administration. Therefore, the applicant meets the requirement of Section 400.235(5)(f), Florida Statutes.
Preliminary Report		<input type="checkbox"/>	
Facility Presentation to Panel		<input type="checkbox"/>	

Concordia Manor



# Application for Nursing Home Gold Seal Award



Refer to sections 400.235, Florida Statutes and 59A-4.200, Florida Administrative Code for regulations. Attach additional pages as necessary to respond to information requested.

**Note: There is a 50 page maximum limit on supplemental information included with this application for review.**

\*Please do not include resident privileged and confidential and/or protected health information (PHI) which may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, (HIPAA).

**Please send letter of recommendation, attachments and completed application to:**

Agency for Health Care Administration  
Long-Term Care Unit  
2727 Mahan Drive, MS 33  
Tallahassee Florida 32308  
Phone: (850) 412-4303 Fax: (850) 410-1512

## A. Nursing Home Information

Facility Name: Concordia Manor		
Address: 321 13th Avenue North	City: St. Petersburg	Zip Code: 33701
Telephone: 727-822-3030	Web Site: www.concordiamanor.com	
Facility Licensee Name: Senior Health-Concordia Manor LLC		

## Facility Contact Person for Gold Seal Information

Name: Dan Newland, NHA	Title: Administrator
Telephone: 727-822-3030	E-mail: administrator@concordiamanor.com

## B. Recommending Person or Organization - Section 400.235(6), Florida Statutes

Name: Doctor Dylan Dinesh
Profession/Type of Organization: Board Certified Family Medicine Physician

**C. Financial Soundness and Stability - Section 400.235(5)(b), Florida Statutes and Rule 59A-4.200(5), F.A.C.**  
Attach evidence of financial soundness and stability in accordance with the protocol contained in agency rule 59A-4.200(5), F.A.C.

## D. Regulatory History will be verified- Section 400.235(7), F.S.

Has the facility been licensed and operating for the past 30 months?  Yes  No  
Date the current licensee became licensed to operate this facility. 1/1/2001

## E. Consumer Satisfaction - Section 400.235 (5)(c), Florida Statutes and Rule 59A-4.200(2)(a)4.a., F.A.C.

Attach evidence, within the 30 months preceding this application, demonstrating consumer satisfaction in your facility and demonstrate that information is elicited from residents, family members, and guidance in accordance with this section of the Florida Statutes.

Received  
MAR 15 2024

Central Services

**F. Community / Family Involvement - Section 400.235(5)(d), F.S. and Rule 59A-4.200(2)(a)4.b., F.A.C.**  
Describe or attach evidence of the regular involvement of families and members of the community in the facility for the period of 30 months preceding this application.

Concordia Manor takes pride by involving with the families and members of the community. This is shown by the involvement of the activity director promoting the volunteer program to local school and community awareness. The facility promotes sponsorship to a local elementary school by donating back to school supplies to the students and also donating to a local shelter. Concordia has been working with the Campbell's Park Elementary school for the past two years. The facility have hosted numerous fundraisers for donations to the school. Our staff, residents, family members and outside vendors have helped us collect school supplies for the students. We have been very successful in this project and the principal of the school is truly grateful every year for the donations to the school. The facility has also supported the Casa House in the community which serves sheltered women and children in the St. Petersburg area. The staff, family members and outside vendors helped us collect clothes for the shelter. Each year, the facility have had great results through the donation drive to assist the community. The facility has different events for the residents, such as: birthday parties, Valentine's Day Celebration (Crowning of King and Queen), Christmas Parties, Thanksgiving dinner and other events that encourage families to come out to participate with their loved ones. There are families that participate, and there is one family member that works at a local day care school that invites the residents to visit. The facility involvement in the community and with families have been very positive for the residents. The facility has been generous and with its noble residents are pleased to be able to give back to the community. It serves for excellent quality of care and good customer service.

**G. Stable Workforce - Section 400.235(5)(e), Florida Statutes and Rule 59A-4.200(6), F.A.C.**

Provide information demonstrating the facility's effort to maintain a stable workforce and to reduce turnover of licensed nurses and certified nursing assistants.

Attach evidence of meeting at least one of the following:

- A turnover rate no greater than 50 percent for the most recent 12 month period ending on the last workday of the most recent calendar quarter prior to submission of an application (turnover rate will be computed in accordance with Rule 59A-4.200(6)(a)1., F.A.C.); or
- A stability rate to include that at least 50 percent of its staff have been employed at the facility for at least one year (stability rate will be computed in accordance with Rule 59A-4.200(6)(a)2., F.A.C.).

**H. Target In-service - Section 400.235 (5)(g), Florida Statutes and Rule 59A-4.200(2)(a)4.c., F.A.C.**

Describe or attach information demonstrating how in-service training meets the training needs identified by internal or external quality assurance efforts for the period of 30 months preceding this application.

Concordia Manor's Quality Assessment and Assurance committee meets monthly and as needed to discuss tracking and trending results. Through this program, areas that need special attention are identified and the committee will develop a sub-committee which is called the Quality Assurance Performance Improvement. The QAPI committee meets monthly or as needed to address any areas or concerns that are identified through our tracking and trending process. When areas of concerns are identified the committee will suggest training for staff or competencies on specific area that needs improvement. Our goal is to have 100% compliance with staff on in-servicing and we monitor for 30 days. During the 30 days, meetings are held in small groups on each shift to provide extra support for staff and getting feedback from the staff and residents. We also use visual aide material for staff and postings in the break room and employee bathrooms as reminders for staff. Concordia also uses outside vendors to provide extra training from our QAA and QAPI committee findings for our staff which our medical director, psych service, Hospice and other physicians support us with providing training to the staff. Another program that helps us identify areas is the Standard of Care meeting that is held weekly which also enables the team to identify clinical issues that needs to be addressed, and the appropriate intervention to be in place and provide necessary training for staff. All together, these programs provide opportunities to provide education, in services training and competencies for team members.

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MAR 15 2024

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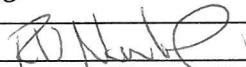
**I. Best Practices**

Describe the facility's best practices and the resulting positive resident outcomes.

Concordia Manor has Standard of Care meetings which are held weekly, and directed by the Director of Nursing. The Interdisciplinary Team meets to discuss residents who have criteria such as new admissions, weight loss/gain, fall, wound or change of condition. A goal of this meeting is to discuss appropriate interventions and to discuss the resident in each aspect to formulate and update the resident's plan of care. A positive outcome from the weekly meeting is reduction of wounds. Through discussion with the interdisciplinary team, nutritional venues are explored, registered dietician involved upon admission and weekly, activity interventions, equipment purchases and involvement with the Wound Care Specialist, wounds have decreased. The facility has also seen a reduction in turnover of staff. This contribute to the focus of the workplace council monthly meeting which is a positive factor. Our focus has been on the new hire experience to ensure they have a mentor for 90 days which a department head is assigned to the new hire (Blue Ribbon Program) and a peer to peer mentor is assigned to the new team member for 90 days. Our mentors are trained on all programs offered at the facility, so the mentor have a clear understanding of the programs that they are training the new hire on. The mentors are staff members who embrace the systems of the facility and want to train new hires. Then the committee also ensures that we are doing engaging activities for all staff to let them know how appreciated they are and listening to their needs and following up with staff. The NHA sends signed birthday, get well and bereavement cards to all staff to their homes. Also, the NHA sends birthday text messages to the staff phones. Our goal as a facility is to make sure the staff know they are important and appreciated at Concordia Manor.

**J. Presentation to the Governor's Panel on Excellence in Long-Term Care**

Our facility would like an opportunity to make a presentation to the Governor's Panel on Excellence in Long-Term Care.

	2/27/2024
Signature of Person Completing Application	Date

Roy D. Newland	2/27/2024
Printed Name	Date

**Received**  
MAR 15 2024  
**Central Services**



## Nursing Home Guide Inspection Ratings CONCORDIA MANOR

Rating Time Period: July 2021 - December 2023

Last Updated: February 2024

Facility	City	Region	County	Overall Inspection	Inspection			Inspection Components					
					Quality of Care	Quality of Life	Administration	Nutrition & Hydration	Restraints & Abuse	Pressure Ulcers	Decline	Dignity	
CONCORDIA MANOR	SAIN T PETERSBURG	Region 5	Pinellas	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
			Petersburg										



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

DATE: March 29, 2024  
TO: Brian O. Smith, Long Term Care Services Unit Manager  
FROM: Michelle Hart, Complaint Administration Unit Manager  
SUBJECT: Gold Seal Complaint Review – September 15, 2021 through March 15, 2024

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#### CONCORDIA MANOR

Based on a review of the facility's complaint history, the above listed facility did not have any Long-Term Care Ombudsman Program-verified complaints that resulted in citations by the Agency for Health Care Administration.

The applicant meets the requirement of Section 400.235(5)(f), Florida Statutes.





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

## INTEROFFICE MEMORANDUM

**DATE:** April 5, 2024  
**TO:** Jacqueline Williams  
**FROM:** Ryan Fitch  
**CC:** Bernard Hudson  
**SUBJECT:** Gold Seal Financial Review: Denial  
Concordia Manor

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**Conclusion:** The applicant has **not** met the financial requirements of Section 400.235, Florida Statutes and Rule 59A-4.200, Florida Administrative Code.

**Analysis:** I have reviewed the financial requirements of the Gold Seal application for the license holder in accordance with Rule 59A-4.200, Florida Administrative Code.

Rule 59A-4.200, Florida Administrative Code, specifies that each licensee must meet at least two of the three financial soundness and stability thresholds for at least two of three years of the statements, to include the most recently submitted. Otherwise, its facility cannot be recommended for the Gold Seal Award except as described in Rule 59A-4.200, Florida Administrative Code. The financial stability thresholds are as follows:

- A positive current ratio of at least 1.0
- A positive tangible net worth
- A times interest earned ratio of at least 1.15

Based on the review conducted, the applicant does not meet the financial requirements of Section 400.235, Florida Statutes and Rule 59A-4.200, Florida Administrative Code.





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

## INTEROFFICE MEMORANDUM

**DATE:** March 19, 2024  
**TO:** Jacqueline Williams  
**FROM:** Derron Hillman  
**SUBJECT:** Gold Seal Financial Review: Omissions  
Licensee: Concordia Manor  
Facility: Concordia Manor

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I have conducted the initial review of the Gold Seal application and found deficiencies. The discussion below will explain these problems and provide text for your omissions letter. If you have any questions regarding these omissions requests, please contact Derron Hillman at 850-412-4351.

**Omissions:** Rule 59A-4.200(5), Florida Administrative Code, requires the licensee to submit financial statements for the three consecutive fiscal years immediately preceding the date of the application, including a balance sheet, income statement, and statement of cash flows and all relative notes. Rule 59A-4.200(5), Florida Administrative Code, also states that for a licensee whose audited or reviewed financial statements are prepared as part of a consolidated entity, the licensee can satisfy the requirements for submitting financial statements by submitting the three most recent consecutive years of CPA audited or reviewed consolidated financial statements if the statements break out the balance sheet, income statement and statement of cash flows of the individual licensee.

A financial review cannot be completed until the applicant submits the following:

- A copy of the 12/31/23, 12/31/22, & 12/31/21 audited financial schedules including notes. If audited financial schedules are not available, reviewed financials will suffice. If 12/31/23 is not available, send in 12/31/20.





## Williams, Jacqueline

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**From:** Hillman, Derron  
**Sent:** Tuesday, March 19, 2024 8:09 AM  
**To:** Williams, Jacqueline  
**Subject:** RE: Gold Seal Award Financial Review - Concordia Manor - File #: 55215  
**Attachments:** 1293 Concordia (OM).docx

Jacque,

Attached is the review of Concordia Manor. If you have any questions call me at 44351.

Derron Hillman  
Health Services & Facilities Consultant  
Financial Analysis Unit  
Agency for Health Care Administration  
(850)412-4351  
hillmand@ahca.myflorida.com



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**From:** Noble, Kimberly <Kimberly.Noble@ahca.myflorida.com>  
**Sent:** Tuesday, March 19, 2024 7:01 AM  
**To:** Hillman, Derron <Derron.Hillman@ahca.myflorida.com>; Williams, Jacqueline <Jacqueline.Williams@ahca.myflorida.com>  
**Subject:** FW: Gold Seal Award Financial Review - Concordia Manor - File #: 55215

This is assigned to Derron Hillman

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**From:** Williams, Jacqueline <Jacqueline.Williams@ahca.myflorida.com>  
**Sent:** Monday, March 18, 2024 5:55 PM  
**To:** Noble, Kimberly <Kimberly.Noble@ahca.myflorida.com>  
**Cc:** Hillman, Derron <Derron.Hillman@ahca.myflorida.com>  
**Subject:** Gold Seal Award Financial Review - Concordia Manor - File #: 55215

Good Afternoon Kim,

Attached for your review are Concordia Manor's financial documents for review for consideration for Gold Seal Award.

Thanks.



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 20, 2024

Via email: [administrator@concordiamanor.com](mailto:administrator@concordiamanor.com)

Mr. Roy Daniel Newland  
Administrator  
Concordia Manor  
321 13<sup>th</sup> Avenue North  
St. Petersburg, FL 33701

File Number: 55215  
License Number: 1100096  
Provider Type: Nursing Home

RE: Omission Notice for Nursing Home Gold Seal Award Application

Dear Mr. Newland:

This letter is to acknowledge receipt of your application for the Gold Seal license. After review, it was found to be incomplete. Applicants receive only **one** letter describing the errors or omissions that must be addressed to deem the application complete.

**Section A. – Nursing Home Information**

The information entered on the Gold Seal Application for the area listed below is not the same as the information on file with the Agency. Please revise accordingly.

- Facility's Licensee Name

**Section C. - Financial Soundness and Stability**

The Agency's Financial Analysis office has completed its initial financial review of your financial documents and found deficiencies.

Rule 59A-4.200(5), Florida Administrative Code, requires the licensee to submit financial statements for the three consecutive fiscal years immediately preceding the date of the application, including a balance sheet, income statement, and statement of cash flows and all relative notes. Rule 59A-4.200(5), Florida Administrative Code, also states that for a licensee whose audited or reviewed financial statements are prepared as part of a consolidated entity, the licensee can satisfy the requirements for submitting financial statements by submitting the three most recent consecutive years of CPA audited or reviewed consolidated financial statements if the statements break out the balance sheet, income statement and statement of cash flows of the individual licensee.

A financial review cannot be completed until the applicant submits the following:

- A copy of the 12/31/23, 12/31/22, & 12/31/21 audited financial schedules including notes. If audited financial schedules are not available, reviewed financials will suffice. If 12/31/23 is not available, send in 12/31/20.

If you have any questions regarding the financial review omission request, please contact Mr. Derron Hillman at (850) 412-4351.

2727 Mahan Drive • Mail Stop #33  
Tallahassee, FL 32308  
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida  
Twitter.com/AHCA\_FL

Mr. Newland  
March 20, 2024  
Page 2 of 2

**Section E. - Consumer Satisfaction**

According to the Florida Statutes, section 400.235(5)(c), Gold Seal Award applicants are required to meet the criteria of participating in a consumer satisfaction process, and demonstrate that information is elicited from residents, family members, and guardians about satisfaction with the nursing facility, its environment, the services and care provided, the staff's skills and interactions with residents, attention to residents' needs, and the facility's efforts to act on information gathered from the consumer satisfaction measures.

Please forward evidence, within the 30 months preceding your application, demonstrating consumer satisfaction in your facility and demonstrate how that information is elicited from residents and family members. Please attach copies of your survey form/questions and your survey findings for the prior 30 months for residents and family members.

Also, please indicate the facility's efforts to act upon information gathered from the consumer satisfaction survey's findings.

**Section G. - Stable Workforce**

An applicant for the Gold Seal award must meet the turnover rate or stability rate pursuant to Section 400.235, F.S. and Rule 59A-4.200, Florida Administrative Code. To evaluate these criteria, please provide staffing to resident ratios, staff turnover, and staff stability for the last ten quarters (30 months) in the attached staffing document. Please provide numbers and not percentages in the first page of the form. The computations will be completed by Agency staff.

Also, please provide information demonstrating the facility's effort to maintain a stable workforce and to reduce turnover of licensed nurses and certified nursing assistants.

**Section I. Best Practices**

Please provide additional best practices and the resulting positive resident outcomes. If you require assistance with this section, please let me know.

**Please forward all responses via email no later than March 28, 2024.** If you have questions, please contact me via email at [Jacqueline.Williams@ahca.myflorida.com](mailto:Jacqueline.Williams@ahca.myflorida.com) or by phone at (850) 412-4437.

Sincerely,

*Jacquie Williams*

Jacquie Williams  
Operations and Management Consultant Manager  
Long Term Care Services Unit



# STAFFING REPORT FOR \_\_\_\_\_

SNF LICENSE # \_\_\_\_\_

Year	Quarter	Employed CNAs	Employed Licensed Nurses	CNAs Employed for 1 Year	Licensed Nurses Employed for 1 Year	CNAs Resigned or Terminated	Licensed Nurses Resigned or Terminated
2021	3 <sup>rd</sup> (July 1, 2021 – September 30, 2021)						
2021	4 <sup>th</sup> (October 1, 2021 – December 31, 2021)						
2022	1 <sup>st</sup> (January 1, 2022 – March 31, 2022)						
2022	2 <sup>nd</sup> (April 1, 2022 – June 30, 2022)						
2022	3 <sup>rd</sup> (July 1, 2022 – September 30, 2022)						
2022	4 <sup>th</sup> (October 1, 2022 – December 31, 2022)						
2023	1 <sup>st</sup> (January 1, 2023 – March 31, 2023)						
2023	2 <sup>nd</sup> (April 1, 2023 – June 30, 2023)						
2023	3 <sup>rd</sup> (July 1, 2023 – September 30, 2023)						
2023	4 <sup>th</sup> (October 1, 2023 – December 31, 2023)						

Stable Workforce Review: Section 400.235(5)(e), F.S. and 59A-4.200 (6), Florida Administrative Code

6(a) An applicant for Gold Seal Award must meet at least one of the following to demonstrate a stable workforce:

1. Have a turnover rate no greater than 50 percent for the most recent 12 month period ending on the last workday of the most recent calendar quarter prior to submission of an application. The turnover rate is the total number of terminations or resignations of certified nursing assistants (CNAs) and licensed nurses during the quarter divided by the number of CNAs and licensed nurses employed at the end of the quarter, or
2. Have a stability rate indicating that at least 50 percent of its staff have been employed at the facility for at least one year. The stability rate is the total number of CNAs and licensed nurses that have been employed for more than 12 months, divided by the total number of CNAs and licensed nurses employed at the end of the quarter.

(Please also note pursuant to 59A-4.200, F.A.C., each applicant for Gold Seal Award must submit evidence of an effective recruitment and retention program.)



# STAFFING REPORT FOR \_\_\_\_\_

## (AGENCY USE ONLY)

### Turnover Rate

3<sup>rd</sup> Quarter (2021): \_\_\_\_\_  
4<sup>th</sup> Quarter (2021): \_\_\_\_\_  
1<sup>st</sup> Quarter (2022): \_\_\_\_\_  
2<sup>nd</sup> Quarter (2022): \_\_\_\_\_  
3<sup>rd</sup> Quarter (2022): \_\_\_\_\_  
4<sup>th</sup> Quarter (2022): \_\_\_\_\_  
1<sup>st</sup> Quarter (2023): \_\_\_\_\_  
2<sup>nd</sup> Quarter (2023): \_\_\_\_\_  
3<sup>rd</sup> Quarter (2023): \_\_\_\_\_  
4<sup>th</sup> Quarter (2023): \_\_\_\_\_

### Stability Rate

3<sup>rd</sup> Quarter (2021): \_\_\_\_\_  
4<sup>th</sup> Quarter (2021): \_\_\_\_\_  
1<sup>st</sup> Quarter (2022): \_\_\_\_\_  
2<sup>nd</sup> Quarter (2022): \_\_\_\_\_  
3<sup>rd</sup> Quarter (2022): \_\_\_\_\_  
4<sup>th</sup> Quarter (2022): \_\_\_\_\_  
1<sup>st</sup> Quarter (2023): \_\_\_\_\_  
2<sup>nd</sup> Quarter (2023): \_\_\_\_\_  
3<sup>rd</sup> Quarter (2023): \_\_\_\_\_  
4<sup>th</sup> Quarter (2023): \_\_\_\_\_

## Williams, Jacqueline

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**From:** Williams, Jacqueline  
**Sent:** Thursday, March 21, 2024 9:31 AM  
**To:** Concordia Administrator  
**Subject:** Gold Seal Award Application Review - Concordia Manor (File#: 55215)  
**Attachments:** Gold Seal OMIT- Concordia Manor March 2024.pdf; Gold Seal Staffing Form March 2024.pdf  
  
**Importance:** High

Good Afternoon Mr. Newland:

In an effort to streamline the Gold Seal Award application process, we are sending your application omission letter by email. Therefore, if you would forward the requested information, it will give staff ample time to complete the review for your facility.

Attached are the following:

- Application omission letter
- Staffing Form

If you have any questions, please contact me at the telephone number listed below.

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**Jacque Williams - OPERATIONS & MGMT CONSULTANT MGR -  
SES**



Bldg 2 Rm C-18 - LONG TERM CARE SERVICES UNIT  
2727 MAHAN DR, MAILSTOP 33, TALLAHASSEE, FL 32308  
850-412-4437 (Office)

[Jacqueline.Williams@ahca.myflorida.com](mailto:Jacqueline.Williams@ahca.myflorida.com)



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Fax 727-322-4656  
1515 22<sup>nd</sup> Ave N  
St. Petersburg, FL 33704



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Dylan Dinesh, M.D.  
Spencer Threw, D.O.  
Clair Taylor, APRN  
Lacie Stone, APRN  
Chandrika Patel, APRN  
Heather Holst, APRN

To whom It May Concern

It gives me great pleasure to nominate Concordia Manor for the Gold Seal Award. This facility provides great resident care and outcomes to the St. Petersburg Community in a small home like setting.

The team at Concordia Manor live up to the facility customer service statement each and every day and are committed to delivering customer service that exceeds the expectations of our patients, residents, families, Staff and professional colleagues. Exceptional service is the culture at the facility, which they demonstrate every day.

Thank You

Dylan Dinesh, MD

**Received**  
MAR 15 2024  
Central Services

## 2024 Education Calendar

January			
Program	Audience	Competencies	Table #
<b>QAA Compliance &amp; QAPI Policy &amp; Process Review (NHA/DON)***</b>  Communication for continuity of care – shift to shift report/nurse to nurse report/orders review shift to shift (review internal process) (DON/ADON/SDC/UM***)  <b>Safe Skills: Tube Dislodgements; emergency tracheostomy reinsertion after accidental decannulation, PEG tubes and suprapubics</b>	ALL Staff   Nurses/CNAs	Review the QAPIs that are active QA & QAPI Post Test   Observation Audit Tool of shift to shift report, Communication for Continuity of Care	Section 2.0  Section 3.0  # 1*** # 2***
February Infection Prevention Month			
Program	Audience	Competencies	Table #
<b>Tuberculosis Education Policy Review (Infection Prevention Nurse)</b>  Infection Prevention & Control – Antibiotic Stewardship Program***  PPE – Transmission Based Precautions (Infection Prevention Nurse)  HIV/AIDS  Bloodborne Pathogens Infection Prevention Nurse) ***  Head 2 Toe Program for Infection Prevention  Medical Director and all practitioner education on IPC and Antibiotic Stewardship Program Infection Prevention Nurse through QAA  <b>Safe Skills: Medication Administration, Med rooms, common errors, carts, ordering and receiving medications, EDK, RXNow</b>	ALL STAFF  ALL Staff  ALL Staff  ALL Staff  Nursing  QAA-Medical Director and Practitioners	Complete TB Evaluations for all staff  Infection Control Posttest  Observe Donning and Doffing for Residents with TBP. Observations (tool included) for all departments including: laundry, housekeeping, maintenance, dietary, therapy  Head 2 Toe Post tests, Handwashing/Hygiene Observations	Section 4.0  Section 5.0  Addendum: H2Toe Program zip file  # 3*** # 4***
March Maintenance Director Month – ALL STAFF			
Program	Audience	Competencies	Title #
Hazard Communication/MDS (ADON/SDC/Maintenance)  Biomedical/Hazardous Waste (ADON/SDC/Maintenance)  Legionella Identification and Assessment (ADON/SDC/Maintenance)  Disaster Plans – Emergency Pre Plan review – know your role – (hurricanes, fires, sinkholes, tornados, power outages, managing temperatures etc.) (Maintenance Director)  Lock Out-Tag Out (Maintenance Director)  Cord Control/Slip/Spill and Fall Prevention (Maintenance Director/RM) Fire Prevention & Safety (Maintenance Director)  <b>Safe Skills: PPE, types of TBP, donning and doffing</b>	ALL Staff	Disaster Drills   Complete Legionella Assessment   CODE RED/FIRE DRILL education	Section 6.0  # 5

Received  
 MAR 15 2024  
 Central Services



## 2024 Education Calendar

April (CNA month)			
Program	Audience	Competencies	Title #
<b>CNA Skills Fair</b> C N A Competency Review Form to be completed hand hygiene Restorative Competencies /Repositioning Residents, Positioning Devices, Glide Sheets etc. demonstration of documentation and Kardex review prior to providing care Resident Transfers, Back Injury Prevention, Body Mechanics, Lift Equipment, Gait Belts – Reading the Kardex prior to care delivery <b>Therapy/ADON/SDC</b> Heat & Stroke Prevention (includes sunblock) Fall Prevention & Post Test Catheter care & Dignity Reporting changes in condition to the nurse Communication for continuity of care – shift to shift report***  Medical Error Prevention and Safety *** Safe Skills: Lifts and transfers, glide sheets, competencies for nurses responsibility	CNAs	CNA Competency Review completed Observations completed during skills fair	Section 7.0  # 6*** # 2*** (repeat)
	CNAs	Post Test	
	Nurses/CNAs	Post Test	
May NURSING ONLY – Nursing Home WEEK (May 8 <sup>th</sup> – 14 <sup>th</sup> )			
Program	Audience	Competencies	Title #
Medical Record Documentation-Legal Aspects-ADLs – PCC related EMAR Specialist (ADON/SDC/RM/CRD) Medical Record Documentation and Legal Aspects Appropriate to Nursing Assistants ***  Smoking Safety / Designated Areas (ADON/SDC)  Pressure Ulcer Prevention (ADON/SDC) – review wound documentation iPOD process  Narcotic Management – Chain of Custody (ADON/SDC)  Advanced Directives Policy Review Advanced Directives Documents (SSD) and honoring wishes & CODE BLUE Review CPR Skills/Role (not certification for CNAs) *** Safe Skills:: Directed inservice for CPR, honoring advanced directives and how it relates to Abuse/Neglect, code statuses, who can decide	Nurses/CNAs	High Risk Safety Checklist	Section 8.0
	Nurses/CNAs		# 7*** # 8 # 9 # 10 # 11***
	Nurses/CNAs	Safe Smoking Checklist	
	Nurses/CNAs	Post Tests	
	Nurses	Narcotic Documentation & Management Audit	
	Nurses  CNAs	Advanced Directive Audit Attestation (Nurses) Audit Code BLUE Drills	
June Risk Management Month			
Program	Audience	Competencies	Title #
Abuse, Neglect, Exploitation, Misappropriation, Elder Justice Act examples and reporting requirements (RM, or designated person/NHA)***  Dementia management and resident abuse prevention related to behavior (RM, or designated person/NHA)***  Risk Management Accident Prevention and Safety Awareness, Slip, trip and fall prevention (RM or designated person)  Post Event Management resident/staff and visitors (RM or designated person) Writing statements  Hot Liquid Policy (RM, or designated person)	ALL Staff	Abuse Post Test	Section 9.0
	Nurses/CNAs	Dementia Behaviors Post Test	# 12*** # 13*** # 14 # 15
	ALL Staff	Risk Prevention Post Test	
	ALL Staff		
	ALL Staff		

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## 2024 Education Calendar

Catastrophic Event Policy & Procedure – CODE CAT Review (SW/RM or designated person)	ALL Staff	Code CAT drill review	
Elopement Prevention Policies and Procedures - CODE SILVER Review (RM, or designated person)	ALL Staff	Code SILVER drill review Electronic Bracelet Competency	
<b>Safe Skills:: Behaviors affecting others, sexual intrusiveness, abusive or aggressive behaviors, wandering, physical boundary awareness (blind, dementia)and how to manage</b>			

### July Nursing ONLY (LV's and CNAs) Disease Processes

Program	Audience	Competencies	Title #
COPD Care CHF Care Sepsis (early) Identification and Management Training Change in Condition Respiratory Care / Trach / Suctioning / Bipap / Cpap /respiratory assessment Diabetes management – insulin administration End of Life Care/Hospice Altered Mental Status Communication for continuity of care – shift to shift report/nurse to nurse report/orders review shift to shift (review internal process)	Nurses and CNAs	Nebulizer, trach care and oxygen administration (nasal canula/trach/bipap and cpap) observation/competency Emergency trach supply audit Respiratory Assessment competency	Section 10.0 # 16 # 2*** (repeat)
Safe Skills: Wanderguard system & monitoring system (checks, doors) for elopement risk, proper placement and updated PASRR for changes in condition (more forgetful, less safety awareness) CODE CAT process	Nurses/CNAs	Change in Condition Quiz	

### August All Staff- Ethics, Domestic Violence, Dementia Behaviors

Program	Audience	Competencies	Title #
Workplace Violence/Active Shooter (ESC/NHA) Domestic Violence *** Ethics and Compliance (NHA/RM, or designated person)*** HIPAA & Compliance Training (RM, or designated person/NHA Residents with Combative & Aggressive Behaviors (Bathing without a Battle or similar education) Alzheimer's/Dementia care & communication *** (hand in hand or other similar education)	ALL Staff	Active Shooter Video – Drill Domestic Violence Post Test Ethics and Compliance Post test HIPPA post test	Section 11.0 # 17*** # 18*** # 19***
Safe Skills: Creative meaningful and customized interventions post events (falls, behaviors, skin alterations)	Nurses/CNAs	Dementia Care Post Test	

### September Licensed Nurse Month

Program	Audience	Competencies	Title #
Licensed Nurse Skills Fair Hand hygiene Dialysis fistula, Change in Condition, TPN, IV site care, Wound Care, Medication Administration (injections, eye/ear drops, topical, etc.) Respiratory Assessment, trach care, suctioning, post-surgical care, completing a skin sweep, preventing needlesticks (return demonstration on how to cap needles and dispose)	Licensed Nurses	Licensed Nurse Competency Review form to be completed and filed in the employee personnel file Glucometer Return Demonstration Medication pass Gtubes Trachs Nebulizers	Section 12.0

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## 2024 Education Calendar

<p>Medication</p> <p>Fall Prevention&amp; Post Test Catheter Care &amp; Dignity</p> <p>Schedule IV Certification classes if needed Resident Transfers, Back Injury Prevention, Body Mechanics, Lift Equipment, Gait Belts – Reading the Kardex prior to care delivery (Therapy/ADON/SDC)</p> <p><b>Safe Skills: All about ADLs, level of assistance, changes in care needs</b></p>	<p>Wound Care protocol Inhaler processes (hand held) Syringe safety Narcotic Count/documentation process</p>
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### October Nutrition in Nursing

Program	Audience	Competencies	Title #
<p>Nutrition &amp; Hydration&amp; Proper feeding techniques reporting changes in intake, passing snacks – verifying diet (food and drink) consistency prior to feeding (ADON/SDC/RD/Therapy)</p> <p>Proper weighing procedure</p> <p>Choking Prevention Process</p> <p>Provide correct consistency of diet/snack/liquids and s/s to report (ADON/SDC/Speech)</p> <p>Allergies management- PCC to dietary department in writing, tray card review, communicate to activities staff, (ADON/SDC) POLICY</p> <p>All Hands On Deck Dining Program</p> <p><b>Safe Skills: Respiratory overview refresher, flu, covid and pneumonia vaccines</b></p>	<p>Nurses/CNAs/ Activities</p>	<p>Tray pass and snack observation</p> <p>Observation of dependently fed residents</p> <p>Competency on weighing a resident</p> <p>Audit thickened liquids at bedside</p> <p>Allergy audit with Dietary department validation</p>	<p>Section 13.0 # 21</p>

### November Resident Rights, TIC, Communication All Staff

Program	Audience	Competencies	Title #
<p>Resident Rights *** Person Centered Care based on preferences (meals/medication administration/ADLs/activities/religion) (ADON/SDC)</p> <p>Trauma Informed Care and Cultural Competency (Awareness) (ADON/SDC)</p> <p>Behavioral Health training per facility needs (behaviors)*** Grievance policy, process &amp; opportunities (Social Services, ADMIN)</p> <p>Education based on Facility Assessment Review</p> <p>Communication for continuity of care – shift to shift report/nurse to nurse report/orders review shift to shift (review internal process)</p> <p><b>Safe Skills: Ports and care, IVs, dialysis shunts &amp; fistulas, PICCs, midlines, peripherals and indwelling</b></p>	<p>ALL Staff</p> <p>ALL Staff</p> <p>ALL Staff</p>	<p>Resident Rights Post Test</p> <p>Trauma Informed Care Post Test</p> <p>Grievance audit by SS, Admin</p>	<p>Section 14.0 # 22*** # 23***</p>

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## 2024 Education Calendar

December			
Program	Audience	Competencies	Title #
Review annual education for ALL STAFF and C.N.As and "catch up". Review facility assessment for other topics indicated.			

*This education calendar is based upon the education requirements from the following groups:*  
*CMS/AHCA Education Requirements for Long-Term Care Facilities*  
*ASPEN Regulations (State N Tags)*  
*Florida State Board of Nursing Education Requirements for Certified Nursing Assistants (CNAs)*  
*Occupational Health and Safety Administration (OSHA)*  
*Management Company Monthly Safety Programs*  
*Florida Department of Health-Biomedical/Hazardous Waste Management*

The following education calendar has been reviewed and approved for the facility education plan for the calendar year 2022.  
 This education calendar is subject to change based on QAA Committee recommendations, survey findings, events, facility assessment findings etc.

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