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
	AL11963962	A. BUILDING: _____ B. WING _____	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARGO SENIOR LIVING AT HAVERHILL	2939 S. HAVERHILL ROAD WEST PALM BEACH, FL 33415

(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 Relicensure, Focused Control, and Generator Assessment survey was conducted at Argo Senior Living at Haverill on and . The facility had deficiencies identified at the time of survey.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident ' s medications or dosages change. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives	A 052		

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A 052	Continued From page 1 assistance with self-administration under this section. (g) Assisting with the use of a [illegible], including removing the cap of a [illegible], opening the unit dose of [illegible] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [illegible]. (h) Using a [illegible] to perform [illegible] level checks. (i) Assisting with putting on and taking off [illegible] stockings. (j) Assisting with applying and removing an [illegible] but not with titrating the prescribed [illegible] settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with [illegible] bags. (4) Assistance with self-administration does not include: (a) Mixing, [illegible], converting, or [illegible] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a [illegible] of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed,"	A 052		

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A 052	Continued From page 2 unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must	A 052		

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A 052	Continued From page 3 not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or	A 052		

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A 052	Continued From page 4 assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure unlicensed staff assisting with self-administration of medications followed proper protocol for 5 of 6 sampled resident by: 1) Taking medication in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident, and confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container; 2) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her ; 3) Adhering to the facility's control policy and procedures when assisting with the self-administration of medication. The findings included: 1) On at approximately 9:20 AM, Staff B was observed removing medications from labeled package and placing them into a small medication cup prior to entering into the rooms of Residents #3, #6 and #7. Regulation states that medication must be (a) Taken in its previously	A 052		

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A 052	Continued From page 5 dispensed, properly labeled container, from where it is stored, and bringing it to the resident, and (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. 2) Also during this time, Staff B was observed to feed Resident #6 her medications that had been mixed with applesauce by placing spoonfuls of the applesauce and medication mixture directly into the resident's . . . . . Resident #6 did not attempt to participate in the administration of the medication in any way. 3) A second medication observation was conducted on at 12:00 PM. During each of the medication observations on . . . . . and , Staff B did not follow the . control policy of washing or sanitizing her . . . . before and/or after providing medications to any of the following residents: Residents #3, #5, #6, #7, and #9. An interview was conducted with Staff B on . . . . . at 12:07 PM. Staff B stated, "I know I am supposed to wash my after every 4 people, but the 4th person isn't ready yet, so I am going to wash them now [after the 3rd medication pass]." When asked where she learned this instruction, Staff B stated she was told to do this is the medication training class she had taken. Proper control practice of washing or sanitizing . . . . after providing assistance to each resident was discussed with Staff B. On at 2:15 PM, the Administrator was	A 052		

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A 052	Continued From page 6 informed of the results of the medication observations. She acknowledged that Staff B did not follow state regulations and facility policy while providing assistance with the self-administration of medications to the residents who were observed. Class III	A 052		
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	A 078		

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A 078	Continued From page 7 provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (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 record review and a staff interview, the facility failed to ensure 1 out of 4 sampled Staff (Staff B) had submitted a written statement from	A 078		

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A 078	Continued From page 8 a health care provider documenting that this employee was free of any signs and/or symptoms of a communicable . . . . . within 30 days of employment. The findings included: During the employee record review for Staff B, whose date of hire was . . . . . , no written, signed statement by a health care provider documenting that this employee was free from the signs and/or symptoms of any communicable . . . . . could be found. On . . . . . at approximately 1:00 PM, the Administrator was notified of the missing documentation and provided the opportunity to locate the signed statement. On . . . . . at 11:00 AM, the Business Office Manager was also notified of the missing document and provided the opportunity to submit it for review. At the time of exit on at 2:30 PM, neither the Administrator or Business Office Manager was able to provide the required health statement verifying Staff B was free from the signs and/or symptoms of any communicable . Class III	A 078		
A 081 SS=D	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	A 081		

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A 081	Continued From page 9	A 081		

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 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

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A 081	Continued From page 10	A 081		

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:
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

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A 081	Continued From page 11 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 employee record review, and staff interview, the facility failed to ensure: 1) One of 3 direct staff (Staff B) had completed the required 2 hour orientation training prior to interacting with residents; and 2) Two of 3 direct care staff (Staff B and C) completed the required Emergency Procedures in-service training within 30 days of employment. The findings included: a) On , a review was conducted of	A 081		

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A 081	Continued From page 12 Staff B and Staff C's personnel file. Staff B was hired on . Staff B personnel file contained no documentation/certificates for the completion of the required in-service trainings related to the 2 hour Orientation Training or Emergency Procedures. Staff C was hired on . Staff C's personnel file contained no documentation/certificate for the completion of the required in-service training related to Emergency Procedures. b) On at approximately 1:00 PM, the Administrator was notified of the missing documentation and provided the opportunity to locate the missing training certificates for Staff B and Staff C. On at 11:00 AM, the Business Office Manager was also notified of the missing training certificates and provided the opportunity to locate them. At the time of exit on at 2:30 PM, neither the Administrator or the Business Office Manager was able to provide the missing certificates. Class III	A 081		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and . (5) FIRST AID AND . ( ). A staff member who has completed courses in First Aid and . and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able	A 083		

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A 083	Continued From page 13 to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, interview and interviews, the facility failed to ensure a staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses was in the facility at all times as evidenced by the following: 1) Three of 3 sampled direct care staff from each shift (7 AM - 3 PM, 3 PM - 11 PM and 11 PM - 7 AM) had not completed courses in First Aid and did not hold a currently valid card documenting completion of such courses (Staff B, C, and D); and 2) One of 3 sampled direct care staff had failed to completed a course in ( ) and did not hold a currently valid card documenting completion of such course (Staff D). The findings included: During employee record review for Staff B, C, and D, it was noted that there were no evidence of the completion of First Aid Training for any of these sampled staff.	A 083		

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	AL11963962	A. BUILDING: _____ B. WING _____	12/29/2020

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A 083	Continued From page 14 1)Staff B was hired on 11/05/19 and usually worked 7 AM - 3 PM. 2) Staff C was hired on [redacted] and usually worked 11 PM - 7 AM. 3) Staff D was hired on [redacted] and usually worked 3 PM - 11 PM. It was also noted that Staff D did not have evidence of the completion of an approved [redacted] training or hold a currently valid [redacted] certification card. On [redacted] at 1:30 PM, the Administrator was asked to provide evidence that 1 staff from each shift held a valid First Aid certification card, and a staff member from the 3 PM - 11 PM shift had completed [redacted] training with a valid certification card. The Administrator did state that the facility had a licensed nurse on staff, but that nurse happened to be on vacation. They did have a nurse on call in the absence of the facility's Wellness Director, but she was not on site. The Administrator stated that the Wellness Director's normal shift would be 8 AM - 5 PM, Monday through Friday. On [redacted] at 11:00 AM, the Business Office Manager was also asked to provide evidence that one staff member from each shift held a valid First Aid Certification Card, and one staff from the 3 PM -11 PM shift had a valid [redacted] certification card. At the time of exit on [redacted] at 2:30 PM, neither the Administrator or the Business Office Manager was able to provide the requested documentation. Class III	A 083		

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A 093	Continued From page 15	A 093		
A 093 SS=E	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the	A 093		

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A 093	Continued From page 16 facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein	A 093		

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A 093	Continued From page 17 food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of . . . . . the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on . . at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure: 1) Weekly menus are conspicuously posted or easily available to the residents. 2) Substitution menus are kept on file in the facility for 6 months. The findings included: On at 11:00 AM, an interview was conducted with the Dietary Manager. The Dietary	A 093		

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A 093	Continued From page 18 Manager confirmed there were no substitute menus on file for the past 6 months, and there was no current weekly menu posted or made available to the residents. During the interview with the the Administrator on [redacted] at approximately 12:00 PM, she was also provided an opportunity to locate the substitute menus and post a current weekly planned menu where it would be easily available to all residents. No additional documentation was provided. The Administrator acknowledge the findings from the interviews and observations. Class III	A 093		
CZ816	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 [redacted] to the Federal Bureau of Investigation for a national criminal history record check unless the person's [redacted] are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the [redacted] 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	CZ816		

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CZ816	Continued From page 19 ... 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 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:	CZ816		

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CZ816	Continued From page 20 (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_Services/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.	CZ816		

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CZ816	Continued From page 21 (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: Based on observation, record review and interviews, the facility failed to ensure 1 of 4 employees subject to background screening has not had a break in service from a position that requiares a level 2 screening for more than 90 days, thus requireing a new background screening prior to hire (Staff B). The findings included: On and from 9:00 AM until 12:30 PM, Staff B was observed providing care and assistance with self-adminsitered medications to residents within the facility. A review of employement records for Staff B showed she was hired by the facility on , and her current job position is Med Tech. A review of her current Background Screening Eligiblity date is documented as . Staff B's employment history documents she was	CZ816		

Agency for Health Care Administration

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CZ816	Continued From page 22 employed from . . . . . to . . . . There is no documented employment from to . . . . . , which is a greater than 90 day break in employment. This break in employment would have required a new screening be completed at the time of hire for Staff B. On at approximately 10:00 AM, the break in Staff B's employemnt was discussed with the Business Office Manager. She acknowledge the missing employment dates and the need for a new screening if there is a greater than 90 day break in employment. On at 2:00 PM, the Administrator also acknowledged the need for a new screening for Staff B due to the greater than 90 day break in employement prior to hire. Unclassified	CZ816		