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
	AL11969017	A. BUILDING: _____ B. WING _____	02/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERMARK AT TRINITY (THE)	1960 BLUE FOX WAY TRINITY, FL 34655

(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 biennial re-licensure survey with a COVID-19 focused control and generator monitoring was conducted at the Watermark at Trinity, The on . The provider had deficiencies at the time of the visit.	A 000		
A 030 SS=J	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

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A 030	Continued From page 1 and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. [illegible] and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and [illegible]; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section	A 030		

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A 030	Continued From page 2 429.41(1)(k), F.S., the use of physical . . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.	A 030		

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A 030	Continued From page 3 (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making [illegible] for health care services, the provision of or arrangement of transportation to health care [illegible], and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [illegible], the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for	A 030		

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A 030	Continued From page 4 relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the	A 030		

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A 030	Continued From page 5 complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . , . . . or . . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations, interview, record reviews, and review of the Center for . . . . . Control and Prevention (CDC) guidelines, the facility failed to safeguard residents' well-being by failing to implement their control policies and procedures to mitigate the spread of COVID-19. Additionally, the facility failed to , / . .	A 030		

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A 030	Continued From page 6 three (Resident #16, #17 and #20) of twenty-one residents who were , , and positive for COVID-19, which placed all residents in the memory care unit at imminent risk for harm. Findings Included: The COVID-19 is a transmissible , , that presents severe risk to persons who are aged, infirm, or suffer from co- including, but not limited to, system deficiency, , , and . See Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities, Publications of the Centers for Control. An interview conducted on at 10:00am with the Administrator revealed she had a list of 15 residents that were COVID-19 positive. Further discussion with the Administrator at 10:05am, she indicated she was unsure of the exact number of positive COVID-19 residents in the facility. An observation on at 11:00am on Memory Care B wing revealed there were three resident private room doors containing signage indicating the room housed a COVID-19 positive resident. The three COVID-19 positive isolation room doors were open alongside the open doors of COVID-19 negative residents. There was used Personal Protective Equipment (PPE), including gowns and gloves found in the hallway in an unsealed red hazardous waste bag outside of (COVID-19 positive) Resident #20's room. Record reviews conducted on revealed the following:	A 030		

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A 030	Continued From page 7 -Resident #16's Resident Health Assessment (AHCA form 1823) dated revealed a diagnosis of -Resident #17's AHCA form 1823 dated revealed a diagnosis of -Resident #20's AHCA Form 1823 dated revealed a diagnosis of In an interview conducted with the Administrator on at 11:30am, the Administrator stated that the open red bag of discarded PPE found in the hallway outside of Resident #20's room, should not be there. She was not able to say where Resident #20's closed garbage receptable was and confirmed it was not located inside the room for used personal protective equipment disposal, as it should be. In an observation on at 11:04am Resident #16, COVID positive resident, was seen down the hall of the B wing of the Memory Care Unit without a mask. No staff were visible. At 1:20pm and 1:28pm, Resident #16 was seen down the hall of the B wing of the Memory Care Unit while Staff were present. In an interview conducted with Staff G on at 11:04am, she stated that Resident #16 a lot, is always out of her room and needs frequent redirection to her room. Staff G was observed wearing a surgical mask and shield. In an observation on at 11:15am and 1:00pm, the Licensed Practical Nurse (LPN) Supervisor was observed on the memory care unit leaving the B wing wearing only a surgical	A 030		

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A 030	Continued From page 8 mask and . . . shield. In an interview conducted with Staff F on at 1:30pm, she stated that Resident #16 . . . . . around the B wing of the Memory Care unit often wanting to go home. She said that she will . . . . out of the hallway through the double doors as far as the unit's dining room. In an interview conducted on at 2:16pm, the Administrator stated that she kept the residents who tested positive for COVID-19 in their own rooms on the memory care unit and expected that they would stay in their rooms if they were told to do so. She said she relied on the staff to tell her if someone was not compliant with staying in their room. In an interview conducted on . . . . . at 2:16pm, the Director of Nursing stated that they did not want to move the COVID-19 Positive residents out of their rooms and environment they are used to. In an interview with the Administrator on at 2:45 p.m. the surveyor requested a copy of the facility current . . . . . control policy. The Administrator stated, "what exactly do you need from that policy?" During a tour of the memory care unit on from 11:04am to 1:28pm and from 4:45pm to 4:52pm, it was observed Residents #16, #17 and #20 room doors were wide open. There was no barrier, and anyone could walk in or out of those rooms. Also, Residents #16, #17 and #20 were ambulatory and could leave when they wanted. In an observation on between 11:00am	A 030		

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A 030	Continued From page 9 and 3:00pm on the Memory Care Unit, Staff D was observed only wearing a surgical mask, where there was a total of 6 residents that were positive for COVID-19. During an interview on at 3:03pm with the LPN Supervisor, she stated that she assessed the residents who are COVID positive for their temperature and levels throughout the day. She stated she also floats to other floors and does on assessments for residents who are not COVID positive on the same day as well. During an interview on at 4:43pm with Staff H (Caregiver/Medication Technician) she stated Residents #16, #17 and #20 were the COVID positive residents on the wing. Surveyor asked, if she was trained to close the door of the resident rooms who are COVID positive, she stated, " I don't know, I just came today, ask Staff G." Staff H was seen wearing a surgical mask while handling COVID-19 positive Residents #16, #17 and #20 medications within the memory care unit. On at 4:48pm during an observation of memory care B unit, Staff G (Caregiver/Medication Technician) was observed passing dinner to both COVID-19 positive and non-positive residents within their rooms. Staff G was seen with PPE that consisted of a gown, gloves, KN95 mask and shield and shoe . Staff G entered Resident #16's room and was observed placing food tray on the table inside the room. Staff G discarded the gown, gloves, mask, and shield inside Resident #16's room near the door entrance. However, Staff G did not discard the and did not clean or replace her shield. Staff G was observed	A 030		

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A 030	Continued From page 10 with shoe . . . . . and . . . shield entering the main hallway of the unit. Staff G walked down the hallway to Resident #17's room with food tray in . Surveyor noted all resident's food trays were served on white Styrofoam plates and were uncovered. When asked if she discarded all PPE inside Resident #16's room before exiting the room, she stated, "No I don't take them off, because I am just going to another COVID positive room." When asked, if she always leaves the COVID-19 positive room door open, she said, "Well, they haven't told us to anything otherwise, so yes." Record review conducted on . . . . . of the facility's policy titled " Control Policy" with a revision date of . . . . . revealed the prevention and spread of are accomplished by use of approved isolation precautions and other barriers. COVID-19 was a condition that required isolation. Record review conducted on . . . . . of the facility's policy titled "Coronavirus Safety Precautions for All Associates" with a revision date of revealed the staff should use standard precautions for every interaction every time. This includes hygiene and use of PPE A review of the CDC guidelines titled "Recommended . . . . . prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 . . . . . " (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%. . . . . -control%2Fcontrol-recommendations.htm) reviewed on . . . . . and last updated revealed to remove and discard the gown in a dedicated	A 030		

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A 030	Continued From page 11 container for waste or linen before leaving the patient room or care area. A review of the CDC guidelines titled " Prevention and Control (IPC) Guidance for Memory Care Units" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html) conducted on and last updated on revealed that dedicated personnel to work only on memory care units when possible and try to keep staff consistent and to limit personnel on the unit to only those essential for care. It further states to implement universal use of protection and N95 or other for all personnel when on the unit to address potential for encountering a Resident who might have COVID. Additionally, it stated that moving residents with confirmed COVID-19 to a designated COVID-19 care unit can help to decrease the exposure risk of resident and healthcare personnel. A review of the CDC guidelines titled "Interim Prevention and Control Recommendations for Healthcare Personnel During Coronavirus 2019 (COVID-19) Pandemic" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) reviewed on and last updated on , revealed the personal protective equipment (PPE) recommended for a patient with suspected or confirmed COVID-19 includes the following: protection, gloves and gown. protection must be clean and after use. Additionally, it states that clean gowns should be worn upon entry into a patient room or area. During an interview conducted on at	A 030		

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A 030	Continued From page 12 6:00 pm, the Administrator confirmed there were only 10 residents in the facility that were positive for COVID-19. Class I	A 030		
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		

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A 078	Continued From page 13 (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 interview, the facility failed to ensure that all newly hired staff submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable and evidence of anuual freedom from	A 078		

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	AL11969017	A. BUILDING: _____ B. WING _____	02/15/2021

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A 078	Continued From page 14 . . . . . ( ) for one Staff (B) of four sampled staff. Findings included: A review of employee records conducted on showed that Staff B had a date of hire of did not have a statement from a health care provider indicating that Staff B was free from communicable or Staff B's personnel file did not contain record of a negative examination. During an interview with the Administrator, conducted on at 06:23pm, the Administrator acknowledged and confirmed that Staff B employee records did not contain evidence of a negative examination and a freedom from communicable statement. The Administrator did not provide any other documentation. Class III	A 078		
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	CZ815		

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CZ815	Continued From page 15 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 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	CZ815		

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CZ815	Continued From page 16 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. (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.	CZ815		

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CZ815	Continued From page 17 (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 [redacted] with a licensee and was screened and qualified under s. 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) 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. (6)(a) As provided in chapter 435, the agency	CZ815		

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CZ815	Continued From page 18	CZ815		

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.
(7) 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 , , pursuant to s. 943.05(2).
(8) 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 or termination of employment of any employee as

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CZ815	Continued From page 19 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 unless the employee is granted an exemption	CZ815		

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CZ815	Continued From page 20 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 [redacted] 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 [redacted], 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 [redacted] for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was [redacted], 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 observation, interview and record review, the facility failed to ensure that 1 out of 4 sampled employees (Staff B) had a Level II background screening prior to having direct	CZ815		

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CZ815	Continued From page 21 contact with residents. Findings included: On a record review of Staff B personnel file showed no evidence of a level II background screening in file. Surveyor reviewed the AHCA (Agency for Health Care Administration) background screening website on . The AHCA (Agency for Health Care Administration) background screening website showed evidence that "A New Screening Is Required." Records showed Staff B had a hire date of as a direct care aide. On at 6:00 PM an interview was conducted with the Administrator, the Administrator confirmed Staff B is on the current staffing schedule and provides direct care to the resident on a daily basis. During an interview on at 6:10 PM with the Administrator. The Administrator reviewed personal files with surveyor and confirmed findings. The Administrator stated, " No the background screening is not in the file, she doesn't have one." Unclassified	CZ815		