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
	AL11965889	A. BUILDING: _____ B. WING _____	07/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT RETIREMENT HOME INC.	7512 Washington Ave. LANTANA, FL 33462

(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 An unannounced Control Special survey was conducted on . . . . . and . . . . . at Pleasant Retirement Home. The facility had deficiencies identified at the time of the survey.	A 000		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents	A 079		

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A 079	Continued From page 1 serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day	A 079		

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A 079	Continued From page 2 operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the	A 079		

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A 079	Continued From page 3 fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility Administrator failed to notify the Agency For Health Care Administration (Agency) and designate in writing a staff member to oversee the facility during the Administrator's period of temporary absence.	A 079		

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A 079	Continued From page 4 The findings included: The Agency received notice from the DOH on [redacted], that the facility needed to have the water system tested for [redacted]. A resident from the facility was transferred to the hospital recently due to the COVID-19 and while at the hospital the resident tested positive for [redacted]. The Agency was informed that the facility should not have any residents return to the facility until the water is tested and treated. A phone call was placed to the facility by the ALF supervisor on [redacted] at around 9:30 AM due to concerns identified with respect to the facility's water system. Staff A answered the phone and Staff A identified herself as [name]. The ALF Supervisor informed Staff A that she received notification from a representative from the Department of Health (DOH) regarding the facility's [redacted] exposure, testing procedures, and information to treat the facility. DOH was concerned about the facility reopening on Friday without clearance. Staff A informed her that there were no residents at the facility and that Staff D (daughter) was the POA and in charge. Staff A stated, she was just answering all the calls. The ALF Supervisor inquired if they were trying to bring residents [redacted] to the facility. Staff A stated that they were cleaning the facility because they were trying to bring the residents [redacted] to the facility, but they did not have an exact date. Staff A also stated she was trying to locate a company to test the water for [redacted]. She stated she had been in contact with DOH regarding the facility and had obtained a list of companies that test and treat for [redacted]. The ALF Supervisor asked Staff A to have Staff D to give her a call.	A 079		

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A 079	Continued From page 5 During an on-site survey conducted on at 11:29 AM, this surveyor observed a vehicle parked in the driveway at the facility. This surveyor knocked on the door. Staff A answered the door. She stated that Staff D was in charge, but she was not at the facility. Staff A stated that she, Staff B, and Staff C were at the facility cleaning for the residents to return to the facility on Friday, ... She stated that everything, but 1 room had been sprayed, ... , and wiped down with bleach. Staff A stated that there were no residents at the facility. She stated that all the residents were transferred to another facility. She stated that half of the residents were sent to the other facility previously and on Monday the remaining residents were sent to the other facility. She stated that all 6 residents tested positive for COVID-19. Staff A stated that the Administrator and Staff F (spouse of the Administrator), tested positive for COVID-19, and were in the hospital on . It was also revealed that both have been in the hospital for a couple of weeks. She stated that Staff D is the Power of Attorney (POA) and Staff E (daughter of Administrator) is listed on the roster as the designee. She stated that Staff D, Staff E, tested positive for COVID-19, were in the hospital for 3 weeks, and were just released. She stated that they are both at home re-cooperating and awaiting a second negative test for COVID-19. During a phone conversation conducted by the ALF Supervisor and the surveyor with Staff D and Staff E on . . . . . at 12:55 PM, the following was noted. At this time, the Supervisor informed Staff D that when she called the facility at that time, she became aware that the Administrator and Staff F were in the hospital and Staff D was out sick. Staff D informed the ALF Supervisor	A 079		

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A 079	Continued From page 6 and surveyor, that she gave Staff A verbal authorization to run and operate the facility sometime around . . . . . (exact date was requested but not provided) as she was in the hospital in addition to the Administrator and Staff F were in the hospital. She further explained that Staff E was also in the hospital and there were no other members to run the facility except Staff A. The ALF Supervisor informed Staff D that the agency was not notified of the change of Administrator or appointed Designated person. In addition, Staff D and Staff E were also informed of DOH concern regarding the residents returning to the facility without clearance and that Staff A is not licensed contractor to clean the facility. The ALF Supervisor informed Staff D that she would need to bring in a licensed company in to test and treat the water supply within the facility and facility cleaned again because the water that Staff A was cleaning with was . During further conversation with Staff D and Staff E, it was revealed that Staff D was the POA (Power of Attorney). At this time, the POA and any other designation papers established by the Administrator was requested for review. As of today's date, no documentation was provided. During a phone conversation with the ALF unit on at approximately 3 PM, it was revealed that the facility had not notified the Agency of the Administrator's absence and/or other designated persons. It was also revealed that the Agency had no written and/or verbal knowledge of the Administrator being in the hospital and unable to perform his/her duties. Class III	A 079		

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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, ... 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	CZ815		

AHCA Form 3020-0001

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

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CZ815	Continued From page 1 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.	CZ815		

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CZ815	Continued From page 2 (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	CZ815		

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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 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	CZ815		

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(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 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 interview and record review, the facility failed to obtain a Level 2 background screening prior to allowing the provider to have access to	CZ815		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965889	A. BUILDING: _____ B. WING _____	07/08/2020

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CZ815	Continued From page 7 client personal property and living areas, for 1 of 1 sampled staff (Staff A). The findings included: On at 11:29 AM, this surveyor observed Staff A, Staff B, and Staff C at the facility. No Administrator, designee or residents were present. Staff A stated that the Administrator and Staff F COVID-19 and were in the hospital on . She stated that Staff D and Staff E (Designee) COVID-19 but had just been released from the hospital and were re-cooperating at home. All the residents had been transferred out to another facility. Staff A stated that she was at the facility cleaning to prepare for the residents to return on Friday, , . Staff A stated that she had cleaned all the resident's personal items. She took the items out and allowed them to sit in the sun and she returned the items into the facility. She stated that she had cleaned everything in the living areas, but she had not cleaned 1 of the resident's room. During a phone conversation conducted by the ALF Supervisor and the surveyor with Staff D and Staff E on at 12:55 PM, the following was noted. At this time, the Supervisor informed Staff D that when she called the facility at that time, she became aware that the Administrator and Staff F were in the hospital and Staff D was out sick. Staff D informed the ALF Supervisor and surveyor, that she gave Staff A verbal authorization to run and operate the facility sometime around (exact date was requested but not provided) as she was in the hospital in addition to the Administrator and Staff F were in the hospital. She further explained that Staff E was also in the hospital and there were no	CZ815		

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
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CZ815	Continued From page 8 other members to run the facility except Staff A. The ALF Supervisor informed Staff D that the agency was not notified of the change of Administrator or appointed Designated person. In addition, Staff D and Staff E were also informed of DOH concern regarding the residents returning to the facility without clearance and that Staff A is not licensed contractor to clean the facility. The ALF Supervisor informed Staff D that she would need to bring in a licensed company in to test and treat the water supply within the facility and facility cleaned again because the water that Staff A was cleaning with was . . . . . . During further conversation with Staff D and Staff E, it was revealed that Staff D was the POA (Power of Attorney). At this time, the POA and any other designation papers established by the Administrator was requested for review. As of today's date, no documentation was provided. According to Staff D and Staff E, Staff A had not been screened for Level II background screening and requirements. Unclassified	CZ815		