

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11922288</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/02/2021</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BELLEAIR MANOR**

**1711 BALMORAL DRIVE  
CLEARWATER, FL 33756**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>An abbreviated biennial relicensure survey and control focused visit were conducted at Belleair Manor on . Deficiencies were identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A 000               |                                                                                                                          |                          |
| A 083<br>SS=D            | 59A-36.011(5) FAC Training - First Aid and<br><br>(5) FIRST AID AND . . . . .<br>( ). 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.<br><br>(a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able 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.<br><br>(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.<br><br>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that at least one (1) staff member with completed training in First Aid (FA) and . . . . . ( ) was in the facility at all times.<br><br>Findings included: | A 083               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BELLEAIR MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1711 BALMORAL DRIVE<br/>CLEARWATER, FL 33756</b> |                                                                                                                          |                                                        |
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| A 083                                                     | Continued From page 1<br><br>Personnel record review conducted on<br>revealed that Staff B, scheduled for the evening<br>and overnight shift, had FA and certifications<br>that had expired . . . . .<br><br>Interview with the Administrator at approximately<br>1:45pm on . . . . . revealed she was not aware<br>Staff B's FA and . . . . . both required renewals.<br><br>During the remainder of the survey, the<br>Administrator did not furnish another staff<br>person's current FA and . . . . . credentials who<br>was scheduled for the evening/midnight shift<br>during the same time frame as Staff B.<br><br>Class III                                                                                                                                                                                                                                                                                                                                       | A 083                                                                                        |                                                                                                                          |                                                        |
| CZ816                                                     | 408.809(2a-c) 435.05(2) 59A-35.090(2d-3c)<br>Background Screening-Compliance Attestation<br><br>408.809 Background screening; prohibited<br>offenses.-<br>(2) Every 5 years following his or her licensure,<br>employment, or entry into a contract in a capacity<br>that under subsection (1) would require level 2<br>background screening under chapter 435, each<br>such person must submit to level 2 background<br>rescreening as a condition of retaining such<br>license or continuing in such employment or<br>contractual status. For any such rescreening, the<br>agency shall request the Department of Law<br>Enforcement to forward the person's . . . . .<br>to the Federal Bureau of Investigation for a<br>national criminal history record check unless the<br>person's . . . . . are enrolled in the Federal<br>Bureau of Investigation's national retained print<br>notification program. If the . . . . . of<br>such a person are not retained by the | CZ816                                                                                        |                                                                                                                          |                                                        |

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| CZ816                                                     | <p>Continued From page 2</p> <p>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 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:</p> <p>(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;</p> <p>(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</p> <p>(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.</p> <p>435.05 Requirements for covered employees and employers.-Except as otherwise provided by law,</p> | CZ816                                                                          |                                                                                                                          |                          |                                                        |

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| CZ816                                                     | <p>Continued From page 3</p> <p>the following requirements apply to covered employees and employers:</p> <p>(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.</p> <p>59A-35.090 Background Screening.</p> <p>(2) Processing Screening Requests, Required Documents and Fees.</p> <p>(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, _____, herein incorporated by reference, available at <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-09106">http://www.flrules.org/Gateway/reference.asp?No=Ref-09106</a>, and available from the Agency for Health Care Administration at: <a href="http://ahca.myflorida.com/MCHQ/Central_Service/s/Background_Screening/Regulations_Forms.shtm">http://ahca.myflorida.com/MCHQ/Central_Service/s/Background_Screening/Regulations_Forms.shtm</a>. 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.</p> <p>(e) An administrator or chief financial officer must be screened and qualified prior to _____ to the position.</p> <p>(3) Results of Screening and Notification.</p> <p>(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</p> | CZ816                                                                          |                                                                                                                          |  |                                                        |

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| CZ816                                                     | <p>Continued From page 4</p> <p>Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal.</p> <p>(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.</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, for two of two caregiver staff sampled (Staff A and Staff B).</p> <p>Findings included:</p> <p>A review of personnel files conducted on revealed no Attestation of Compliance with Background Screening Requirements maintained in the record for either Staff A or Staff B.</p> <p>Interview with the Administrator at approximately 1:50pm on confirmed that this documentation was missing from the personnel files for both Staff A and Staff B.</p> <p>Unclassified</p> | CZ816                                                                                        |                                                                                                                          |                                                        |

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