

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910631	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/28/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FLORIDA BAPTIST RETIREMENT CENTER

**1006 33RD STREET
VERO BEACH, FL 32960**

(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 Abbreviated Relicensure, Focused Control and Generator Assessment survey was conducted at Florida Baptist Retirement Center on The facility had deficiencies identified at the time of the survey.	A 000		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the 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 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; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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CZ814	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the assisted living facility (ALF) failed to register with the Agency Background Screening Clearinghouse; failed to enter initial employment status for all of it's current 64 employees, including any changes in employment status. The findings included: Observations were made throughout the survey conducted on _____ of various ALF nursing staff interacting with and providing direct care services to residents of the ALF. On _____, interviews were conducted with five residents of the ALF as follows: - At 1:00 PM, Resident #1 stated staff give her her medicine and help her take showers. - At 1:14 PM, Resident #3 stated staff give her her medicine and help her take showers. - At 1:34 PM, Resident #2 stated staff give her her medicine and help her take showers and getting dressed at times. - At 1:47 PM, Resident #5 stated staff hold on to his medications and give them to him when it's time, they supervise him getting in and out of showers and provide other _____ on help if he needs it. -At 1:59 PM, Resident #4 stated the nurses are in charge of his medications. On _____ during the entrance conference conducted around 8:53 AM, the ALF's Administrator, Director of Nursing and Charge Nurse were interviewed as to their positions at the ALF which confirmed they regularly interact with or provide direct care services to the ALF residents. On _____, interviews were conducted with staff	CZ814		

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CZ814	Continued From page 2 members as follows: -At 11:15 AM, Staff A, a Certified Nurse Aide and Medication Technician, confirmed she provides direct care services to the ALF residents including assistance with self-administration of medications. Review of her personnel records revealed she was hired on At 11:38 AM, Staff B, a Certified Nurse Aide and Medication Technician, confirmed she provides direct care services to the ALF residents including assistance with self-administration of medications. Review of her personnel records revealed she was hired on -At 12:15 PM, Staff C, a Licensed Practical Nurse, confirmed she provides direct care services to the ALF residents including medication administration. She confirmed she has worked there for about six years. Review of the ALF's record in the Agency's Background Screening Clearinghouse was conducted on at 1:20 PM with the ALF's Administrative present. The record reflected the ALF's current identification information such as license number and address. The record did not reflect any staff member information in the section titled Employee Roster. The Administrator stated they have always listed the employees under the skilled nursing facility (SNF) record in the Clearinghouse database (the SNF and the ALF are located in the same building). She stated all employees may work in either the SNF or the ALF. A photographic copy of the ALF's record was made at 1:45 PM. At 3:17 PM, the Administrator stated the ALF needed to register with the Background Screening Clearinghouse, and then they could enter the employee roster for the ALF staff. Unclassified	CZ814			

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