

Before you criticize the staff, consider all of the training they must have in order to work in a Florida based ALF:

**Administrators** must complete the 26+ Hours assisted living facility CORE training requirements – take a state exam and must complete 12 hours of continuing education every 2 years.

**Staff must have Pre-Service and On-Going Mandatory Trainings to include:**

- **Infection control**, universal precautions, and facility sanitation procedures
- Reporting **ADVERSE INCIDENTS**
- Facility **emergency** procedures for Hurricanes, Fire Drills, and Evacuations
- **Resident rights** in an assisted living facility
- Recognizing and **reporting abuse, neglect, and exploitation**
- Resident **Behaviors** and **needs**
- **Safe Food Handling** practices
- Resident **ELOPEMENT** response policies
- **HIV/AIDS**
- **FIRST AID** and **CPR**
- **Medication Management**
- **Alzheimer's disease** and Related Disorders trainings (8 hours)
- **Do Not Resuscitate Orders** (DNRO) training

Staff must be able to pass the **Level 2 Background Check** for Assisted Living Facilities as required by AHCA and based on F.S. 429.174. This Statute says that AHCA shall require Level 2 background screening and requires the fingerprint-based background check for the staff and administration of ALF's in Florida. **This applies to those employees designated by law as holding positions of responsibility or trust.**

The lesson here is that the most successful caregivers treat the assisted living community as a respected ally rather than a threat and do what they can to enhance their loved ones' experiences without overstepping the boundaries and regulations in place for the benefit of **ALL** of the other residents or staff.

Taking care of the caregiver is our mission. We have resources and can direct you to help and hope. It is a difficult journey, and we understand there are many issues to be addressed. Please **ASK FOR HELP**.

Assisted living facilities in Florida must be licensed by **The Agency for Health Care Administration, Bureau of Health Facility Regulation**. <https://ahca.myflorida.com/>

# DEMENTIA CAREGIVER RESOURCES



## FAMILY INVOLVEMENT GUIDELINES

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Moving our Loved One into an Assisted Living Community takes a leap of faith and trust. We are so unsure of our decisions. It is the hardest thing we have ever had to do; and we are riddled with guilt and angst. We have the moments of **YES** we need to do this, and OMG what am I doing when I made him/her THE PROMISE to NEVER do this. It makes us question every fiber of our soul.

We KNOW we cannot keep our Loved One at home any longer. We KNOW the doctor has filled out the paperwork, yet we hesitate to admit this is the way of the future. We have to do this. We have to make changes. We have to let go.

We come into the ALF, and we have to adjust to the different feel. It is foreign to our way of thinking and doing things. Running an ALF includes staff that is well-trained and able to interact with residents and families. When there are issues, staff understands that their priority is resident safety and well-being. They have to get to know our family member, make sure they are clean, get their meals and medications on time, engage them in activities, interact on a daily basis and make sure all are safe from harm and danger. It takes a village to run an assisted living community.

Striking a careful balance is crucial when it comes to visits and family involvement at a long-term care facility. There is helpful participation with your loved one, and then there is involvement that borders on, or crosses over into, interference.

#### **Advocacy vs. Entitlement**

Family caregivers naturally advocate for their loved ones' wellbeing, and this is entirely necessary, especially for persons who cannot fully understand or participate in their own care. However, there is a point where some family members take this responsibility to an unrealistic level. Make sure you choose the things that are ok to do – but please do not make yourself annoying by including only a few residents – all of them need to participate with the things they can still accomplish. To exclude other residents from an activity or snack or socialization may be considered a form of abuse or neglect.

Visiting for short timeframes three or four times a week is OK. Visiting for 7-8 hours every day is completely draining and unnecessary. Being there every day is like telling the staff that you do not trust them. What happens when you are no longer there? What is your back-up plan? Are you coming in when you are sick because you “have to”?

When family members have taken all of the trainings, have become med techs, CNA's, activity directors, marketing and leasing coordinators, administrators, and so forth, then they can make some suggestions and ideas for running the ALF, but when they are coming in as a family member who has no long-term care experience, then they need to come to terms with the things that are in place to make the environment a safe and fun place for their Loved one to live.

There are federal, state, and county laws and guidelines that licensed ALF's must follow. If families do not fully understand these, or still have issues, then a care plan needs to be set up with the department heads and the doctor to see what can be changed.

Change is hard, and we hope this brochure has given you some help and deeper understanding of the moral and ethical directives that are in place for all parties to benefit.