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
	AL11953622	A. BUILDING: _____ B. WING _____	05/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE POINTE	9797 BAY PINES BLVD SAINT PETERSBURG, FL 33708

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint (complaint number 2022005102, 2022006298 and 2022006420) survey in conjunction with a revisit to the complaint (complaint number 2022003363 and 2022003680) survey of was conducted at The Pointe on . The facility had deficiencies at the time of survey.	A 000		
A 025 SS=J	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident,	A 025		

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A 025	Continued From page 1 including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to provide personal supervision and oversight required for each resident, to include awareness of safety, well-being, and whereabouts for 1 (Resident #1) of 47 residents. The lack of resident supervision led to the continued unknown whereabouts of Resident #1 and placed all six of the memory care residents at immediate risk for harm. Findings included:	A 025		

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A 025	Continued From page 2 During an observation of 100% of all in-house residents, conducted on between 9:00a.m. and 1:30p.m. revealed that Resident #1 was missing from the facility. A review of the admission and discharge log, conducted on , revealed that Resident #1 continued to be listed as an in-house resident. During an interview with Staff M, conducted on at 10:33a.m., Staff M stated she saw Resident #1 at lunch around 12p.m. on , then went looking for her around 1p.m. and could not find her on the unit. Staff M stated she then called Staff N and told her Resident #1 was not on the unit. Staff M further stated there were no visitors on the unit before she left the facility at 3p.m. Record review conducted on revealed Resident #1 was admitted to the facility on . Resident's #1 health assessment (1823) dated revealed she was diagnosed with without behavioral disturbance, due to known condition, , and . She had been identified as an elopement risk. Resident #1 resided on the Memory Care Unit. An observation conducted on at 10:35a.m. of the elevator on the memory care unit. The elevator is the main entrance and exit onto the Memory Care Unit. The elevator has a mechanism in which a code must be entered in order for the elevator to function. While standing in the hallway you are unable to see elevator door. The path to the elevator is in an alcove going in about five from off the main hallway. The elevator does not exit directly into the hallway. To see the elevator door, you would	A 025		

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A 025	Continued From page 3 have to be in front of the alcove. The stairwell exits from the unit are visible while in the hallway of the unit. An interview was conducted with the Administrator on at 11:48a.m., the Administrator stated Resident #1 had left the building between 1p.m. and 1:30p.m. on and that he was not notified of Resident #1's elopement until 2p.m. on . He stated he then called the local law enforcement and advised them of Resident #1 missing from the facility. The Administrator stated he thought Resident #1 had been signed out of the facility by family as they regularly do. During an interview with Staff N on at 1:31p.m., Staff N stated she was made aware that Resident #1 was missing from the memory care unit around 2:20p.m. on . Staff N then searched the inside the facility and outside around the facility but could not find Resident #1. Staff N then called Resident #1's family to ask if they had possibly come and taken Resident #1 from the facility but was unable to reach them by phone. Staff N then checked the resident sign in and out log and noticed that no one had signed out Resident #1 on . An interview was conducted with the Resident Care Coordinator (RCC) on at 1:40p.m., the RCC stated she received a call form Staff N on around 2:30p.m. stating that Resident #1 could not be located at the facility. The RCC stated she called the facility at 10p.m. on and asked if Resident #1 had come and was advised she had not returned. The RCC stated she had not called the Administrator but when she arrived at the facility on at 9a.m. the Administrator was aware	A 025		

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A 025	Continued From page 4 that Resident #1 was missing. An interview was conducted with the Administrator on at 2:56p.m., he stated that the RCC should have informed him that Resident #1 had eloped on . The Administrator stated he had enacted the elopement procedures on at 2p.m. An observation conducted on of Resident #1's Medication Observation Records revealed that the last documentation for the resident receiving medication was on at 8:00 AM. Resident # 1's medication bottles, bubble packs, inhalers and pen were present in the med cart. Resident #1 was to receive her next medicine at 4p.m. on and they were not marked as given on the Medication Observation Record (MOR). (photographic evidence obtained) A review of the facility's undated elopement policy titled "Florida Elopement-Residents Assessed at Risk for Elopement", conducted on revealed that the elopement policy and procedures stated the following: -At a minimum, residents identified as being at risk for elopement will be required to wear identification and this identification will be monitored at least daily. This identification will contain their name and the community's name, address and phone number. -All residents will be assessed at risk for elopement subsequent to admission. -The staff will be trained and will be generally aware of the location of all residents assessed at high risk for elopement.	A 025		

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A 025	Continued From page 5 A review of the 2018 elopement policy and procedures titled "Resident Emergency-Lost or Missing Resident Policy" stated the following: 5. Use appropriate ◡ control devices 6. When staff is unable to locate a resident, call the supervisor on duty or Administrator/Executive Director immediately. An interview was conducted on at 4:15p.m. with Staff F and when asked what do you do when a resident elopes? Staff F stated "I am not sure, just started and have not been taught." An interview was conducted on at 4:20p.m. with Staff G and when asked what do you do when a resident elopes? Staff G stated "I don't know, I guess nothing because no training." An interview was conducted on at 4:40p.m. with Staff H and when asked what do you do when a resident elopes? Staff H stated "I don't know we have no policies." An interview was conducted on at 5p.m. with Staff I and when asked what do you do when a resident elopes? Staff I stated "no there is nothing we have been taught." An interview was conducted on at 5:10p.m. with Staff J and when asked what do you do when a resident elopes? Staff J stated, "I don't know about this place we have no training." A record review was conducted on of Staff B, Staff C, Staff D, Staff H, Staff M and Staff P employee files revealed there were no	A 025		

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A 025	Continued From page 6 documentation that the staff completed elopement response training. An interview was conducted with the Administrator on ... at 5:40p.m. and when asked if the elopement risk residents wore any identification and the Administrator stated "No". When asked if the facility has any elopement devices for elopement risk residents the Administrator stated, "We do not have control devices." During a phone interview conducted on at 9:29a.m. with the Administrator, he confirmed that the staff had not been retrained on the facility's elopement policies and procedures and that the policies and procedures had not been reviewed or updated since the incident. Class I	A 025		
A 032 SS=J	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) 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	A 032		

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A 032	Continued From page 7 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. 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,	A 032		

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A 032	Continued From page 8 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 Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to implement strategies to prevent a resident elopement for one (Resident #1) of 50 residents residing at the facility. The lack of staff education and delayed implementation of the facility's elopement response policies and procedures placed three identified elopement risk (Residents #1, #9 and #10) residents and all six residents that reside on the Memory Care Unit at immediate risk of harm. Findings included: Record review conducted on revealed Resident #1 was admitted to the facility on . Resident's #1 health assessment (1823) dated was diagnosed with without behavioral disturbance, due to known condition, , and . She was identified as an elopement risk. Resident #1 resided on the Memory Care Unit. Record review conducted on revealed Resident #9's 1823 dated was diagnosed with , , , and and identified him as an elopement risk. Resident #9 resided on the Memory Care Unit. Record review conducted on revealed Resident #10's 1823 dated was	A 032		

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A 032	Continued From page 9 diagnosed with [illegible], dyslipidemia, [illegible], and short-term memory [illegible] and identified her as an elopement risk. Resident #10 resided on the Memory Care Unit. During an interview with Staff M, conducted on [illegible] at 10:33a.m., Staff M stated she saw Resident #1 at lunch around 12p.m. on [illegible], then went looking for her around 1p.m. and could not find her on the unit. A review of the facility's undated elopement policy titled "Florida Elopement-Residents Assessed at Risk for Elopement", conducted on [illegible] revealed that the elopement policy and procedures stated the following: -All residents assessed at risk of elopement or with a history of elopement must be identified so staff can be alerted to their needs for support and supervision. -At a minimum, residents identified as being at risk for elopement will be required to wear identification and this identification will be monitored at least daily. This identification will contain their name and the community's name, address, and phone number. -The facility will have a photo identification of at-risk residents on file that is accessible to all facility staff and law enforcement as necessary -All residents will be assessed at risk for elopement subsequent to admission. -The staff will be trained and will be generally aware of the location of all residents assessed at high risk for elopement.	A 032		

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A 032	Continued From page 10 A review of the 2018 elopement policy and procedures titled "Resident Emergency-Lost or Missing Resident Policy" stated the following: 1.The Clinical Team will assess all residents on admission and periodically develop an appropriate Service Plan that will ensure the resident's safety. 2.All Staff, all departments will be made aware of those residents who may try to away. 5. Use an appropriate control device. 12. If the resident is not found in 30 minutes: a. The Administrator/Executive Director or designee calls the police. 13. The Administrator/Executive Director or designee notifies the local or state agency or authority according to regulations. 18. Complete an Incident Report with the facts of the incident. An interview was conducted with the Administrator on at 2:56p.m., he stated that the Resident Care Coordinator should have informed him that Resident #1 had eloped on . The Administrator stated he had enacted the elopement procedures on at 2p.m. An attempted record review was conducted on for a service plan developed for Resident #1, #9, and #10 revealed there was no such documents in the resident's record. An interview with Director of Nursing (DON)	A 032		

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A 032	Continued From page 11 conducted on . . . . . at 4:00p.m., she stated there were no service plans and that she was not aware of Residents #1, #9 and #10 having service plans for being elopement risks. In a further interview conducted on . . . . . at 4:20p.m. with the DON, she stated that she was not aware of the facility having photos available to identify the elopement risk residents in the facility that is available for the staff. In an interview with the Administrator conducted on at 5:40 p.m., he stated that the residents in memory care were not wearing an identification bracelet with the required information or any . . . . control devices, per facility's policy. An observation conducted on at 6:45p.m. revealed Residents #9 and #10 were not wearing identification that contained their name and the community's name, address, and telephone number or wearing a control device as per the 2018 facility's resident emergency-lost or missing resident policy. A record review conducted on for Staff B, with a date of hire of . . . . . as a resident care aide, revealed that Staff B's record did not include written documentation of 1-hour training in facility specific elopement practices. A record review conducted on for Staff C, with date of hire of . . . . . as a resident care aide, revealed that Staff C's record did not include written documentation of 1-hour training in facility specific elopement practices. A record review conducted on for Staff D, with date of hire of . . . . . as a resident care aide, revealed that Staff D's record	A 032		

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A 032	Continued From page 12 did not include written documentation of 1-hour training in facility specific elopement practices. A record review conducted on for Staff H, with an unknown date of hire as a resident care aide, revealed that Staff H's record did not include written documentation of 1-hour training in facility specific elopement practices. A record review conducted on for Staff M, with date of hire of as a resident care aide, revealed that Staff M's record did not include written documentation of 1-hour training in facility specific elopement practices. A record review conducted on for Staff P, with date of hire of as a resident care aide, revealed that Staff P's record did not include written documentation of 1-hour training in facility specific elopement practices. An interview was conducted on at 4:15p.m. with Staff F and when asked what do you do when a resident elopes? Staff F stated, "I am not sure, just started and have not been taught." An interview was conducted on at 4:20p.m. with Staff G and when asked what do you do when a resident elopes? Staff G stated, "I don't know, I guess nothing because no training." An interview was conducted on at 4:40p.m. with Staff H and when asked what do you do when a resident elopes? Staff H stated, "I don't know we have no policies." An interview was conducted on at 5p.m. with Staff I and when asked what do you do when a resident elopes? Staff I stated, "no there	A 032		

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A 032	Continued From page 13 is nothing we have been taught." An interview was conducted on at 5:10p.m. with Staff J and when asked what do you do when a resident elopes? Staff J stated, "I don't know about this place we have no training." Class I	A 032		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION.	A 081		

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	AL11953622	A. BUILDING: _____ B. WING _____	05/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE POINTE	9797 BAY PINES BLVD SAINT PETERSBURG, FL 33708

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A 081	Continued From page 14 (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], 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	A 081		

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A 081	Continued From page 15 the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , ... The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of 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	A 081		

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A 081	Continued From page 16 policies and procedures. This Statute or Rule is not met as evidenced by: 0081-Training Staff in service Based on record review and interview, the facility failed to ensure that 6 (Staff B, Staff C, Staff D, Staff H, Staff M, and Staff P) of 9 employees whose records were reviewed included written documentation of 1-hour training in facility specific elopement practices. Findings included: A record review conducted on for Staff B, with a date of hire of as a resident care aide, revealed that Staff B's record did not include written documentation of 1-hour training in facility specific elopement practices. A record review conducted on for Staff C, with date of hire of as a resident care aide, revealed that Staff C's record did not include written documentation of 1-hour training in facility specific elopement practices. A record review conducted on for Staff D, with date of hire of as a resident care aide, revealed that Staff D's record did not include written documentation of 1-hour training in facility specific elopement practices. A record review conducted on for Staff H, with an unknown date of as a resident care aide, revealed that Staff H's record did not include written documentation of 1-hour training in facility specific elopement practices.	A 081		

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A 081	Continued From page 17 A record review conducted on for Staff M, with date of hire of as a resident care aide, revealed that Staff M's record did not include written documentation of 1-hour training in facility specific elopement practices. A record review conducted on for Staff P, with date of hire of as a resident care aide, revealed that Staff P's record did not include written documentation of 1-hour training in facility specific elopement practices. During interview conducted on at 7:23pm, the administrator confirmed the absence of written documentation of facility specific elopement training in Staff B, Staff C, Staff D, Staff H, Staff M and Staff P's record. Class III	A 081		

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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 maintain the eligibility results for one (Staff K) of ten employee records reviewed. Findings included: A record review of Staff K's file was conducted on [redacted] revealed Staff K with date of hire of [redacted] was missing the results of their background screening results. An interview was conducted with the Administrator on [redacted] at 7:23 pm, when asked if the results for the background screenings were in Staff K's file the Administrator confirmed that the results of her background screening were not in her file. 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 [redacted] 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 all employees on the clearinghouse roster for five employees (Staff D, Staff H, Staff K, Staff O and Staff P) of ten employee files reviewed. Findings included: A record review of the employee files was conducted on of Staff D date of hire (DOH) of , Staff H DOH unknown, Staff K DOH , Staff O DOH /2022and Staff P DOH , revealed they were not listed as being an employee of the facility.	CZ814		

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CZ814	Continued From page 2 An interview was conducted with the Administrator on at 7:23p.m. and he agreed that Staff D, Staff H, Staff K, Staff O and Staff P were not on the employee roster for the facility. Unclassified	CZ814		
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	CZ815		

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CZ815	Continued From page 3	CZ815		

property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee.

(3) All [illegible] must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an [illegible] 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

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CZ815	Continued From page 4 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. (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	CZ815		

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CZ815	Continued From page 5 screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency 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	CZ815		

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CZ815	Continued From page 6 from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining [illegible] 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	CZ815		

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CZ815	Continued From page 7	CZ815		

screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in

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CZ815	Continued From page 8 such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 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 have had a Level II Background Screening and are deemed eligible to be employed for one (Staff K) of 10 employee files reviewed. Findings included: A record review was completed on of Staff K employee file revealing that there was no results of a level II background screening present. An interview was conducted with the Administrator on at 7:23p.m. and he agreed there was no documentation in Staff K's file indicating there had been a level II	CZ815		

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CZ815	Continued From page 9 background screening performed. Unclassified	CZ815		