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
	AL11965383	A. BUILDING: _____ B. WING _____	03/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COTTAGE OF LAKELAND	605 CARPENTERS WAY LAKELAND, FL 33809

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A 000	Initial Comments A complaint investigation (complaint numbers: 2020019912, 20200020325, 2021001353, and 2021003628), a COVID-19 focused control visit, and a generator monitoring were conducted at Savannah Cottage of Lakeland on . . . . . and . . . . Deficiencies were identified at the time of survey.	A 000		
A 030 SS=G	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	A 030		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 030	Continued From page 1 telephone numbers must be posted in close proximity to a telephone accessible by residents 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. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 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	A 030		

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A 030	Continued From page 2 residents reside. (g) In addition to the requirements of section 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	A 030		

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A 030	Continued From page 3	A 030		

the highest possible level of independence, autonomy, and interaction within the community.
(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 , , for health care services, the provision of or arrangement of transportation to health care , , , 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 , , , the guardian shall be

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A 030	Continued From page 4 given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for 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	A 030		

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A 030	Continued From page 5 long-term care ombudsman council, the names and identities of the residents involved in the 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: Citation Text for Tag 0030, Regulation W0NS Wilson, Crystal Based on observation, record review, and	A 030		

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A 030	Continued From page 6 interview, the Facility failed to honor residents' rights for a safe living environment free from hazards for three Residents (#1, #3, and #6,) of four sampled. Additionally, the Facility failed to honor resident rights for adequate and appropriate healthcare for two Residents (#1 and #3) of four sampled that sustained injuries from unknown causes. Furthermore, the Facility failed to follow their and incident reporting policy and procedures for three Residents (#1, #3, and #6) of four sampled. Findings Included: A review of a report given by Resident #1's family member, conducted on , revealed that the Facility informed the family member that Resident #1 was sent to the hospital for minor injuries and was sending the resident to the hospital as a precaution and that the cause of the was unknown. Resident #1's family member was told by the hospital that the resident sustained three , broke #7, a black , and a to her right side. A record review for Resident #1, conducted on , revealed the following: *Resident #1 was admitted to the facility on *Resident #1's Functional Evaluation and Service Plan dated stated that the resident required max assist with bathing, grooming, , skin integrity, , and for mobility and transfers due to Resident #1 ambulated with her down. Resident #1's safety factor was related to two risk factors and required non-skid	A 030		

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A 030	Continued From page 7 socks and physical and . . . . . evaluations. *Resident #1's health assessment form dated . . . . . the resident required . . . precautions and daily observation for wellbeing. *Resident #1's healthcare providers notes dated . . . . . , Resident #1 had mobility issues and required assistance as "taxing efforts may worsen . . . . . " and referred the resident to physical and occupational therapies through a home health agency. *Resident #1's progress notes stated that the resident had "unsteady gait" on . . . . . and was a . . . risk on . . . . . There was no documentation in Resident #1's record related to any changes in condition, ..., skin checks, or . . . while residing at the Facility. *Resident #1's progress notes dated . . . . . at 09:06am, that stated that the resident was sent to the hospital related to observed skin discoloration to the right side of her forehead and right arm with two small . . . . This was a late entry noted for . . . . . at 09:01am. There were no other . . . . changes in condition noted in Resident #1's record. *A prior hospital record dated . . . . . stated that Resident #1 had diagnoses of . . . . . , agitation due to . . . . . , and severe protein-calorie . . . . . and stated that "if continues to deteriorate would consider hospice placement". *An incident report dated . . . . . signed by Staff B on . . . . . at 03:38pm stated that on . . . . . that the . . . employee was laying	A 030		

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A 030	Continued From page 8 Resident #1 down and saw "a [illegible] to above her [illegible] and on her [illegible]," with unknown cause and transferred Resident #1 to the hospital. The incident report was [illegible] incomplete according to the Facility's incident reporting [illegible] policy and procedures and did not include assessments made, interventions for prevention, and was not reviewed by management. *The hospital report dated [illegible] at 10:30am showed that Resident #1 was seen in the emergency department for evaluation of [illegible] with no reported [illegible] by the Facility. The assessment showed that Resident #1 sustained three [illegible], [illegible] right [illegible], [illegible], broke [illegible] #7, a black [illegible], and a [illegible] to her right side and was admitted into their [illegible] intensive critical care unit. The report stated that "given the irregularities in the patient's [illegible] and the history that was given from the assisted living facility where the patient residents, elderly services will be contacted". A review of the Facility's third-party risk management investigation report dated [illegible] for Resident #1, conducted on [illegible], revealed that according to interviews conducted with employees revealed the following: *Several staff noticed a change in condition, [illegible] on Resident #1 from [illegible] until [illegible] and did not report any of these circumstances to the next shift, the Resident Care Director, the Executive Director, or to Resident #1's family [illegible] and health care provider. *Staff G arrived for the 7am-3pm shift on [illegible] at 07:00am Staff C told Staff G regarding the condition of Resident #1. [illegible] Staff G checked Resident #1 and contacted the Resident	A 030		

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A 030	Continued From page 9 Care Director. The Resident Care Director told Staff G to send Resident #1 to the hospital and Staff G told the Resident Care Director that she would rather have her assess the resident first. The Resident Care Director arrived at about 08:50am on and assessed Resident #1. The Resident Care Director notified Resident #1's health care provider and ordered for the resident to be sent to the hospital. (photographic evidence obtained) Interview conducted with Staff B on beginning at 02:29pm, she stated she worked the 3pm-11pm shift on and saw Resident #1's . She stated she told the 11pm-7am staff about Resident #1's . During an interview conducted with Staff G on at 03:08pm, Staff G stated that she worked on the 7am-3pm shift on . Staff G stated that I saw the on Resident #1 and took pictures and sent them to the Resident Care Director. Staff G stated that Staff C did not tell her what the Resident Care Director said and did not send Resident #1 to the hospital until the Resident Care Director arrived the morning of . During an interview with the Resident Care Director, conducted on at 03:00pm, the Resident Care Director stated that the incident for Resident #1 was first reported on between the 3pm-1pm1 and the 11pm-7am shifts and that neither Staff A nor Staff B saw the during the night and reported it in the morning of . During a record review a local law enforcement report dated conducted on	A 030		

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A 030	Continued From page 10 , revealed that Resident #6 had "numerous" at the Facility in which emergency medical personnel responded on dates that included , , , and . A record review for Resident #6, conducted on , revealed that Resident #6 was a risk. Review of the incident report revealed that Resident #6 had on , , and and there were no incident reports for the noted by law enforcement on , and /200. The incident reports were not completed according to the Facility's policy and procedures and did not include assessments made, interventions for prevention, and was not reviewed by management. Resident #6's progress notes did not include any information regarding any of the resident's . There were no measures implemented for prevention found. A record review for Resident #3, conducted on , revealed that Resident #3's health assessment form dated was incomplete and did not include the resident's physical or sensory limitations or or behavioral status and indicated that there were no nursing or treatment services required. Resident #3 required supervision with ambulation, bathing, and assistance with eating, grooming, toileting, and transferring. Resident #3's progress notes made no mention of the resident's present and current to her left arm. There were no physician orders for changes. There were no nursing services obtained for care. There was no evidence that Resident #3's health care provider and responsible party was notified of the incident.	A 030		

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A 030	Continued From page 11 During observations, conducted on beginning at 09:00am, Resident #3 was in the dining room and had one shoe on right and no shoe on left . . . and was wearing cotton socks on both . Resident #3 had a ⌄ to her left arm and the bandage appeared falling down and the was exposed with dried . . . . on covering the . . . . At 11:15am, Resident #3 continued with one shoe on and one shoe off. At 02:24pm, Resident #3 continued with one shoe on and one shoe off and had a tan/light brown . . style bandage wrapped from just below her to just above the of her left arm. At each end there was gauze sticking out from the bandage with brown covering the gauze. There was no date/evidence of the last time the ⌄ was changed. The bandage appeared to be reinforced with the same . . . . ⌄ from earlier observation. At 03:32pm, Resident #3 had no shoes on either . . . The resident did have cotton socks on both . The type bandage was wrapped around the left arm several times from to with white gauze with brown dried . . . . coming out of both ends of the wrap. The type bandage was wrapped around the left arm several times from to with white gauze with brown dried . . . coming out of both ends of the wrap. The Resident Care Director removed the bandage to Resident #3's arm and agreed that bandage had not been changed recently. The was approximately five inches long and had ongoing drainage. The was covered mostly with clotted old brown . . . the length of the . . . . During an interview with the Executive Director, conducted on at 03:00pm, the Executive Director agreed that Resident #3's	A 030		

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A 030	Continued From page 12 health assessment form did not include all of the required data. The Executive Director agreed that the Facility was not following their [illegible] or incident reporting policy and procedures and not updating resident records for changes in condition. The Executive Director agreed that the staff did not notify herself or the Resident Care Director about Resident #1's changes in condition on [illegible], [illegible], or [illegible] and that here was a delay in medical care for the resident. The Executive Director stated that Resident #1 did not use a wheelchair for ambulation. The Executive Director stated that staff should over report and over document with any change in condition and that the Resident Care Director follow up with 24-hours reports within 24-hours. The Executive Director stated that if a resident [illegible] that they should be appropriately assessed and if they have [illegible] or hit their [illegible] that staff do not touch them and call 911, reported to the supervisor or me, and notify family immediately and that the resident should be assessed for appropriate interventions to decrease the risk of it happening again. During an interview conducted on [illegible] at 03:12pm, the Executive Director stated that [illegible] hazards were [illegible] shuffling, unsteady gait, barefoot, trip hazards, cluttered walkways, improper fitting shoes, wearing socks with non-slip grips, poor lighting, medications, poor supervision. The Executive Director stated that Staff G refused to send Resident #1 to the hospital after the Resident Care Director told her to. The Executive Director stated that Staff A admitted to placing Resident #1 in a wheelchair to get the resident [illegible] to her room faster. During an interview conducted on [illegible] at 03:19pm, the Resident Care Director stated that	A 030		

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A 030	Continued From page 13 risks need to be identified at admission and grippy socks should immediately be implemented if the resident won't wear their shoes. At 03:32pm, the Resident Director agreed that Resident #3's bandage was not recently changed and unable to provided evidence of changes and stated that she was not aware of the bandage and that Resident #3's health care provider had ordered the to be left open to air and unable to provide the health provider's orders. Class II	A 030		
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 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	A 081		

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A 081	Continued From page 14 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 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	A 081		

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A 081	Continued From page 15 , 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 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	A 081		

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A 081	Continued From page 16 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 record review and interview, the Facility failed to provide direct care staff with the required in-service trainings, which included a pre-service orientation training prior to direct care and activities of daily living and behavioral needs, incident reporting, and resident rights and recognizing and reporting , neglect, and , trainings within thirty days of hire for two employees (Resident Care Director and Staff B) of four sampled employees. Findings Included: An employee record review for the Resident Care Director, conducted on , revealed that the Resident Care Director did not have evidence that the employee attended a two-hour preservice orientation training prior to direct care with residents. The Resident Care Director did not have evidence that the employee attended incident reporting and resident rights and recognizing and reporting , neglect, and , trainings within thirty days of hire. The Resident Care Director was hired on . An employee record review for Staff B, conducted on , revealed that Staff B did not have evidence that the employee attended a two-hour preservice orientation training prior to direct care	A 081		

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A 081	Continued From page 17 with residents. Staff B did not have evidence that the employee attended activities of daily living and behavioral needs, incident reporting, and resident rights and recognizing and reporting , neglect, and , trainings within thirty days of hire. Staff B was hired on . During an interview with the Executive Director, conducted on at 03:10pm, the Executive Director agreed that the Resident Care Director and Staff B's employee records did not contain evidence that the employees attended a two-hour pre-service orientation prior to direct care with residents. The Executive Director agreed that the Resident Care Director and Staff B's employee records did not contain evidence that the employees attended incident reporting and resident rights and recognizing and reporting , neglect, and , trainings within thirty days of hire. The Executive Director agreed that Staff B's employee record did not contain evidence that the employee had attended a three-hour activity of daily living and behavioral needs training within thirty days of hire. Class III	A 081		
A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or	A 160		

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A 160	Continued From page 18 other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible]. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's	A 160		

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A 160	Continued From page 19 contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with [illegible]'s [illegible] or related [illegible], a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.	A 160		

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A 160	Continued From page 20	A 160		

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, the Facility failed to obtain a satisfactory inspection reports from the local health department group care and food sanitation inspections annually as required. Additionally, the Facility failed to obtain a satisfactory inspection report from the local authority annually as required. Furthermore, the Facility failed to obtain menu plans approved by a Registered Dietician annually as required.

Findings Included:

An observation, conducted on at 11:00am, revealed that the Facility did not have a menu posted.

A review of the local health department group care and food sanitation inspection reports, conducted on , revealed that the Facility had unsatisfactory group care and food sanitation inspection report issued by the local health department on and respectively. There were no re-inspection reports to review for either sanitation inspections.

During a review of the county's fire inspection report, conducted on , the last satisfactory fire inspection report from the local authority was dated .

During an attempt to review the approved menu plan, conducted on , there were no approved menus to review.

During an interview with Staff F, the Dietary

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A 160	Continued From page 21 Manager, conducted on . . . . . at 12:30pm, Staff F stated that there were no menus posted because the Facility did not have menus to post. Staff F stated that the Executive Director had been attempting to get the approved menus from the company but had not succeed. Staff F stated that the former Executive Director did not print the approved menus upon receipt of the menus. Staff F stated that she used meal plans from previous approved meal plans and writes each meal down and gives it to the Executive Director and that she did not have an approved menu plan to follow. During an interview with the Executive Director, conducted on , at 12:45 the Administrator agreed that the Facility had not obtained an approved menu plan from a registered dietician. At 02:00pm, the Executive Director agreed that the Facility had not obtained satisfactory group care and food sanitation inspections from the local health department. At 02:30pm, the Executive Director agreed that there were no satisfactory fire inspection reports from the local authority since . . . . . . Class III	A 160		
CZ813	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090 Background Screening. (3) Results of Screening and Notification. (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.	CZ813		

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CZ813	Continued From page 22 This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that employee records were maintained with proof of the required Level 2 background screening indicating proof of eligibility to work in an assisted living facility for three employees (Resident Care Director, Staff A and Staff G) of four sampled employees. Findings Included: A record review for the Resident Care Director, conducted on [redacted], revealed that the Resident Care Director did not have evidence that the employee had an eligible level two background screening in her employee record. The Resident Care Director was hired on [redacted]. A record review for Staff A, conducted on [redacted], revealed that Staff A did not have evidence that the employee had an eligible level two background screening in her employee record. Staff A was hired on [redacted]. A record review for Staff G, conducted on [redacted], revealed that Staff G did not have evidence that the employee had an eligible level two background screening in her employee record. Staff G was hired on [redacted]. During an interview with the Executive Director, conducted on [redacted] at 03:10pm, the Executive Director agreed that the Resident Care Director and Staff A and G did not have evidence of an eligible level two background screening in the employees' records. Unclassified	CZ813		

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CZ815	Continued From page 23	CZ815		
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 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	CZ815		

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CZ815	Continued From page 24	CZ815		

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 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.

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CZ815	Continued From page 25 (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. (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	CZ815		

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CZ815	Continued From page 26 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 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	CZ815		

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CZ815	Continued From page 27	CZ815		

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 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

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CZ815	Continued From page 28 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 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 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 , 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 for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter.	CZ815		

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CZ815	Continued From page 29 435.02 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 record review and interview, the Facility failed to ensure that employees that provided direct care to residents had eligible level two background screenings for one employee (Staff H) of one sampled employee. Findings Included: During an attempt to review Staff H's level two background screening eligibility, conducted on , the document was not provided. Staff H was a employee that provided direct care to the Facility's residents. A review of the background screening for Staff H via the employee's social security number, conducted on , revealed that the employee was working under a different last name and that the employee's screening stated that "a new screening required". During an interview with the Executive Director, conducted on at 03:10pm, the Executive Director was unable to provide an eligible level two background screening for Staff H and stated that she was unaware of Staff H's eligibility status. Unclassified	CZ815		

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CZ816	Continued From page 30	CZ816		
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 ... to the Federal Bureau of Investigation for a national criminal history record check unless the person's ... are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ... of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ... electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ... to the Federal Bureau of Investigation for a national criminal history record check. The ... shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ... The agency may accept as satisfying the requirements of this section proof of compliance	CZ816		

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CZ816	Continued From page 31 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: (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	CZ816		

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CZ816	Continued From page 32 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. (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.	CZ816		

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CZ816	Continued From page 33 This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that an Attestation of Compliance was signed and included in one employee record every five years for two employees (Resident Care Director and Staff G) of four sampled employees. Findings Included: A record review for the Resident Cared Director, conducted on , revealed that the Resident Care director did not have a signed Attestation of Compliance in the employee's record. The Resident Care Director was hired on . A record review for Staff G, conducted on , revealed that Staff G had a signed Attestation of Compliance dated , which was greater than every five years as required. Staff G was hired on . During an interview with the Executive Director, conducted on at 03:10pm, the Executive Director agreed that the Resident Care Director did not have a signed Attestation of Compliance in the employee's record and that Staff G's Attestation of Compliance was signed greater than five years ago. Unclassified	CZ816		