Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967736	A. BUILDING: _____ B. WING _____	12/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZION'S ASSISTED LIVING FACILITY, INC	2029 JUPITER BLVD, SW PALM BAY, FL 32908

(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
CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on Agency background screen website review, personnel record review and interview, the facility failed to maintain the current employment status of employees within the Agency's Background Screening Clearinghouse for 1 of 2 staff employees (B).	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1 Findings: Review of the personnel record for Staff B, unlicensed caregiver revealed a date of hire of . The record contained an eligible level 2 background screening result dated . Review of the facility's employee roster on the Agency's Background Screening Clearinghouse website for the facility revealed Staff B, caregiver, found she was not listed on the facility's employee roster. On at 11:00AM, the administrator confirmed staff B was not on the roster and stated she did not realize she had not added her. Unclassified	CZ814		
A 000	Initial Comments A re-licensure survey was conducted at Zion Assisted Living on . Deficiencies were identified at the time of the visit.	A 000		
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	A 083		

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A 083	Continued From page 2 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 personnel record review and interview, the facility failed to ensure that at least one staff member who had completed courses in First Aid and (, ,) and held a currently valid card documenting completion of such courses was in the facility at all times for 1 of 2 sampled staff (B). Findings: Review of the . . . . staff schedule for the facility showed that staff B worked alone on from 7a-7p, . . . , . , . . . from 7p-7a. Review of the personnel record for Staff B, unlicensed caregiver (date of hire), revealed copies of 2 cards for training in First Aid and . dated . The courses were completed electronically through an online provider. There was no -on training in either course. On . . . . at 11:00AM, the administrator confirmed there were no other documents for First Aid or training for Staff B. The administrator stated she did not know her training	A 083		

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A 083	Continued From page 3 had been completed online. During the survey, the administrator contacted Staff B and told her not to report to work until the [redacted]-on training was completed. Class III	A 083		