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
	AL11968352	A. BUILDING: _____ B. WING _____	12/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVORAH ALF INC	2314 SW RANCH AVENUE PORT SAINT LUCIE, FL 34953

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A 000	Initial Comments Unannounced Relicensure survey, Focused [illegible] Control, Generator Monitoring, Limited Mental Health Monitoring, and 2 complaints surveys (#2020010866 & #2020016607) commenced on [illegible] and concluded on [illegible] at Savorah ALF, Inc. The facility had deficiencies at the time of the survey. Deficient practice was identified for Complaint #2020016607 at A0025 and A0032.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [illegible] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [illegible] or [illegible]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making [illegible] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents	A 025		

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A 025	Continued From page 1 accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure adequate supervision for 2 of 2 residents at risk for elopement (Residents #6 and #7). The findings included: 1) Resident #6 was admitted to the facility in of 2019 and discharged from the	A 025		

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A 025	Continued From page 2 facility on . . . . Review of his initial health assessment (AHCA Form 1823, dated) shows Resident #6 was diagnosed with and was an dependent . . . . . Resident #6 was independent for all Activities of Daily Living (ADLs). At the time of his initial assessment on , he was assessed as not being an elopement risk. However, the resident had a history of multiple elopements as evidenced by the the following incidents reported to law enforcement where Resident #6 was reported as a "missing person": a) On at 07:11 PM, Police Officer to a call for a missing person (Resident #6). Officer's report stated that CID and DCF were notified as there seemed to be not enough staff. [Staff B] was the only staff on site. b) On . . . . . , at approximately 10:19 AM, Officer responded to a call for a missing adult, [Resident #6]. The Administrator advised that [Resident #6] had been missing from approximately 09:00 AM. Resident #6 was located a short time later wondering through the neighborhood. c) On . . . . . , at approximately 1:00 PM, Officer responded to a call for a missing adult, [Resident #6]. The Administrator advised that Resident #6 was last seen at approximately 10:00 AM and was missing for 3 hours. On . . . . . at 04:17 AM, The Resident was located in another city by Ft. Pierce Police Department. d) On . . . . . at 7:28 AM, Officer responded for a missing person. The Administrator advised officer that Resident #6 had again left the facility, headed towards a gas station over a mile away.	A 025		

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A 025	Continued From page 3 e) On at 3:21 PM, the Officer responded to ALF to make contact with facility staff to conduct an investigation into numerous calls for service. 2) Resident #7 was discharged on . Resident's initial health assessment (AHCA Form 1823, dated), documents resident has limitations on for right lower extremity, and he has a history of , . The assessment documents that he is not an elopement risk. The assessment documents that Resident #7 requires supervision with ambulation, but is independent with all other ADLs. At the time of his initial assessment on , he was assessed as not being an elopement risk. However, the resident had a history of multiple elopements as evidenced by the the following incidents reported to law enforcement where Resident #7 was reported as a "missing person": a) On at 1:46 AM, Officer responded to a call for a missing person [Resident #7]. The Administrator advised that Resident #7 was last seen at approximately 9:30 PM ( ), and he is a diagnosed , . Resident #7 was later located a couple miles away at a Walmart. b) On at 10:27 PM, Officer was again called out to the ALF for a report of a missing person. The Administrator advised that Resident #7 was last seen at approximately 6:00 PM (4.5 hours earlier), and he is a diagnosed , . A search of the surrounding area yielded negative results. c) On at 10: 18 AM, Officer and Detective responded to a call for a missing	A 025		

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A 025	Continued From page 4 person. Administrator advised that Resident #7 was last seen at approximately 09:00 AM sitting in a chair. She was unable to provide a direction of travel or other information. On from 9:00 AM until 2:00 PM, Staff A was only observed performing cooking and housekeeping tasks. Staff B was observed perform housekeeping and some assistance with morning care to Residents #2 and #4. No other care assistance was noted. Residents #1, #4 and #5 were allowed to go in and out of the house as they wished. Residents #2 and #4 stayed inside and sat on the couch appearing to watch television during this time. During interview with Administrator on at 1:38 PM, she stated, "[Resident #6 and #7] were provided a 45-day notice because of the constant . These residents were independent with all their ADLs and could leave and return to the facility as they decided. [Resident #7] would always walk up to the gas station, but when he didn't come , I would go after him. If I couldn't find him, I would call the police...The FACT Team came and got the residents at the time of discharge...All the current residents do not leave the property and off." The information gathered from the Administrator, that Resident #6 and #7 were allowed to go and come as they decided, illustrates discrepancies in the fact that a missing person's report was filed against Resident #6 after approximately 1.5 hours missing ( ), 3 hours missing ( ), and then upon immediately leaving facility to to gas station ( ); and a missing person's report was filed for Resident #7 after approximately 1.5 hours of Resident #7's	A 025		

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A 025	Continued From page 5 leaving the facility (. . . . .). It is also states on Resident's 7's Health Assessment that Resident #7 required supervision with ambulation. During interview with complainant on . . . . . at 2:32 PM, the complainant stated, "Over the last 12 months, this facility has had 26 Police calls for service [8 have been for missing persons]. The owner of this facility uses the police department as her taxi service when her residents go missing. We are called out to the two facilities she owns numerous times because residents go missing, and there seems to be no supervision for the residents. Every time officers go out to this facility, the staff on site tell us they are not in charge, and they are only there to cook and clean; they are not caregivers. We have met with the Administrator numerous times regarding the lack of staff supervision, which seems to be the root of these issues. She has not been . . . . . or expressed any willingness to find a resolution. We just don't know what to do to make sure these residents are protected." During interview with Staff A on . . . . . at 12:47 PM, she stated, "I cook breakfast and lunch, and I clean." When asked if she provided any other assistance, like bathing and medications, she answered, "Yes." She did not offer any other examples of assistance provided to the residents. Class III	A 025		
A 032 SS=D	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007	A 032		

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A 032	Continued From page 6 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures	A 032		

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A 032	Continued From page 7 for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(i), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct and document resident elopement drills for all staff twice a year. The findings included: On at 12:38 PM, Staff B was interviewed regarding Elopement Drills. She stated she did not remember participating in an elopement drill; however, the Administrator provided completed elopement drill reports documenting Staff B was involved in 2 drills in 2020, one completed on and . There were no additional elopement reports provided for 2019. The Administrator was asked for any and all Elopement Drill Reports showing participation by	A 032		

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A 032	Continued From page 8 any other staff . There were no other documents provided showing Staff A or Staff C had completed any elopement drills in 2019 or 2020. Class III	A 032		
A 081 SS=B	429.52(1 & 7) FS; 59A-36.011(. .) FAC Training - Staff In-Service 429.52(1) (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (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	A 081		

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A 081	Continued From page 9 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 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	A 081		

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A 081	Continued From page 10 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: 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.	A 081		

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A 081	Continued From page 11	A 081		

This Statute or Rule is not met as evidenced by:
Based on observation, employee record review, and staff interview, the facility failed to provide 1 of 1 new assisted living employee, who has not previously completed Core training, a 2 hour pre-service orientation before interacting with residents (Staff A). The pre-service orientation must cover topics that help the employee provide responsible care and respond to the needs of the residents. The certificate must be signed by the employee and the administrator, and the facility must keep the signed certificate in the employee's personnel record.

The findings included:

On from 9:00 AM to 2:00 PM, Staff A was observed providing cleaning and cooking duties within the facility. According to the staffing schedule, Staff A works alone from 8 AM - 2 PM each day; however, on , Staff A was not alone with the residents. Staff B, who was on the staffing schedule for 2 PM - 10 PM, was also at the facility providing direct care to 2 of the female residents.

The employee record review for Staff A, a direct care employee who was hired on , revealed no documented evidence to show completion of the required 2 hour pre-service orientation prior to interacting with residents. On at 2:30 PM, the Administrator was notified of the missing training certificate, and she was asked to produce documentation showing Staff A had completed the pre-service orientation.

At the time this survey report was completed, no documented evidence was provided by the

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A 081	Continued From page 12 Administrator showing Staff A had completed the required 2 hour Pre-service Orientation. Class	A 081		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.	A 084		

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A 084	Continued From page 13 (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , , , and , , , dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with , , , , , , ; j. Use a , , , to perform , testing; k. Assist residents with , , and continuous positive airway pressure (CPAP)	A 084		

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	AL11968352	A. BUILDING: _____ B. WING _____	12/07/2020

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A 084	Continued From page 14 devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of rate, temperature, and rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by	A 084		

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A 084	Continued From page 15 rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on observation, staff interviews, and record review, the facility failed to ensure 1 of 3 staff who provide assistance with self-administered medications completed the required 2 hours of continuing education annually (Staff B). The findings included: On [redacted], Staff B, whose hire date was [redacted], was observed providing assistance with self-administered medications to Resident #2. A review of Staff B's employee record showed an initial 6-hour Assistance with Self-Administered Medications training completed on [redacted]. On [redacted], a 4 hour continuing education update was completed, which included the changes in state regulations. There was no 2-hour annual continuing education training certificate found in Staff B's employment record for the year 2019; however, there was a certificate for a 2 hour annual continuing education update completed on [redacted]. On [redacted] at 2:30 PM, the Administrator was notified of Staff B's missing medication certificate for 2019, and she was provided the opportunity to produce the document. At the time the survey report was submitted, the certificate showing completion of the 2019 annual 2-hour Assistance with Self-Administered Medication certificate had not been provided. Class	A 084		

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A 152	Continued From page 16	A 152		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not	A 152		

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A 152	Continued From page 17 be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure: 1) One of 5 sampled residents had a comfortable mattress in good condition (Resident #1), and 2) The window blinds for 2 of 5 sampled residents had blinds without broken slats (Resident #1 and #3). The findings included: During interview with Resident #1 on at 12:35 PM, it was observed that Resident #1's mattress had a very large, deep indentation in the center of the resident's mattress. When asked about the mattress, the Resident confirmed that the mattress did have a sunken spot in the center. He stated that he was able to sleep in the bed without any problems. Resident #1 also stated that the blinds needed replaced due to some of the slats being broken. Resident #1 shares a bedroom with Resident #3. The blinds in these residents' room had several slats broken off on the outside section of the blinds. On at 2:40 PM, the Administrator was asked about Resident #1's mattress. She acknowledged that Resident #1's mattress did have a large indention in the center, and she stated that Resident #1's Power of Attorney had said they were going to replace it some time during the week. The Administrator also stated she was aware of the broken blinds, and she intended to replace them. Class III	A 152		

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CZ816 SS=C	408.809(2a-c) 435.05(2) 59A-35.090(2d-3c Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's to the Federal Bureau of Investigation for a national criminal history record check unless the person's are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the to the Federal Bureau of Investigation for a national criminal history record check. The shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	CZ816		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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CZ816	Continued From page 1	CZ816		

professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(2) Processing Screening Requests, Required Documents and Fees.
(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service

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CZ816	Continued From page 2 s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (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:	CZ816		

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CZ816	Continued From page 3 Based on observation, record review and staff interview, the facility failed to ensure 1 of 3 sampled staff had completed AHCA Form 3100-008 (,), which is the Attestation of Compliance with Background Screening Requirements (Staff A). This form must be completed by the employee and retained by the facility upon hire to attest that the employee meets the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the facility immediately if . . . . . for any disqualifying offense. The findings included: On from 9:00 AM to 2:00 PM, Staff A was observed providing cleaning and cooking duties within the facility. According to the staffing schedule, Staff A works alone from 8 AM - 2 PM each day; however, on , Staff A was not alone with the residents. Staff B, who was on the staffing schedule for 2 PM - 10 PM, was also at the facility providing direct care to 2 of the female residents. The employee record review for Staff A, a direct care employee who was hired on . . . . . , contained no signed Attestation of Compliance with Background Screening Requirements Form. On at 2:30 PM, the Administrator was notified of the missing Attestation of Compliance with Background Screening form, and she was asked to produce documentation showing Staff A had signed this form at the time of hire. At the time this survey report was completed, no documented evidence was provided by the Administrator showing Staff A had completed the	CZ816		

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CZ816	Continued From page 4 Attestation of Compliance with Background Screening Requirements form. Unclassified	CZ816		