

ALF/AFCH EMPLOYEE REVIEW



Facility Name: Facility Type: <input type="checkbox"/> ALF <input type="checkbox"/> AFCH Event ID: Survey Date: Surveyor: <input type="checkbox"/> Spell Check	Employee Information						
	ALF	AFCH	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:

Administrator Requirements								
1. Administrator High School Diploma or equivalent A-0077 58A-5.019(1) FAC	X							
2. Administrator/Provider: CORE Training & Exam /AFCH Provider Training. CORE Training & Exam (must complete within 3 months of becoming administrator). AFCH: 12 hour provider training completed prior to accepting residents A-0080 58A-5.019(1) FAC AFCH: F0601 58A-14.008(4)(a) FAC	X	X						
3. Continuing Education: ALF Administrator/ Designees (12 hours every 2 years). AFCH - 3 hours annually related to care and treatment of residents or management/administration of AFCH. A-0080 58A-5.019(1) FAC AFCH: F0602 58A-14.008(4)(b) FAC	X	X						

Requirements Upon Hire/Training								
4. Application and References A-0161 58A-5.024(2) FAC AFCH: F0403 58A-14.0085(2)(a)3	X	X						
5. Job Description (17 + residents) A-0161 58A-5.024(2) FAC	X							

ALF/AFCH EMPLOYEE REVIEW



Facility Name: Facility Type: <input type="checkbox"/> ALF <input type="checkbox"/> AFCH Event ID: Survey Date: Surveyor: <input type="checkbox"/> Spell Check	Employee Information							
	ALF	AFCH	Staff Name and Identifier:	Staff Name and Identifier:	Staff Name and Identifier:	Staff Name and Identifier:	Staff Name and Identifier:	Staff Name and Identifier:
		Date of Hire:	Date of Hire:	Date of Hire:	Date of Hire:	Date of Hire:	Date of Hire:	Date of Hire:
		License #:	License #:	License #:	License #:	License #:	License #:	License #:
6. Level II Background Screening  Must be completed every 5 years. Can provide proof of prior Level 2 background screen if not unemployed for more than 90 days. Must be completed prior to hire with eligible results but can be in training while results are pending.  Z815 408.809, 435.02(2), 435.06 AFCH: F0612 408.809, 435.02(2), 435.06	X	X						
<b>Requirements within 30 Days of Hire</b>								
7. Communicable disease status  Must submit statement completed by a health care provider (M.D., P.A. or ARNP) within 6 months prior to hire or within 30 days of hire that they are free of communicable disease, including TB.  A-0078 58A-5.019(2) FAC AFCH: F0401 58A-14.0085(2)(a)1FAC	X	X						
8. TB Status  Freedom from TB must be documented annually.  A-0078 58A-5.019(2) FAC AFCH: F0401 58A-14.0085(2)(a)1FAC	X	X						
<b>Staff Training within 30 Days of Hire</b>								

ALF/AFCH EMPLOYEE REVIEW



Facility Name: Facility Type: <input type="checkbox"/> ALF <input type="checkbox"/> AFCH Event ID: Survey Date: Surveyor: <u>Spell Check</u>	Employee Information							
	ALF	AFCH	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:
<b>9. Infection Control Training</b>  Must be completed within 30 days and prior to providing any personal/direct care to residents.  A-0081 58A-5.019(2) FAC	X	X						
<b>10. ADL and Behavioral Needs Training</b>  3-hour training within 30 days can be provided by administrator.  A-0081 58A-5.019(2) FAC  Nurses, Certified Nursing Assistants and home health aides trained in accordance with 59A-8.0095 FAC are exempt from this requirement.	X							
<b>11. HIV Training</b>  2-hour training within 30 days can be provided by administrator, prefer Board of Nursing or Health Department. A-0082 58A-5.019(3) FAC	X							
<b>12. Elopement response training</b>  1-hour training within 30 days can be provided by administrator.  A-0081 58A-5.019(2) FAC	X							

# ALF/AFCH EMPLOYEE REVIEW



Facility Name: Facility Type: <input type="checkbox"/> ALF <input type="checkbox"/> AFCH Event ID: Survey Date: Surveyor: <input type="checkbox"/> Spell Check	Employee Information							
	A L F	A F C H	Staff Name and Identifier:  Date of Hire:  License #:	Staff Name and Identifier:  Date of Hire:  License #:	Staff Name and Identifier:  Date of Hire:  License #:	Staff Name and Identifier:  Date of Hire:  License #:	Staff Name and Identifier:  Date of Hire:  License #:	Staff Name and Identifier:  Date of Hire:  License #:
13. Emergency preparedness & Evacuation training  1-hour training within 30 days can be provided by administrator.  A-0081 58A-5.0191(2)FAC AFCH: F0606 58A-14.008(4)(d)FAC	X	X						
14. Incident reporting training  1-hour training within 30 days can be provided by administrator.  A-0081 58A-5.0191(2)FAC	X							
15. Resident rights training  1-hour training within 30 days can be provided by administrator.  A-0081 58A-5.0191(2)FAC AFCH: F0606 58A-14.008(4)(d)FAC	X	X	11/27/14					
16. Recognizing/ Reporting Abuse, Neglect & Exploitation training  1-hour training within 30 days can be provided by administrator.  A-0081 58A-5.0191(2)FAC AFCH: F0606 58A-14.008(4)(d)FAC	X	X	11/28/14					
17. DNRO P & P training 1-hour training within 30 days can be provided by administrator. A-0090 58A-5.0191(11)FAC	X							

ALF/AFCH EMPLOYEE REVIEW



Facility Name: Facility Type: <input type="checkbox"/> ALF <input type="checkbox"/> AFCH Event ID: Survey Date: Surveyor: <u>Spell Check</u>	Employee Information							
	ALF	AFCH	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:
<b>18. Nutritional &amp; Safe Food Handling</b>  1 hour training for any staff that prepares or serves food within 30 days of hire, can be provided by administrator.  A-0081 58A-5.0191(2)FAC AFCH: F0606 58A-14.008(4)(d)FAC	X	X						
<b>Alzheimer's Training Requirements</b>								
<b>19. Alzheimer's Training Level I</b>  For facilities advertising special care to residents with Alzheimer's disease or related disorders(ADRD) or who have secure areas, staff who have regular contact and/or provide direct care to residents with ADRD shall have 4 hours of initial training within 3 months of hire.  A-0086 58A-5.0191(9)FAC	X							
<b>20. Alzheimer's Training Level II</b>  For facilities advertising special care to residents with Alzheimer's disease or related disorders (ADRD) or who have secure areas. Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training within 9 months of hire.  A-0086 58A-0191(9)FAC	X							
<b>Additional Training Requirements</b>								

ALF/AFCH EMPLOYEE REVIEW



Facility Name: Facility Type: <input type="checkbox"/> ALF <input type="checkbox"/> AFCH Event ID: Survey Date: Surveyor:  <input type="text" value="Spell Check"/>	Employee Information						
	ALF	AFCH	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:	Staff Name and Identifier: Date of Hire: License #:
<b>21. Medication Training &amp; Updates</b>  Must complete initial 4 hour training prior to assisting with self-administration of medication. Must complete 2 hour update annually. Training must be provided by a registered nurse or licensed pharmacist.  A-0084 58A-5.019(5) FAC	X		APD certificate dated 9/25/14 for medication administration assistance.				
<b>22. Food Service Designee</b>  The administrator or person responsible for food service and/or supervision of food staff must obtain 2 hours of continuing education annually.  A-0085 58A-5.0191(6)FAC	X						
<b>23. First Aid Training</b>  ALF: A staff member who has a valid, current card documenting completion of First Aid and CPR courses must be in the facility at all times. AFCH: The provider, relief staff and any person left in sole charge of residents must hold a valid, current card documenting completion of First Aid and CPR courses.  A-0083 58A-0191(4)FAC AFCH: F0605 58A-14.008(4)(c)FAC	X	X					

ALF/AFCH EMPLOYEE REVIEW



Facility Name: Facility Type: <input type="checkbox"/> ALF <input type="checkbox"/> AFCH Event ID: Survey Date: Surveyor: <input type="checkbox"/> Spell Check	Employee Information							
	ALF	AFCH	Staff Name and Identifier:	Staff Name and Identifier:	Staff Name and Identifier:	Staff Name and Identifier:	Staff Name and Identifier:	Staff Name and Identifier:
		Date of Hire:	Date of Hire:	Date of Hire:	Date of Hire:	Date of Hire:	Date of Hire:	Date of Hire:
		License #:	License #:	License #:	License #:	License #:	License #:	License #:
24. CPR Training  ALF: A staff member who has a valid, current card documenting completion of First Aid and CPR courses must be in the facility at all times. AFCH: The provider, relief staff and any person left in sole charge of residents must hold a valid, current card documenting completion of First Aid and CPR courses.  A-0083 58A-5.0191(4)FAC AFCH: F0605 58A-14.008(4)(c)FAC	X	X						
<b>Extended Congregate Care Facility Training Requirements</b>								
25. ECC – Administrator/Supervisor –  4 hours of initial training within 3 months of hire. 4 hours of continuing Education every 2 years.  E-210 58A-5.0191(7)FAC	X							
26. ECC – Staff  2 hours of training within 6 months of hire.  E-210 58A-5.0191(7)FAC	X							
<b>Limited Mental Health Training Requirements</b>								

ALF/AFCH EMPLOYEE REVIEW



Facility Name: Facility Type: <input type="checkbox"/> ALF <input type="checkbox"/> AFCH Event ID: Survey Date: Surveyor: <u>Spell Check</u>	Employee Information							
	ALF	AFCH	Staff Name and Identifier:	Staff Name and Identifier:	Staff Name and Identifier:	Staff Name and Identifier:	Staff Name and Identifier:	Staff Name and Identifier:
			Date of Hire:	Date of Hire:	Date of Hire:	Date of Hire:	Date of Hire:	Date of Hire:
			License #:	License #:	License #:	License #:	License #:	License #:
27. LMH Training  6 hours within 6 months of hire provided by or approved by the Department of Children and Families. 3 additional hours of continuing education every 2 years can be provided by the administrator or through distance learning.  L-243 58A-5.0191(8)FAC	X							

Notes:

## Employment Review Directions:

1. Select a minimum of one employee from each shift. This will allow you to establish if the facility is meeting the requirement for First Aid and CPR.
2. Document the employee's name and identifier (ex: Employee A), date of hire and license number, if applicable.
3. Document the date each requirement was satisfied. X's or check marks are not acceptable.
4. When documenting completion of the background screen, include the results, such as whether the employee was eligible.
5. For medication training, include the initial 4-hour training and the most recent update.
6. Document any additional relevant concerns or questions in the notes section at the end of the form.
7. Per A 091-The facility must maintain certificates or copies of certificates for completed training in the facility's personnel files. The documentation must include: the name of the training program, the subject matter of the program, the program agenda, the number of hours of the program, the trainee's name, the dates of participation and the location and the provider of the training's name, dated signature, credentials and, if applicable, professional license number.