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
	AL11968935	A. BUILDING: _____ B. WING _____	R 03/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST RIDGE RETIREMENT VILLAGE, INC	19225 SW 87TH AVE MIAMI, FL 33157

(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 A Complaint Investigation numbers 2019017176, 2019018174 and 2019019078 Revisit Survey was conducted at East Ridge Retirement Village, Inc on [redacted], 25, 2020 to [redacted] 13, 2020. Deficiencies were identified at the time of survey.	{A 000}		
{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 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 [redacted] 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 [redacted], 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	{A 054}		

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{A 054}	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Medication Observation Record (MOR) for one out of six residents, was immediately updated at time of self-administration of medication.(Resident #43). The facility also failed to ensure that the Medication Observation Record (MOR) for two out of six residents, was immediately updated at time of self-administration of medication.(Residents #46 and 47). Findings include: 1) On at 8:11 am, observed Staff K use sanitizer, dispensed medications onto a clean pill crusher, crushed the medications, poured crushed medications onto a small white cup, signed the MOR for each medication, mixed the crushed medications with pudding and walked over to the resident. Staff K then stated "Alright [Resident # 43], a couple of spoons here". Staff Karen Getreun then fed Resident #43 the pudding mixed with the crushed medications. A review of Resident #43's MOR showed Staff K initialed the following medications as given before the medication was administered: 10mg Tablet, , Tab 20 mg, 8.6 mg Tablets, , 20 mg Capsule, and , 325 mg Tablet. On at 8:13 am, Staff K stated that she signed the MOR each time the medication was crushed. 2) On , at 8:15 AM, observed Staff	{A 054}		

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{A 054}	Continued From page 2 K reviewing the medications given and the MOR. Review of the MOR for Resident 47 showed that medications for 8:00 AM were not initialed by the staff, Furosenide 20 mg tablet (Give 1 tablet by once daily), , 25mg at 8:00 AM. On , at 8:20 AM, Staff K confirmed that she gave the medications and stated, "I thought I wrote it, but I didn't." On at 8:25 a.m. review of Medication Observation Record (MOR) revealed that resident #46's assistance with self-administration of medication, dosage scheduled for 12 midnight was not updated/initialed by staff identifying that the staff assisted resident with self-administration of medication. Per MOR, medication MAPAP ER 650 mg - "Give 1 Tablet By Every 6 Hours"; last dose was given to resident at 6:00 p.m. On at 8:25 a.m., staff from day shift, Staff K, LPN stated the night shift nurse, was in charge of registering the medication pass she conducted during the night shift. Class III Uncorrected	{A 054}		
{A 078} SS=G	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination	{A 078}		

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{A 078}	Continued From page 3 performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.	{A 078}		

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{A 078}	Continued From page 4 (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to revise and train the staff on emergency protocols. The facility keeps failing to respond to calls in a timely manner. The facility also failed to assure that staff were consistent with their assigned duties to the level of education, training, preparation, experience, and qualifications in emergency situations. Findings included: On , , at 5:30 AM, observed on the second floor, the Staff O's beeper go on; when asked, she stated, "The alarm from 1st floor is ringing, someone should be there." At 5:40 AM, the supervisor was observed walking on the second floor and Staff O stated, "Usually she walks in the building." On , , at 5:45 AM, Staff, O	{A 078}		

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{A 078}	Continued From page 5	{A 078}		

stated, "I take like an hour to do the round; sometimes they want something to drink and if I am helping, I would need to call someone if there is another call. We used to be 2 by floor; it's been more than a year, only one person per floor. Sometimes there is a supervisor, when she has the day off, the health center is on call; the procedure is, if there is an emergency, I still have to call the supervisor."

On [redacted] at 7:10 PM, Staff P stated, "I work the first floor, room numbers 1 to 14; I have 3 in hospice, [redacted]. Most of the time, what I do is change them. If I have an emergency, I call the nurse; if they are busy, then, I call 911."

On [redacted], at 9:50 PM, Staff Q stated, "I help them if they want water to drink, go to the bathroom, change their briefs. If there is an emergency, I call the nurse, if they are not available or taking too long, I call 911."

On [redacted] at 7:27 am in [redacted] # [redacted], Resident #43 stated to Staff N "Can you help me?". At 7:28 am. Staff N pressed Resident #43's call pendant. At 7:34 am, Staff N stated "All caretakers have beepers. Those beepers notify all the employees when a call pendant is pressed". At 7:37am, Staff L walked past Resident #43's room and stated to Staff N, "Yes [redacted] # [redacted] and # 1208 are calling. I'm going to do [redacted] # [redacted] first". Staff L was observed walking into [redacted] # [redacted] and walked right out. Staff L then walked past Resident #43's room and stated that [redacted] # [redacted] was also beeping. Staff M and Staff L was observed walking in at the same time into [redacted] # [redacted]. Staff M then walked out of [redacted] # [redacted] shortly after and went inside [redacted] # [redacted] at 7:41 am. A total of 13

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{A 078}	Continued From page 6 minutes had passed before Resident #43 received assistance. A review of Resident #43's records showed a completed health assessment dated . . . . and showed she was diagnosed with . . . . . and had . . . . . Resident # 43 also required assistance in Ambulation, Bathing, . . . Eating, Self-Care (grooming), Toileting, and Transferring. Review of the facility's protocol also called Medical emergencies revealed, "A license nurse when available will always be the Primary Responder. A staff member with first aid and . . . training will be the responder to the emergency, if nurse is unavailable. In all emergencies security shall be notified. An evaluation of the resident will be completed by the Responder. In the event of two . . . . . emergency calls, another licensed nurse or staff member trained with first aid training and . will respond to the second emergency. 911 will immediately be called to handle one of the emergencies. Emergencies while on activities off-campus will require calling 911. When the Responder returns from the event, he or she will document the event. Resident emergency contacts will be notified of event. Resident's physician will be contacted and notified of event." Uncorrected Class II	{A 078}		
{A 162} SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records	{A 162}		

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{A 162}	Continued From page 7 must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [illegible], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance [illegible], 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed	{A 162}		

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{A 162}	Continued From page 8 consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care	{A 162}		

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{A 162}	Continued From page 9 plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and	{A 162}		

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{A 162}	Continued From page 10 interview the facility failed to complete accurate health assessments for four out of six sampled residents (#7, 43, 44 and 45). Findings included: Record review revealed that Resident #43 had been receiving hospice services since . Health assessment completed on . did not specified that the resident was under hospice services; stated she required assistance with her activities of daily living and required assistance with self-administration of medications. On at 8:11 AM observed Staff Q administered the medications to the resident on her . On at 9:56 AM Staff B stated that Resident #43 needed assistance with eating and , was non ambulatory, but able to assist with transfer. Record review revealed that Resident #44 had been receiving hospice services since . Health assessment had been completed on before the resident was under hospice services, required assistance with activities of daily living and her diet was regular. There was a prescription to change puree diet to mechanical chopped diet dated . On at 11:34 AM Staff B stated that Resident #44 was not able to walk at this time. Record review revealed that Resident #45 had been receiving hospice services since . Health assessment completed on specified that the resident was under hospice services, required assistance with activities of	{A 162}		

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{A 162}	Continued From page 11 daily living and stated that she had no , ... There was a prescription for care dated . . . . . for left , , ... daily. There was another one for the same date for care to right , ... Hospice care plan from stated that the resident was dependent for 6 out of 6 activities of daily living; had a , ... on right , and a . . . . on left , , was bed bound and had severe to lower extremities. On at 9:33 AM the Registered Nurse from hospice stated, "Resident #45 has a . . . . on the right , , it was before. On the left , she has a . . . . small in size. She is super- . On at 9:45 AM observed Resident #45 in bed, she was . . . . . and bed ridden, required total assistance with her activities of daily living. Record review revealed that Resident #7 had a health assessment that was not dated and stated that the resident required assistance with ambulation and transfer and was total for the rest of the activities of daily living. On . . . . . at 1:45 PM Staff L brought another health assessment and stated was the most current one; it was in blue ink and the date was written in black ink with a different handwriting; stated that the resident was total for feeding and independent with the rest of the activities of daily living. On at 7 AM returned to the facility and there was another health assessment for the resident dated . . on the record, completed by another doctor, that stated that the resident was independent with ambulation and transferring, required supervision with bathing, assistance with grooming and toileting and was	{A 162}		

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{A 162}	Continued From page 12 total for eating and . . . . . The question if the resident required 24 hours nursing or , , care stated, "Don't think so?." The resident had a , placed on at the hospital where he had been admitted for , retention. None of the health assessments mentioned Resident #7 had a . . , ... On . . . . . at 9:15 AM Staff P stated that Resident #7 still had the , and was using a . bag for the . . Class III	{A 162}		

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{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 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, [illegible] with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or [illegible] 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 [illegible] 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	{CZ815}		

AHCA Form 3020-0001

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968935	A. BUILDING: _____ B. WING _____	R 03/13/2020

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{CZ815}	Continued From page 1	{CZ815}		

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 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.

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{CZ815}	Continued From page 2	{CZ815}		

(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.
(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

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{CZ815}	Continued From page 3 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 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 , , must be rescreened by , , . (b) Individuals for whom the last screening conducted was between , , , and , , must be rescreened by , , . (c) Individuals for whom the last screening conducted was between , , , through , , must be rescreened by , , . (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.	{CZ815}		

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{CZ815}	Continued From page 4 (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 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 [illegible] 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	{CZ815}		

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{CZ815}	Continued From page 5	{CZ815}		

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 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

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{CZ815}	Continued From page 6 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 such screening or refuses to timely submit the information necessary to complete the screening, including , , 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 for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , 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 observation, record review and interview, the facility failed to provide documentation of an eligible background	{CZ815}		

Agency for Health Care Administration

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{CZ815}	Continued From page 7 screening level II completed for any person whose responsibilities required 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 required 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. Findings included: On during all surveyor's tours between 5:10 AM and 6:30 AM, observed residents in , 1407, 1412 and 2226 with a companion or a private aid. The aides were not accompanied by facility staff. Review of records received from the facility showed, a list of 15 Private Duty aides and a list of 15 Companions/Visitors individually by families. On at 10:40 AM, the Administrator stated, "The family hires them. We have a list of the private with their residents. We do not have background check for them." Uncorrected Unclassified	{CZ815}		