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
	AL11953542	A. BUILDING: _____ B. WING _____	12/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS OF LONGWOOD (THE)	480 EAST CHURCH AVENUE LONGWOOD, FL 32750

(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
A 000	Initial Comments Complaint Investigations #2019014908, #2019015511, #2019015778, #2019016640, and #2019017125 were conducted from . The Palms of Longwood had deficiencies at the time of the visit.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must 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 shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (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. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel	A 025		

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A 025	Continued From page 1 independently in the community. (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. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (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. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide adequate interventions when 1 of 18 sampled residents experienced multiple (#12), and failed to follow a health care provider's medication order for 2 of 18 sampled residents (#9 & 12). Findings: 1. Resident #12's record revealed a facility admission date of . Her admission 1823 health assessment form (1823), dated , indicated that she is a risk. Her diagnoses include type 2, , and . Facility notes indicated that on she had a large under her and on the right side of her . The origin was unknown. On , an order was received for side rails on her bed. She complained of and	A 025		

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A 025	Continued From page 2 , "after post unwitnessed from yesterday" and was sent to the hospital. On she returned from the hospital. An 1823, dated , indicated that she has a history of falling, difficulty walking, and generalized . Daily , was prescribed. On , she was admitted to hospice services. On at 2:14 a.m., she and sustained a to the of her . She was sent to the hospital. On at 9:30 a.m., she returned from the hospital with a staple to the of her . On at 4:30 a.m., she was found lying on the floor on her left side in her room. was observed on the left side of her . She was sent to the hospital, where she currently remains. Review of the facility notes and incident reports revealed the only documented intervention was the side rail order. In addition, there was no documentation to indicate the resident received , as was prescribed on . On at 11:12 a.m., the director of nursing said resident #12 never received , and said she believed the reason was because the resident was admitted to hospice. However, the resident was not admitted to hospice until seven days after the order. 2. Resident #12 had an order, dated , for Regular based on the following coverage: 60-150=0 units (u.),	A 025		

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A 025	Continued From page 3 151-200=2 u., 201-250=4 u., 251-300=6 u., 301-350=8 u., 351-400=10 u., greater than 400-12 u. The Medication Adminsitration Record (MAR) revealed that on at 7 a.m., her was 250, and at 5 p.m. it was 212. On at 7 a.m., it was 267, and at 5 p.m. it was 296. However, there was no documentation on the MAR to indicate she was given the Regular based on those readings. At 12:55 p.m. on , the director of nursing (DON) confirmed that there was no documentation on the MAR to indicate she was given the Regular based on those readings. She was unable to provide additional documentation. At 1:15 p.m. on , the DON confirmed there was a lack of documented interventions following resident #12's , and she was unable to provide additional documentation. Photographic evidence obtained. 3. Resident #9 had a health assessment report 1823, dated , that listed diagnoses of , high , and . He needed assistance with self-administration of medications. The Medication Observation Record (MOR), dated , listed 500 milligrams (mg.) twice daily ( ) and 25 mg. at 8 AM and 8 PM . Both medications had staff initials circled on and for the AM and PM doses. The page of the MOR inidcated that both medications were not given, refills pending. There was no evidence why the	A 025		

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A 025	Continued From page 4 medication was not available to be give as ordered by the healthcare provider. On at 2 PM, the administrator said that there was no written documentation about the medications, but she knew there had been an issue with the family not paying co-pays in . Class II	A 025		
A 030 SS=D	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline	A 030		

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A 030	Continued From page 5 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident . . . . ., neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which	A 030		

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A 030	Continued From page 6 residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other	A 030		

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A 030	Continued From page 7 similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is	A 030		

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A 030	Continued From page 8 harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [illegible], the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [illegible], interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, [illegible], and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and, if applicable, [illegible], Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are	A 030		

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A 030	Continued From page 9 kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to honor resident rights by not providing an appropriate discharge for 1 of 18 sampled residents (#4), and not providing a safe environment and appropriate supervision after a resident exhibited aggressive behaviors for 1 of 18 sampled residents (#5).	A 030		

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A 030	Continued From page 10 Findings: 1. Resident #5's record revealed an admission date of . His admission health assessment documented diagnoses including and a risk. He required assistance with all Activities of Daily Living. He ambulated using a wheelchair. Observation notes reflected an incident of agitated behavior on . A family member was contacted and took him to the emergency room. He returned the same day with a prescription for an . On , the notes reflected an incident in the dining room when a caregiver pulled his wheelchair away from the table without his knowledge. He reacted, and "got a knife off the table and went after the caregiver". The situation was diffused, and the resident was taken to his room. His physician and family were notified, and he was taken to the hospital for evaluation. He returned the same day. On , notes reflected an altercation between residents #5 and #13. A caregiver statement at about 8:30 PM on reflected that she heard resident #13 "screaming and walking out of the room". Photographic evidence obtained. On at 11 AM, in a phone interview with the caregiver who wrote the statement, she stated when resident #13 came out of his room, he had a red mark on his forehead very close to his , and was . She said he told her his roommate, resident #5, had hit him with his cane. She sent resident #13 to the emergency room after calling 911. After informing the administrator, resident #5 was sent to the hospital that night as well for and aggression. The record did not reveal any notes or reports referencing steps taken to increase	A 030		

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A 030	Continued From page 11 supervision for resident #5. A note from the physician, dated . . . . . , documented the facility would not accept resident #5 . . . in the facility due to "his history of assault, inappropriate behavior and combativeness". On . . . . . at 1:20 PM, the administrator confirmed there was no documentation regarding any steps taken to monitor resident #5 after the first aggressive behaviors were observed. She confirmed there was no increased supervision to protect resident #5 and other residents from further incidents of aggressive behavior. 2. Resident #4's record revealed a note written by the administrator, dated , that reflected the following. "The resident's daughter came to the facility to obtain clothes, we discussed her mom. Said she is paid through the end of the month. I told her I would discharge her mom today. She said she would clear room later when she has time because she is paid until end of month. Since she was still in the hospital (name mentioned) when she came in, I told her I would discharge her to the hospital (name mentioned). Per daughter, her and team at hospital (name mentioned) agreed that her mom needed a higher level of care." There was no documentation that the facility had provided a discharge notice or a statement from a health care provider that the resident's needs could not be met in the Assisted Living Facility (ALF). According to the letter, the resident was sent to a local hospital which was not an appropriate discharge. An interview was conducted on at 2 PM	A 030		

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with the administrator to discuss the letter written by her regarding resident #4's discharge. She said the resident's daughter told her that the resident would require a higher level of care, would not be returning, and would be going to a skilled nursing facility. She said that was why she discharged her to the hospital.

On [redacted] at 11 AM, the administrator said resident #4 became ill at her daughter's home and was transported to the hospital. She said the daughter texted her and told her that the resident required a higher level of care and would not be returning. She said she wrote in the admission and discharge log that the resident was discharged to the hospital because that's where she was when the daughter told her that she would not be returning. She said she knew that day the resident was going to a skilled nursing facility and was not going to be remaining at the hospital.

A telephone call was made to resident #4's daughter on [redacted] at 1:25 PM. She said her mother was supposed to go to the [redacted] ( ), that she came to the facility to obtain clothing, and that the resident was very sick and the doctors thought she would not be in the condition to return. She said after a couple of days, her mother did not have to go to [redacted] as they expected, and made a good turn around. She said they were all happy about her recovery and she would be leaving that day for the skilled nursing facility. She said she texted the administrator to let her know about the turn around and that after rehabilitation for [redacted] and [redacted] in the skilled nursing facility, she would like for her mother to return to the ALF. She said that day she came to the facility to let the administrator know that she

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A 030	Continued From page 13	A 030		

wanted her mother to return after rehabilitation. She said the administrator told her that she had discharged her mother to the hospital. She said she told administrator that was an illegal discharge. She said the administrator wanted to give her a refund because she did pay for the month. She told her "No". She did not want a refund because she wanted her to return to the facility. The administrator continued to tell her that she could not bring her mother . She said the resident could not come because of her, the daughter.

On at 1:45 PM, the administrator was asked if she refused to take the resident after the family member said the mother could come . The administrator said that the daughter has said to her before that her mother required a higher level of care and would be leaving and then change her mind. This time when she told her she told her that, she discharged her mother to the hospital. She did not want to take the chance of taking her if she was not appropriate and she had and something happens to her. She was informed at the time that she, as the administrator, would have to make the assessment herself to see if the resident was not appropriate for return, and the health care provider. She said the daughter had also told her that the doctors said she could not come . She was asked if the doctor had given her a statement saying the resident requiring a higher level of care. She was informed that once the daughter said her mother could return, she could have made an assessment and obtained a new resident health assessment form 1823. She was informed at the time that she did not provide an appropriate discharge notice in writing as required.

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PALMS OF LONGWOOD (THE)	480 EAST CHURCH AVENUE LONGWOOD, FL 32750

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A 030	Continued From page 14 Class III	A 030		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform -level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the	A 052		

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A 052	Continued From page 15 prescribed [illegible] settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with [illegible] bags. (4) Assistance with self-administration does not include: (a) Mixing, [illegible], converting, or [illegible] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a [illegible] of the body. (d) Administration of [illegible] preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) [illegible], or [illegible] preparations. (g) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered	A 052		

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A 052	Continued From page 16 administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a	A 052		

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A 052	Continued From page 17 medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to notify a health care provider when 1 of 18 sampled residents (#12) was noncompliant with taking their medications. Findings:	A 052		

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A 052	Continued From page 18 Resident #12's record revealed a facility admission date of . . . . . Her admission 1823 health assessment form, dated , indicated that she requires assistance with self-administration of medications. Review of her . , , , and . . . . . Medication Observation Records (MORs) revealed documentation to indicate she consistently refused to take her medications and no documentation on the MOR or in the resident's record to indicate a health care provider was notified. On at 12:55 p.m. the director of nursing confirmed the findings and was unable to provide additional documentation. Photographic evidence obtained. Class III	A 052		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A	A 054		

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A 054	Continued From page 19 medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) for 1 of 11 sampled residents was properly updated (#4). Findings: Resident #4's MORs for and revealed the facility's nurses were administrating to resident #4 and there were blank spaces on the MORs. There was no way to determine whether or not the resident received her as follows: [illegible] 100 units (u.)/ml (milliliter) injectable solution 10 units, three times daily with meals was blank on at 4 PM, on at 8 AM, and on at 4 PM. 100 u./ml. Inject 30 u.	A 054		

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A 054	Continued From page 20 twice daily was blank at 8 AM on [illegible] and at 4 PM on [illegible]. On [illegible] at 11 AM, the Director of Nursing confirmed that there was no way to determine whether or not the resident received her per physician order. Class III	A 054		
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 [illegible] 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	CZ814		

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CZ814	Continued From page 21 a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on the Agency for Health Care Administration's (AHCA) background screen website, personnel record review, and interview, the facility failed to register and maintain the current employment status of employees within AHCA's Background Screening Clearinghouse for 1 of 8 sampled staff employees (A). Findings: AHCA's background screen website revealed caregiver A, hired on and terminated on , was not listed on the facility's roster. On at 2:30 PM, the business office manager confirmed that caregiver A was not listed on the facility's roster. Unclassified	CZ814		
CZ815 SS=C	408.809; 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual	CZ815		

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CZ815	Continued From page 22 who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ... with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or . with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All . . . . must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the	CZ815		

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CZ815	Continued From page 23 following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (h) Section 817.234, relating to false and fraudulent insurance claims. (i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (k) Section 817.505, relating to patient brokering. (l) Section 817.568, relating to criminal use of personal identification information. (m) Section 817.60, relating to obtaining a credit card through fraudulent means. (n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (o) Section 831.01, relating to forgery. (p) Section 831.02, relating to uttering forged instruments. (q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (s) Section 831.30, relating to fraud in obtaining medicinal drugs.	CZ815		

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CZ815	Continued From page 24 (t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (u) Section 895.03, relating to racketeering and collection of unlawful debts. (v) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or . . . . . with a licensee as of . . , and was screened and qualified under ss. 435.03 and 435.04, has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) A person who serves as a controlling interest of, is employed by, or contracts with a licensee on . . . . . , who has been screened and qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by . . . . . , in compliance with the following schedule. If, upon rescreening, such person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her	CZ815		

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CZ815	Continued From page 25	CZ815		

duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 30 days after receipt of the rescreening results by the person. The rescreening schedule shall be:
(a) Individuals for whom the last screening was conducted on or before [illegible], must be rescreened by [illegible].
(b) Individuals for whom the last screening conducted was between [illegible], and [illegible], must be rescreened by [illegible].
(c) Individuals for whom the last screening conducted was between [illegible] through [illegible], must be rescreened by [illegible].
(6) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.
(7)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who:
1. Does not have an active professional license or certification from the Department of Health; or
2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification.
(b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a

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CZ815	Continued From page 26	CZ815		

person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.
(8) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining , pursuant to s. 943.05(2).
(9) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency.

435.06 Exclusion from employment.-
(1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity.
(2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background

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	AL11953542	A. BUILDING: _____ B. WING _____	12/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS OF LONGWOOD (THE)	480 EAST CHURCH AVENUE LONGWOOD, FL 32750

(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
CZ815	Continued From page 27	CZ815		

screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in

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CZ815	Continued From page 28 such screening or refuses to timely submit the information necessary to complete the screening, including [illegible], [illegible] if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or [illegible] for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was [illegible], regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on personnel record review, the Agency for Health Care Administration's (AHCA) background screening website and interview, the facility failed to ensure that 1 of 8 sampled staff (A) was in compliance with background screening requirements before allowing her to provide care to the residents. Findings: Caregiver A's personnel record revealed a hire date of [illegible]. There was no Level II background screening result found in her record. There was only a Live Scan Request form, dated [illegible], in the record.	CZ815		

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CZ815	Continued From page 29 Review of AHCA's background screening website on at 1 PM read, "A new Screening was required". There was no way to determine whether or not staff A was eligible to provide care to the resident of the facility. The Business Office Manager reviewed caregiver A's personnel file and said on at 1:15 PM that she was not aware that a background screening result was not conducted for caregiver A. The Business Office Manager did not provide any additional information. Unclassified	CZ815		