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
	AL11969297	A. BUILDING: _____ B. WING _____	R 09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDINA'S ALF CORP	2443 NW 93 ST MIAMI, FL 33147

(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 second revisit to a re-licensure survey, in conjunction with COVID-19 control and generator survey was conducted at Medina's assisted living facility on . Deficiencies were identified at the time of the survey.	{A 000}		
A 078 SS=D	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 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 .	A 078		

AHCA Form 3020-0001

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

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A 078	Continued From page 1 (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. (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 and interview, the facility failed to ensure that onsite staff were able to exercise their responsibilities to perform their assigned duties consistent with their level of education, training, preparation, and experience. The two staff on duty did not know how to start	A 078		

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A 078	Continued From page 2 the alternate power source (a portable generator) that would be used to cool the facility in the event of a loss of primary power. Findings included: Observation on . . . . . at 11:00 AM showed the Administrator tried to start the generator. Observed Staff C tried to start the generator. On . . . . . AM, the Administrator stated that she did not know what happened. She stated that she will call someone to come start the generator. On . . . . . at 11:10 AM, Staff C stated that he was not trained on how to operate the generator. Class III	A 078		

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CZ813	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090(3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to have the current eligibility results of employee background screening in the employee's personnel file for one out of four sampled staff (Staff C). Findings included: Observation on showed Staff C was in the facility and provided requested information. A review of Staff C record showed that Staff C did not have a background screening result available. On at 10:17 AM, Staff B (the Assistant Administrator) stated that Staff C started last week,). The Assistant Administrator then stated that Staff C did not have a background screening result because the place to do the background screening was close because of the COVID-19. She then stated that Staff C was scheduled to have the background screening done tomorrow, . On at 12:30 PM, the Administrator stated that Staff C did not have the background screening because he started a week ago.	CZ813		

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CZ813	Continued From page 1 Unclassified	CZ813		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observation, record review, and	CZ814		

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CZ814	Continued From page 2 interview, the facility failed to update the employee roster in the background screening clearinghouse database for two out of four sampled staff (Staff C and D). Findings included: Observation on at 09:45 AM showed Staff C was in the facility working. A review of the facility staffing schedule showed that Staff C was not listed on the schedule. A review of the facility's employees roster showed that Staff C was not listed on the roster. On at 12:30 PM, the Administrator stated that Staff C was still in training and will live in the facility after completion of the training. She also stated that she forgot to add Staff C on the Staffing schedule. A review of the staffing schedule showed Staff D was scheduled to work for the month of Sunday through Friday from 04:00 PM to 08:00 PM. A review of the facility's roster showed Staff D was not listed on the roster. Also, a review of the background screening clearinghouse database showed Staff D was not listed. On at 10:38 AM, the Assistant Administrator stated that Staff D had been working in the facility for about 4 months. She stated that she forgot to add Staff B on the employee roster database. Unclassified	CZ814		

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