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
	AL11969101	A. BUILDING: _____ B. WING _____	09/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULL POINT AT ESTERO	22900 LYDEN DR ESTERO, FL 33928

(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	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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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 record review and staff interview, the facility failed to ensure all new employees had a current background screen before being in	CZ815		

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CZ815	Continued From page 7 contact with residents for 1 (Staff A) of 6 employee files reviewed. The findings included: Record review for Staff A revealed a hire date of [redacted] as a Resident Assistant. The Agency for Health Care Administration screening clearing house indicated Staff A was not eligible to work until [redacted]. A review of Staff A's application indicated the last position she worked that required a level II background screening ended in [redacted] of 2017. There is over a 2 year gap between positions requiring level II background screening. On [redacted] at 1:50 p.m., the Administration Manager confirmed Staff A had been in contact with residents since hire and she did not have a current background prior to employment. Unclassified	CZ815		

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A 000	Initial Comments An unannounced complaint survey for complaint #2020014444, focused . . . . . control and emergency power plan monitoring was conducted . . . . . through . . . . . at Gull Point At Estero, an assisted living facility in Estero, Florida. Complaint #2020014444 was substantiated at A0053, A0078, A0081, A0082, A0090, A0161, and Z815. The following is description of the deficiencies.	A 000		
A 053	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and chapter 483, part I, F.S. A valid copy of the State Clinical Laboratory License, if	A 053		

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A 053	Continued From page 1 required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the availability of a licensed nurse to administer medications to 2 (Resident #4 and Resident #5) of 2 residents requiring medication administration. The findings included: 1. Review of the clinical record for Resident #4 revealed a Resident Health Assessment for Assisted Living Facilities (1823 form) signed by the Administrator on ... in which the physician indicated the resident "needs medication administration." On ..... at 2:40 p.m., during an interview the Health and Wellness Director verified the documentation indicating Resident #4 required medication administration. She said "the Med Techs [medication technicians] are assisting the resident with self-administration of medications."	A 053		

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A 053	Continued From page 2 Review of the medication observation record (MOR) for and revealed 23 entries indicating the med techs assisted the resident with self-administration of medications. 2. Review of the 1823 for Resident #5 dated . . . . . revealed an incomplete 1823 form in which the practitioner did not specify the type of assistance the resident needed for taking her medications. The previous 1823 dated indicated the resident required medication administration. On at 2:40 p.m., the Health and Wellness Director verified the incomplete 1823 and acknowledged the most recent complete Health Assessment for Assisted Living Facilities indicated the resident needed medication administration. She said: "As of now the med tech is assisting the resident with self-administration of medications." Review of the MOR for . . . and . . . . revealed 17 entries which indicated the med techs assisted the resident with self-administration of medications. On at 2:45 p.m., the Health and Wellness Director said she would have the practitioner assess the residents and revise the 1823 as needed. Class III	A 053		
A 078	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	A 078		

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A 078	Continued From page 3 from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination 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	A 078		

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A 078	Continued From page 4 chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (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, 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 record review and staff interview, the facility failed to have documentation of a written statement from a health care provider of being free from communicable . . . . for 5 (Staff B, Staff C, Staff D, Staff E, and Staff F) of 6 staff sampled. This has the potential for spread of a communicable . The findings included: On , record review revealed Resident Assistant ( ) Staff B was hired on . . . . . . There was no statement from a health care provider that Staff B was free from communicable . On , record review revealed Staff C was	A 078		

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A 078	Continued From page 5 hired on . . . . . There was no statement from a health care provider that Staff C was free from communicable . . . . . . On . . . . , record review revealed Staff D was hired on . There was no statement from a health care provider that Staff D was free from communicable . On , record review revealed Staff E was hired on . . . . . There was no statement from a health care provider that Staff E was free from communicable . . . . . . On . . . . , record review revealed Staff F was hired on . There was no statement from a health care provider that Staff F was free from communicable . On at 1:50 p.m., the Administration Manager confirmed the absence of any provider statement of being free from communicable . . . . . for Staff B, C, D, E, and F. Class III	A 078		
A 081	59A-36.011( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation	A 081		

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	AL11969101	A. BUILDING: _____ B. WING _____	09/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULL POINT AT ESTERO	22900 LYDEN DR ESTERO, FL 33928

(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 081	Continued From page 6 which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:	A 081		

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A 081	Continued From page 7 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete the in-services required by Florida Administrative Code within 30 days of employment for 2 (Staff C and D) of 6 employee files reviewed. The findings included:	A 081		

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A 081	Continued From page 8 1. On [redacted] a review of Staff C's employee file revealed a hire date of [redacted] as a resident aide. Staff C's file did not contain documentation of having completed at least a 2 hour pre-service orientation prior to interacting with residents. Staff C's file did not have documentation they had completed a minimum 1 hour in-service in [redacted] control to include universal precaution and facility sanitation procedures before providing personal care to residents. Staff C's file did not contain documentation they had completed a 3 hour in-service on activities of daily living and behavioral needs within 30 days of employment. Staff C's file did not contain documentation they had completed a minimum 1 hour in-service training in each area regarding adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and resident rights, recognizing and reporting resident [redacted], neglect and [redacted] training; within 30 days of employment. Staff C's file did not contain documentation they had completed in-service training in the facility's resident elopement response policy and procedures within 30 days of employment. 2. On [redacted] a review of Staff D's employee file revealed a hire date of [redacted] as a resident aide. Staff D's file did not contain documentation of having completed at least a 2 hour pre-service orientation prior to interacting with residents. Staff D's file did not have documentation they had completed a minimum 1 hour in-service in [redacted] control to including universal precaution	A 081		

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A 081	Continued From page 9 and facility sanitation procedures before providing personal care to residents. Staff D's file did not contain documentation they had completed a 3 hour in-service on activities of daily living and behavioral needs within 30 days of employment. Staff D's file did not contain documentation they had completed a minimum 1 hour in-service training in each area regarding adverse incidents and facility emergency procedures including: chain-of-command and staff roles relating to emergency evacuation and resident rights: recognizing and reporting resident , neglect and , ; training within 30 days of employment. Staff D's file did not contain documentation they had completed in-service training in the facility's resident elopement response policy and procedures within 30 days of employment. 3. On at 1:50 p.m., the Administration Manager confirmed the absence of the required training's for Staff C and D. She said the previous Administrator kept track of the new hire training's but she will be keeping up with that going forward to ensure all staff have the required training's. Class III	A 081		
A 082	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the	A 082		

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A 082	Continued From page 10 exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete a one-time education course on and (/) and maintain documentation of completion for 2 (Staff C and Staff D) of 6 employee files reviewed. The findings included: On a review of Staff C's employee file revealed a hire date of as a resident aide. Staff C's file did not contain documentation of having completed a course on / within 30 days of employment. On a review of Staff D's employee file revealed a hire date of as a resident aide. Staff D's file did not contain documentation of having completed a course on / within 30 days of employment. On at 1:50 p.m., the Administration Manager confirmed the absence of the required / training's for Staff C and Staff D within 30 days of their employment as required by the Florida Administrative Code.	A 082		

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A 082	Continued From page 11 Class III	A 082		
A 090	59A-36.011(11) FAC Training - . . . (11) . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . . within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete at least one hour of training in the facility's policies and procedures regarding . . . . . (. .) within 30 days after employment and maintain documentation of completion for 3 (Staff C, Staff D, and Staff F) of 6 employee files reviewed. The findings included: On a review of Staff C's employee file revealed a hire date of . . . . as a resident aide ( ). Staff C's file did not contain documentation of having completed a 1 hour in-service on .	A 090		

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A 090	Continued From page 12 On . . . . . a review of Staff D's employee file revealed a hire date of as a resident aide. Staff D's file did not contain documentation of having completed a 1 hour in-service on . On record review revealed Staff F was hired on . . . . . Staff F's file contained no documentation of having completed a 1 hour in-service on . . . . On . . . . . at 1:50 p.m., the Administration Manager confirmed the absence of the required . training's for Staff C, Staff D, and Staff F within 30 days of their employment as required by the Florida Administrative Code. Class III	A 090		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom	A 161		

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A 161	Continued From page 13 from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a copy of the job description given to 4 (Staff B, Staff C, Staff D, and Staff F) of 6 employee files reviewed was maintained in the	A 161		

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A 161	Continued From page 14 record. The findings included: On . . . . record review revealed Resident Assistant ( ) Staff B was hired on . There was no job description in the employee's personnel record. On record review revealed Staff C was hired on . . . . . There was no job description in the employee's personnel record. On record review revealed Staff D was hired on . . . . . There was no job description in the employee's personnel record. On record review revealed Staff F was hired on . . . . . There was no job description in the employee's personnel record. On at 1:50 p.m., the Administration Manager confirmed the absence of the job descriptions in the personnel files of Staff B, Staff C, Staff D, and Staff F. Class III	A 161		