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
	AL11968060	A. BUILDING: _____ B. WING _____	07/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTSIDE ACTIVE LIVING	1600 TAFT STREET HOLLYWOOD, FL 33020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure, Complaint (#2021008252, #2021001295 and #2021005497) and Generator Assessment survey was conducted on . . . . . through . . . . . at Eastside Active Living. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 032	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.	A 032		

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A 032	Continued From page 1 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(i), F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to document the names of staff who participated in mock elopement drills as evidenced by no sign in sheets available for review to determine all staff participated in at	A 032		

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A 032	Continued From page 2 least two mock elopement drills annually. The findings included: On [redacted] at 10:00 AM, a side-by-side review of the mock elopement drills was conducted with the Administrator. Elopement drills were conducted on [redacted] at 1:00 PM; on [redacted] at 6:03 PM; on [redacted] at 9:05 AM; and on [redacted] at 10:00 AM. The mock drills forms did not indicate which staff and/or administration participated in the drills. On [redacted] at 10:30 AM, an interview was conducted with the Administrator. He acknowledged the findings. He stated he did not have evidence of an in-service log, documenting which staff participated in the above mock drills. Class III	A 032		
A 078	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 [redacted]. 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	A 078		

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A 078	Continued From page 3 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 . (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	A 078		

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A 078	Continued From page 4 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 interview and record review, the facility failed to provide evidence of a negative ( ) examination statement on an annual basis for 1 of 4 sampled employee personnel records reviewed (Staff D). The findings included: Review of the employee personnel record for Staff D, a Medication Technician revealed a date of hire of to provide resident assistance with the self-administration of medications in addition to providing direct care to residents on the 7:00 AM to 3:00 PM shift. Further review of the employee personnel record revealed the last examination statement was dated . On at 3:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1)	A 081		

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A 081	Continued From page 5 (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 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	A 081		

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A 081	Continued From page 6	A 081		

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 , 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

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A 081	Continued From page 7 . . . . . 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 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 interview and record review the facility failed to ensure staff received the required in-service training upon employment for 2 of 4 employee personnel records reviewed, for Staff C and Staff E. The findings included:	A 081		

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A 081	Continued From page 8 Review of the employee personnel record for Staff C, a Home Health Aide, revealed a date of hire of [redacted] to provide direct care to residents on the 11:00 PM to 7:00 AM shift. Further review of the employee personnel record revealed the training certificate for 2 hours of Preservice Orientation; one hour of Elopement Training; one hour of Reporting Major Incidents; Reporting Adverse Incidents; Facility Emergency Procedures; one hour of Resident Rights; Recognizing/Reporting [redacted], Neglect and [redacted] training; and one hour of Nutrition and Safe Food Handling training was not available for review in the employee personnel record. Review of the employee personnel record for Staff E, a Medication Technician revealed a date of hire of [redacted] to provide resident assistance with the self-administration of medications in addition to providing direct care to residents on the 3:00 PM to 11:00 PM shift. Further review of the employee personnel record revealed the training certificate for 2 hours of Preservice Orientation; one hour Elopement Training; one hour of Reporting Major Incidents; Reporting Adverse Incidents; Facility Emergency Procedures; one hour of Resident Rights; and Recognizing/Reporting [redacted], Neglect and [redacted] training was not available for review in the employee personnel record. On [redacted] at 3:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class	A 081		

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A 082	Continued From page 9	A 082		
A 082	59A-36.011(4) FAC Training - / .	A 082		

(4) . . . . . / . . . . . (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.

This Statute or Rule is not met as evidenced by:
Based on interview and employee personnel record review, the facility failed to provide evidence of the . . . . . / . . . . . (/), one time training certificate within 30-days of employment for 1 of 4 sampled employee personnel records reviewed, Staff C.

The findings included:

Review of the employee personnel record for Staff C, a Home Health Aide, revealed a date of hire of to provide direct care to residents on the 11:00 PM to 7:00 AM shift. Further review of the employee personnel record revealed no / . . training certificate available for review.

On at 3:00 PM, an interview was conducted with the Administrator. He acknowledged the findings.

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A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and employee personnel record review, the facility failed to provide evidence of the one hour training certificate for ( ) within 30-days of employment for 1 of 4 sampled employee personnel records reviewed, Staff E. The findings included: Review of the employee personnel record for Staff E, a Medication Technician, revealed a date of hire of to provide resident assistance with the self-administration of medications in addition to providing direct care to residents on the 3:00 PM to 11:00 PM shift. Further review of the employee personnel record revealed the training certificate for 1 hour of was not available for review. On at 3:00 PM, an interview was	A 090		

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A 090	Continued From page 11 conducted with the Administrator. He acknowledged the findings. Class	A 090		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C.,	A 161		

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A 161	Continued From page 12 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ␣ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and employee personnel record review, the facility failed to provide evidence of the job description for 1 of 4 sampled employee personnel records reviewed, for Staff C. The findings included: Review of the facility State issued License revealed a licensed capacity of 90 beds. Review of the employee personnel record for Staff C, a Home Health Aide, revealed a date of hire of to provide direct care to residents on the 11:00 PM to 7:00 AM shift. Further review of the employee personnel record	A 161		

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A 161	Continued From page 13 revealed the job description for a Home Health Aide was not available for review. On at 3:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class	A 161		
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012,	A 162		

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(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 162	Continued From page 14 F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at:	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968060	A. BUILDING: _____ B. WING _____	07/14/2021

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EASTSIDE ACTIVE LIVING	1600 TAFT STREET HOLLYWOOD, FL 33020

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A 162	Continued From page 15 http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a	A 162		

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EASTSIDE ACTIVE LIVING	1600 TAFT STREET HOLLYWOOD, FL 33020

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A 162	Continued From page 16 resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure resident records reflected the resident care and service needs for 1 of 2 sampled resident records reviewed, Resident #1, as evidenced by no documentation in Resident #1's record detailing the services of Home Health or treatments. The findings included: On at 9:30 AM, an interview was conducted with Resident # 1 as he was observed self-propelling his wheelchair near the nurse's station. He commented he had lived in the facility for a while. He stated he was and attended 3 days per week on Monday, Wednesday and Friday. He further stated a nurse came to give him an shot everyday. A review of Resident #1's record revealed a Resident Health Assessment form (AHCA 1823 form) dated . It was revealed Resident #1 was admitted to the facility in , however there was no initial AHCA 1823 form available for review in the record. Review of the	A 162		

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A 162	Continued From page 17 . . . . . form revealed Resident #1 was admitted with diagnoses to include . . . . . requiring . . . . . and . . . . . The section on Nursing/Treatment and . . services documented Home Health. Review of the Progress Note section of the record revealed no initial admission note documentation. Further review of the record revealed no documentation when Resident #1 was admitted to Home Health or the reason for Home Health, and no documentation of the frequency or location of the . treatments. There were only 2 Progress Notes in the record for review. One note was dated when the resident was transferred to the hospital for a . . . treatment and the other note dated when the resident returned from the hospital. On . . . . . at 11:25 AM, an interview was conducted with Medication Technician Staff F who stated the Home Health nurse visits Resident # 1 twice per day. She stated she believed the nurse checked his . . . . . and gave him before breakfast and lunch. She stated the facility staff provided the residents oral medications, but did not have any involvement with the . . . or . . management. On . . . . . at 3:00 PM, an interview was conducted with the Administrator who stated he could not locate the initial AHCA 1823 form for Resident # 1. He also stated he believed Resident #1 was admitted with Hone Health Services and . services. He was not able to confirm the frequency of the Home Health nurse visits, nor the coordination of care between the facility and the Home Health nurse or the . . center. He acknowledged he needed to maintain	A 162		

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A 162	Continued From page 18 better documentation in the records. Class III	A 162		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible], [illegible] are enrolled in the national retained print [illegible] notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible], [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility	CZ814		

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CZ814	Continued From page 19 failed to ensure that all employees hired were registered in the Agency for Healthcare Administration, (AHCA) Background Screening Clearinghouse within 10-days of hire for 2 of 4 sampled employee personnel records reviewed for Staff C, and Staff E. The findings included: Review of the facility direct care staff schedule for the week of [redacted] through [redacted] revealed Staff C and Staff E were listed as working shifts during this time. On [redacted] at 2:20 PM, a telephone interview was conducted with Staff E who confirmed she has worked in the facility since [redacted]. Review of the employee personnel record for Staff C, a Home Health Aide, revealed a date of hire of [redacted] to work the 11:00 PM to 7:00 AM shift. Review of the online AHCA Background Screening Clearinghouse roster revealed Staff C was not listed as an active employee of the facility. Review of the employee personnel record for Staff E, a Medication Technician, revealed a date of hire of [redacted] to work the 3:00 PM to 11:00 PM shift. Review of the online AHCA Background Screening Clearinghouse roster revealed Staff E was not listed as an active employee of the facility. On [redacted] at 3:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Unclassified	CZ814		

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CZ816	Continued From page 20	CZ816		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) 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 21	CZ816		

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

Agency for Health Care Administration

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CZ816	Continued From page 22 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. This Statute or Rule is not met as evidenced by: Based on interview and employee personnel record review, the facility failed to ensure the Attestation of Compliance form was signed and	CZ816		

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CZ816	Continued From page 23 dated by the new employee for 2 of 4 sampled employee personnel records reviewed for Staff C and Staff E. The findings included: Review of the employee personnel record for Staff C, a Home Health Aide, revealed a date of hire of . . . . . to provide direct care to residents on the 11:00 PM to 7:00 AM shift. Further review of the employee personnel record revealed the Attestation of Compliance was not available for review in the employee personnel record. Review of the employee personnel record for Staff E, a Medication Technician revealed a date of hire of to provide resident assistance with the self-administration of medications in addition to providing direct care to residents on the 3:00 PM to 11:00 PM shift. Further review of the employee personnel record revealed the Attestation of Compliance was not available for review in the employee personnel record. On at 3:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Unclassified	CZ816		