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
	AL11965713	A. BUILDING: _____ B. WING _____	01/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGHLANDS	4250 LAKELAND HIGHLANDS RD LAKELAND, FL 33813

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A 000	Initial Comments A complaint investigation (complaint number: 2022001089), a generator monitoring, and a limited nursing service monitoring visit were conducted at Brookdale Highlands on . Deficiencies were identified at the time of survey.	A 000		
A 030 SS=J	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close	A 030		

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A 030	Continued From page 1	A 030		

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 standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical .
(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

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A 030	Continued From page 2 telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (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	A 030		

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A 030	Continued From page 3 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 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	A 030		

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

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A 030	Continued From page 5 exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . . , ... or . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to honor resident rights to provide adequate and appropriate health care by not providing emergency care for one Resident (#1) of 11 sampled residents. Additionally, the facility failed to follow emergency procedures and administer , , ( ) to a resident who was a full code. The non-compliance posed a direct threat to the	A 030		

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A 030	Continued From page 6 resident and delayed necessary medical treatment resulting in the of Resident #1. There were thirty-seven residents who were Full Codes placed at risk of harm or . Findings Included: A review of an adverse incident report (AIRs) submitted at 04:31pm, conducted on revealed Resident #1 was a Full Code, and no was initiated. The AIRs report stated that on Resident #1 was in for a COVID-19 positive status. Staff B checked on Resident #1 at approximately 03:30pm and again at 05:30pm. At 03:30pm, Resident #1 told Staff B to get away from by his door. At 05:30pm, Staff B found Resident #1 down on the floor and unresponsive. Staff B, an unlicensed care staff, notified Staff A, a Licensed Practical Nurse (LPN) that the resident was unresponsive. Staff A, LPN assessed Resident #1 and determined that he had no , , and his , and were blue. Emergency Medical Services ( ) were notified at 05:35pm and again around 05:50pm. arrived at the facility at 06:25pm and pronounced Resident #1 . The analysis of the incident stated that the incident occurred by the resident falling to the floor and hitting his . The Corrective Action described that Resident #1 did not have a ( ) and that all staff were educated on safety and resident rights. A record review for Resident #1, conducted on , revealed that Resident #1 was admitted to the facility on and discharged on due to his . Resident #1's health assessment dated stated that Resident #1 had a diagnosis of and	A 030		

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A 030	Continued From page 7 . (also called , which is a form of low that happens when a person stands up from sitting or lying down. can make person feel , or lightheaded and may even cause them to faint. Definition found in an article dated from https://www.mayoclinic.org, conducted on .) Resident #1 had physical limitations as a risk, required precautions and used a walker as an ambulatory assistive device. There was no yellow signed by Resident #1 in his record and therefore was a Full Code. Resident #1 was in , due to his COVID-19 positive status on the date of his . A progress note dated at 11:11pm written by Staff A, LPN stated that she was called to Resident #1's room and found the resident on the floor unresponsive at approximately 04:57 pm. She observed the resident lying on the floor, down by the air conditioning unit. Staff A was unable to find a and his color was ruddy (reddish) and his , left and right were purple and blue. Staff A was unable to turn Resident #1 from his front lying position to his and pronounced Resident #1 as expired upon their arrival. There was no documentation in Resident #1's record that Staff A or another staff performed or applied the Automated External Defibrillator ( ). During an interview with the Health and Wellness Director, conducted on at 01:46 pm, she stated that Staff A told her that she did not perform because of the scene and the position that Resident #1 was lying in, and Staff A was afraid to move the resident in case he had a . The Health and Wellness Director stated that was slow to respond during the event	A 030		

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A 030	Continued From page 8 and it took a long time for them to get to the facility and that the facility had to call twice. At 01:50 pm, the Health and Wellness Director stated that unlicensed staff were supposed to notify the licensed staff and retrieve the resident's record to identify their code status and initiate if the resident was a full code and call 911 if a resident was found unresponsive. The Health and Wellness Director stated that staff were alerted immediately of a resident's code status by a red sticker on their chart and in the electronic record. During an interview with the Administrator conducted on at 02:05 pm, the Administrator stated that Resident #1 and needed help. The staff that was posted outside of Resident #1's door opened the resident's door. Then the Administrator stated that "they" went to perform a wellness check on Resident #1 because he was late for dinner, and "they" did the wellness checks every two hours and checked on him about 05:15pm on the date of the incident because he was late for dinner. The Administrator stated that Staff B opened his door and saw Resident #1 on the floor and yelled for help around 05:15pm. The Administrator stated that Resident #1 was in , for positive COVID-19 status and stated that the staff brought Resident #1's dinner to him in his room and when they knocked on the door "they" found him, "they" called 911 and grabbed or called for Staff A. The Administrator did not define who "they" were and stated that Staff A, LPN came to assess Resident #1 and she came down the stairs, put on personal protective equipment (PPE), and went into his room. She took his vital signs and stated that he was already and gone and that Staff L called 911 at about 05:35pm on and that had not arrived by 05:50pm. The	A 030		

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A 030	Continued From page 9 Administrator stated that because of the long response to get to the facility he had to call 911 again at 05:50pm. The Administrator stated that there had been no disciplinary actions, re-training or other trainings for Staff A or any other staff since the incident. The Administrator was unable to provide any investigation conducted regarding the of Resident #1 and stated that the AIRs was the investigation. During an attempt to review the facility's investigation of Resident #1's , conducted on , revealed that the facility did not perform an investigation of the event and there were many discrepancies in staff interviews, the AIRs, report, and the documentation in Resident #1's record. There was not an accurate timeline of events obtained. Further interview was conducted with the Administrator on at 03:42pm and he stated that when Staff A, LPN, got to Resident #1 to check on him, Staff A stated that he had been gone awhile and he was . The Administrator stated that he put on PPE and went into the room to verify, and the resident had that had pooled to his , and he was lying in front of the window down. The Administrator stated that Staff L called 911 first. When got to the facility it was between 06:00pm to 07:00pm and we waited forty minutes for to show up. The Administrator stated that the facility placed a placard over the doorway in each resident rooms for the staff to recognize right away if the resident was a or Full Code status. A review of the facility's policy and procedures revised , conducted on , the policy and procedures revealed that residents have the right to make their own	A 030		

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A 030	Continued From page 10 choices about their care and that the facility would honor . The policy and procedures stated that the facility's associates would provide first aid and follow the policy for calling 911. The policy and procedures stated that the facility would presume that a resident consented to unless the resident signed a . . During an interview with former Staff B, conducted on at 04:06pm, Staff B stated that she first knocked on Resident #1's door to check on him at 02:45pm and heard a strange and funny sound through the door and because she had to gown up to go in, she went to check on two other residents first. Upon returning to Resident #1's door Staff B put on PPE and then went into the resident's room and saw the resident lying on the floor and ran to the front desk and called the girl (referring to Staff L) at the receptionist desk and the Administrator told Staff B to get Staff A, LPN, from the second floor. Staff B was unsure of the exact time she returned to Resident #1's room. Staff B stated that she went to the second floor to get Staff A who came to check on the resident. Staff A put on PPE and went in to check on Resident #1. Staff B stated that she was unsure who called 911. Staff B stated that she left Staff A in with Resident #1 and continued to assist the other residents that were in her assignment. During an interview with Staff A, conducted on . . . . . at 04:18pm, Staff A, LPN stated that she was called to come down to check on Resident #1 and when she arrived the resident was lying in the corner on his and his . . . and underneath his . . . were blue. Staff A stated that he was too difficult to turn over by herself and that everybody else (other staff) were doing other things and there was no one to help	A 030		

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A 030	Continued From page 11 the employee turn the resident over from his to his and that the resident had already , so she couldn't do . Staff A stated that she performed when she assessed vital signs and checks the airway and then does if there is any response. Staff A stated that she did not call to come to the facility and that Staff L was the first person to call and was unsure at what time Staff L called or whether 911 or the non-emergent telephone number was used. During an interview with Staff L, conducted on at 05:18pm, Staff L agreed that she was on duty during the time of Resident #1's and stated that she did not make any calls to 911. A review of the facility's policy and procedures revised , conducted on , the policy and procedures revealed that if a resident went into and/or , it was the facility's policy to call 911 and for the associate certified in to perform . Also, the policy and procedures stated that "since there is no guarantee that a certified associate will be available at the community, there is no guarantee that will be performed". A review of the report dated , conducted on , revealed that responded at 06:07pm to the 911 call from the facility on at 06:07pm, and was at the facility at 06:15pm with patient contact at 06:17pm. found Resident #1 unresponsive without vital signs and " on arrival" and " without efforts" and positive for lividity and rigor. There was no initiated or performed prior to or after 's arrival. There	A 030		

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A 030	Continued From page 12 was no ... applied prior to or after . 's arrival. The report stated that " ... is not attempted due to lividity and rigor". The report stated that the estimated time of ... and was 05:30pm. The ... report stated that staff found Resident #1 "obviously ..." at 05:30pm and the "patient was not placed on the [ ] monitor due to being obviously ....". Class I	A 030		
A 080 SS=D	429.52( ) FS; 59A-36.011(1) FAC Training - Core & Competency Test 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting ..., neglect, and ... (c) Special needs of elderly persons, persons with mental illness, and persons with ... and how to meet those needs. (d) Nutrition and food service, including	A 080		

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BROOKDALE HIGHLANDS	4250 LAKELAND HIGHLANDS RD LAKELAND, FL 33813

(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 080	Continued From page 13 acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication. (f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures. (g) Care of persons with [illegible]'s [illegible] and related [illegible]. 59A-36.011 (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to [illegible], and managers who attended the core training program prior to [illegible], shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years. (d) A newly hired administrator or manager who	A 080		

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A 080	Continued From page 14 has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and, 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to have an Administrator that completed the assisted living core education requirements pursuant to rule 59A-36.011, Florida Administrative Code within ninety days after becoming employed as the facility's Administrator. Findings Included: During an observation of the Administrator, conducted on . . . . . from 10:30am through 06:45pm, the Administrator was actively working in the facility and functioning as the Administrator. An employee record review for the Administrator, conducted , the Administrator's employee record contained one document of a twenty-six-hours core training program	A 080		

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A 080	Continued From page 15 completion dated . . . . There was no evidence that the Administrator took and passed the core training competency test. The Administrator was hired on . A review of the core competency test website https://alfmacdonald-research.com/SuccessfullExamineesList.aspx, conducted on , revealed that the Administrator had not taken and/or passed the core competency test. During an interview with the Administrator, conducted on . . . . . at 05:39pm, the Administrator stated that he was scheduled on . . . . . to take the core competency test and had not previously taken the test. Class III	A 080		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED . . . . . ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , . . . , . . . and . . , ... shall satisfy this requirement. Facility staff who meet the requirements for ADRD training	A 086		

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A 086	Continued From page 16 providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b)	A 086		

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A 086	Continued From page 17	A 086		

of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.
(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.
(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.
(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:
1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or
2. Three years of practical experience in a program providing care to persons with or related , or
3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a

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A 086	Continued From page 18 program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have employees trained with four-hours training regarding 's and related (ADRD) level-I within three months of employment and failed to have employees trained with four-hours of ADRD updates annually for three employees (Administrator, Health and Wellness Director, and Staff E) of six sampled employees that interacted daily with residents with 's and . Findings Included: A record review for the Administrator, conducted on , revealed that the Administrator's employee record did not contain evidence that the Administrator had completed a four-hours ADRD level-I within three months of employment. The Administrator was hired on . A record review for the Health and Wellness Director, conducted on , revealed that there was no evidence in the employee's record that the employee completed a four-hour ADRD update annually. The Health and Wellness Director had completed a four-hours ADRD level-I	A 086		

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A 086	Continued From page 19 and four-hour ADRD level-II trainings on . The Health and Wellness Director had completed four-hours annual ADRD update trainings on , , and . There was no other documents for ADRD 4-hours training in the employee's record. The Health and Wellness Director was hired on . A record review for Staff E, conducted on , revealed that Staff E's employee record did not contain evidence that Staff E had completed a four-hours ADRD level-I within three months of employment. Staff E was hired on . During an interview with the Administrator, conducted on at 05:39pm, the Administrator agreed that his own employee record, the Health and Wellness Director's record and Staff E's employee records did not contain evidence of the required training for ADRD level-I and ADRD annual updates. Class III	A 086		

Agency for Health Care Administration

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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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that background screening results were in one employee's record (Staff E) of six sampled employees. Findings Included: A record review for Staff E, conducted on , revealed that there was no level-II background screening results in the employee's record. Staff E was hired on . During a interview with the Administrator, conducted on at 05:39pm, the Administrator agreed that there was no results for Staff E's level-II background screening in the employee's record. Unclassified	CZ813		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic , , submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the employment status of current and former employees within the Facility's employee roster listed on the Agency for Health Care Administration's background screening clearinghouse (BGS ER), within ten-business days of employment and upon termination of employment, for ten current and former employees (Administrator, Health and Wellness Director, and Staff B, E, F, M, N, O, P, and Q) of ten current and former sampled employees. Findings Included: A review of the Facility's BGS ER, conducted on	CZ814		

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CZ814	Continued From page 2 . . . . . , revealed that the facility's BGS ER was not up to date. Current employees , the Administrator and Staff E were not listed on the BGS ER as current employees. The current Health and Wellness Director was not found as she had married and resumed a different name, and this was not updated on the BGS ER. Former Staff B, F, M, N, O, P, and Q continued to be listed as current employees without their dates of termination noted. A review of the Facility's current employees, conducted on . . . . . , revealed that the Administrator and Staff E were listed as current employees. The Health and Wellness Director was listed as a current employee under a different last name. Staff B, F, M, N, O, P, and Q were not listed as current employees. The Administrator was hired on . . . . . . The Health and Wellness Director was hired on . . . . . . Staff B was hired on 11/04/2021. Staff E was hired on . Staff F was hired on . . . . . Staff M was hired on . Staff N was hired on . Staff O was hired on . . . . . Staff P was hired on . Staff Q was hired on . . . . . . During an interview with the Administrator, conducted on at 0339pm, the Administrator agreed that the Facility's BGS ER was not up to date. The Administrator stated that himself, the Health and Wellness Director, and Staff E were current employees of the facility. The Administrator stated that Staff B, F, M, N, O, P, and Q were no longer employed with the Facility. There were no termination dates provided for Staff B, F, M, N, O, P, and Q. Unclassified	CZ814		

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CZ815	408.809(1)( ); 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 disqualifying status of the person named in the	CZ815		

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CZ815	Continued From page 4	CZ815		

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 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.
(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(i) Section 817.234, relating to false and fraudulent insurance claims.
(j) 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.

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CZ815	Continued From page 5 (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) 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. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or 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	CZ815		

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CZ815	Continued From page 6 application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency 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	CZ815		

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CZ815	Continued From page 7 screening and to implement and adopt criteria relating to retaining ◡ , pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as 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	CZ815		

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CZ815	Continued From page 8	CZ815		

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 [illegible] for a disqualifying offense, the employer must remove the employee from contact with any [illegible] person that places the employee in a role that requires background screening until the [illegible] 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 [illegible] 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 [illegible] 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 [illegible] for a

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CZ815	Continued From page 9 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. 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 all employees had an eligible level-II background screening every five years as required for one employee (Staff A) of six sampled employees. Findings Included: During a record review for Staff A, conducted on , revealed that Staff A's last eligible level-II background was dated . . . . Staff A was hired on . During an interview with the Administrator, conducted on at 05:39pm, the Administrator agreed that Staff A's last eligible level-II background screening was dated greater than five years ago. Unclassified	CZ815		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited	CZ816		

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CZ816	Continued From page 10	CZ816		

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 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

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CZ816	Continued From page 11 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 Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual	CZ816		

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CZ816	Continued From page 12 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 record review and interview, the facility failed to ensure that an Attestation of Compliance was signed every five years with background screenings for two employees (Health and Wellness Director and Staff A) of six sampled employees.	CZ816		

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CZ816	Continued From page 13 Findings Included: A record review for the Health and Wellness Director, conducted on , revealed that the Health and Wellness Director signed an Attestation of Compliance on which was greater than five years. The Health and Wellness Director was hired on 11/04/2014. A record review for Staff A, conducted on , revealed that Staff A signed an Attestation of Compliance on which was greater than five years. Staff A was hired on . During an interview with the Administrator, conducted on at 05:39pm, the Administrator agreed that the Health and Wellness Director and Staff A's signed Attestation of Compliance were signed greater than five years ago. Unclassified	CZ816		
CZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal;	CZ821		

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CZ821	Continued From page 14 (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On	CZ821		

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CZ821	Continued From page 15 Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , , which is hereby incorporated by reference	CZ821		

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CZ821	Continued From page 16 and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility	CZ821		

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CZ821	Continued From page 17 failed to notify the Agency that they had a change of Administrators within twenty-one days of occurrence. Findings Included: During an observation of the Administrator, conducted on from 10:30am through 06:45pm, the Administrator was actively working in the facility and functioning as the Administrator. A review of the websites (https://www.floridahealthfinder.gov/facilitylocator/facloc.aspx) and the facility's background clearinghouse employee roster, conducted on , revealed that there was another person named as Administrator. A record review for the Administrator, conducted on , revealed that the Administrator was hired on . During an interview with the Administrator, conducted on , at 05:39pm, the Administrator was unable to provide evidence that the facility sent in a change of Administrator notification to the Agency. Unclassified	CZ821		