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
	AL11968755	A. BUILDING: _____ B. WING _____	04/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAHLIA'S HOUSE OF LOVE LLC	3081 ELDRON BLVD SE PALM BAY, FL 32909

(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 Complaint Investigation #2022001203 was conducted on [redacted]. Dahlia's House of Love had deficiencies at the time of the visit.	A 000		
A 025 SS=G	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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. 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 [redacted] 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, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 (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 record reviews and interviews, the facility failed to provide adequate supervision and failed to provide care and services appropriate to meet the needs to ensure safety through proactive measures to minimize the potential for and injuries for 2 of 4 sampled residents who experienced repeated . . (#1 & #2). Findings: 1. Resident #1's record revealed a facility admission date of . An 1823 health assessment form, dated , indicated the resident's diagnoses included Major , with features, 's	A 025		

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A 025	Continued From page 2 and . , . The form also indicated the resident had , , poor judgement and insight, and was deemed by the court. The form identified the resident as a risk and required supervision with transferring and walking. Documentation in the resident's record indicated the following: On at 9 a.m., the resident was assisted out of bed, unsteady and was unable to stand up straight. The resident was instructed to refrain from getting up unassisted. A second attempt to walk resulted in unsteadiness. The resident was again instructed to refrain from getting up unassisted, and verbalized understanding. On , the resident was reminded to refrain from getting up unassisted. The resident was then found sitting on the floor. The resident said she tried to get up by herself and lost her balance. No injuries were sustained. She was assisted to bed and reminded of safety precautions. She verbalized her understanding of the safety precautions. On at 9 a.m., the staff had to lower the resident to the floor during care. No injuries were sustained. a health care provider ordered a , , ( ) evaluation and a , secondary to an unsteady gait and . On , a evaluation was completed. On , an , , ( ) evaluation was completed. On , the staff reinforced safety precautions to the resident.	A 025		

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A 025	Continued From page 3 On at 4 p.m., a physical , found the resident on the bathroom floor. The resident said she tried to rise from the toilet, her became numb, and she . No injuries were sustained. Staff instructed the resident to refrain from getting out of bed or walk by herself when she experienced numbness and to always use a walker. The resident verbalized her understanding. On at 4 p.m., the resident was seen walking without her walker. She was reminded of the risks involved with doing so and she verbalized her understanding. On at 8 p.m., the resident was found on her . She said her felt weak, so she went down onto her to prevent herself from falling. No injuries were sustained. Staff reminded her of safety precautions. On at 9 a.m., the resident was reminded of safety precautions and the use of her walker however, she remained non-compliant. On at 8:30 a.m., the resident was found lying on the bathroom floor. She said when she tried to rise off the toilet, she lost her balance then onto the floor. Her walker was not in the bathroom with her. No injuries were sustained. The staff reminded her of safety precautions. On at 8 p.m., the resident received and safety precautions were reinforced. She verbalized her understanding. One bed side rail was implemented to assist with transferring. On at 4:15 p.m., the resident was seen numerous times not using her walker. She was	A 025		

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A 025	Continued From page 4 reminded of safety precautions, and she verbalized her understanding. On at 9 a.m., the resident was reminded daily to use her walker, to refrain from picking anything up from the floor, and to call for help. She verbalized her understanding. On at 12 p.m., the resident was found sitting on the floor. She said when she tried to pick up her brush from the floor, she lost her balance and onto her left side. No injuries were sustained. The floor was found to be clean, dry, and clutter-free. On at 3 p.m., the resident received and received education on how to use her walker in the bathroom. Safety precautions were reinforced, and the resident verbalized her understanding. On at 7 a.m., the resident was reminded to use her walker. On , the facility made plans to transfer the resident to a rehabilitation facility and was awaiting a response from the resident's guardian. On , the resident's walking had improved. She was reminded to use her walker at all times, and she verbalized her understanding. On , a health care provider ordered that , checks be done three times a week for one month. On at 6 a.m., the resident was seen not using her walker. She was reminded to do so, and she verbalized her understanding.	A 025		

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A 025	Continued From page 5 On . . . . . at 7 p.m., the resident was reminded to use her walker. On , the facility was preparing to send the resident to a nursing home. On . . . . . at 9 p.m., the resident was not using her walker and was reminded to do so each time she walked. On . . . . at 9 p.m., the resident was reminded to use her walker. On at 8:37 p.m., the resident was heard crying out for help. She was found lying on her side on the day room floor. She said she tried to place a blanket over the recliner, lost her balance, then . She was assisted to bed and complained of discomfort but, said there was relief with the application of ice and with rest (the note did not indicate the location of discomfort). The staff would re-evaluate her in the morning. The floor was found to be clean, dry, and clutter-free. On , staff attempted to assist the resident with morning care when the resident complained of severe , (the note did not indicate the location of the ,). A health care provider was notified, and a lumber , was ordered. On at 9 a.m., the facility called the health care provider's office to ask about the status of the , being done and was informed that the . , should be done that day. On . . . . . at 10 a.m., the facility called the health care provider's office again because the , had not yet been done. The office provided the facility with the phone number for the ,	A 025		

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A 025	Continued From page 6 company, which the facility called. That company indicated a technician would call the facility with an expected arrival time. On at 5 p.m., the , was done, and the results indicated there was an , involving the lumber 2 . The age of the was either old or indeterminate. On at 10 a.m., the resident was reminded to ask for help when transferring. On 10 a.m., the resident had to be reminded to use her walker. On at 10 p.m., the resident was reminded of safety precautions. On , the resident had a kyphoplasty, which is a surgical procedure that eases or eliminates the , of , (openmd.com). On , the resident was discharged to a long-term care facility. 2. Resident #2's record revealed a facility admission date of . The resident's diagnoses included with strain, , left , , and . An 1823 assessment form, dated , indicated the resident required safety cues, had balance and judgement, and poor safety awareness.	A 025		

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A 025	Continued From page 7 An 1823 assessment form, dated . . . . . , indicated the resident had , judgement/safety awareness and an , . . . gait. Two 1823 assessment forms, dated and . . . . . , both indicated the resident was a . risk. Documentation in the record indicated the following: On . . . . . at 9 p.m., the resident used a walker for ambulation and required the assistance of one person. She was reminded to slow down and was instructed to request help. On , the resident declined and . . On at 5:30 p.m., the resident was heard yelling for help. She was seen falling to the floor near her room door. A staff member stuck their . ., out in an effort to stop the . . The resident said she was trying to go to the bathroom. She sustained a . . . . . on her left . . . . . . She initially denied , . . but, approximately 20-30 minutes later, she complained of left . . , . . . A pack was applied to her . ., and she was encouraged to rest. The resident's floor was free of clutter and her bed was in the low position. On at 6 p.m., the resident described her , . . level as a "10" out of 10. She was transferred to the hospital. An . . , performed at the hospital, revealed a left , ... The resident had , surgery and went to a rehabilitation hospital after surgery. On . . . . at 4 p.m., the resident returned to the facility.	A 025		

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A 025	Continued From page 8 On at 4:45 p.m., the resident was alert and oriented to person and place and disoriented to time. She required the assistance of one person with transferring. She was reminded to refrain from getting out of bed or walking without help. On at 9 p.m., the resident was given safety reminders. On , the resident refused and . On at 8 p.m., the resident attempted to get out of bed and to get up from the recliner without assistance. She was reminded of safety precautions. On at 9 a.m., the resident made frequent attempts to get up from the recliner without assistance. On at 10 p.m., the resident attempted to get out of bed without assistance. On at 8 p.m., the resident was found on her floor. She said she tried to get out of bed and . She complained of soreness. The note did not indicate where the soreness was on the resident's body. The floor was clean, dry, and clutter-free. Her bed was in the lowest position. She was assisted to bed and was monitored throughout the night. On at 9 a.m., the resident complained of , during morning care and was unable to bear . She was sent to the hospital. A hospital Computed , Scan (CTS) revealed a right ,	A 025		

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A 025	Continued From page 9 On at 9 p.m., the resident returned to the facility. She was reminded of safety precautions. On , she made several attempts to get up from a recliner without assistance. Staff sat next to her to prevent her from getting up. On at 7 p.m., the resident attempted to get out of bed without assistance. On at 5 p.m., the resident was found sitting on her room floor. She said she tried to get into bed herself. On , she stood up without assistance. On at 5:45 a.m., the resident was found sitting on the floor. A was noted on her left forehead and scratches on the left side of her and upper arm. She said she heard her daughter call and she tried to get to her. On , the resident was found on the floor. She complained of , on her right side. She said she tried to retrieve items from her closet when she slipped and missed her wheelchair. She was sent to the hospital. On at 8 p.m., the resident returned to the facility. The hospital discharge instructions indicated her admitting diagnosis was . On , the resident was admitted to hospice services. On , the resident . On at 2:32 p.m., caregiver A said to prevent resident #2 from falling, she held the	A 025		

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A 025	Continued From page 10 resident's and placed her own in front of the resident during transfers because the resident was unsteady. Caregiver A said for resident #1, she assisted the resident with her walker and with transferring. On at 3:25 p.m., the administrator said that most of the time, residents #1 and #2 were kept right next to staff. She said resident #1 was kept in the dayroom during the day for closer supervision and that she and the resident's guardian began working on finding alternate placement. She said that although it wasn't documented in resident #1's record, she did ask the resident if she wanted to go to the hospital after falling on but, the resident said "no" because of the COVID-19 . Class II	A 025		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care	A 078		

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A 078	Continued From page 11 provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff	A 078		

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A 078	Continued From page 12 position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 1 of 1 sampled staff submitted a written statement from a health care provider documenting freedom from communicable within 30 days after beginning employment (B). Findings: Observations made on at 9:45 a.m. revealed certified nursing assistant (CNA) B was seen standing in the facility's living room. The CNA said she "did not work at the facility and she came in only when the administrator lost her staff and called her in to help." She said she did provide care to the facility's residents. She said she arrived at the facility at 8 a.m. that morning and she would leave when the administrator arrived. On at 10:18 a.m., the CNA was seen making resident #3's bed. On . . . . . at 10:25 a.m., the CNA was seen removing resident #5's gown. On at 10:28 a.m., the CNA said she began working at the facility during . . . . . or . . . On at 10:35 a.m., CNA B's personnel	A 078		

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A 078	Continued From page 13 record was requested. Caregiver A said the facility did not have a personnel record for CNA B. On at 10:55 a.m., CNA B said she did not receive facility training. On at 11:49 a.m., the administrator said CNA B began working in the facility in . The administrator said a previous employee retired so the administrator hired the CNA. The adminasstrator was told that CNA B said she started working last year; the administrator then said that was correct. The administrator said the CNA did receive facility training but, she had not yet had a chance to put a personnel record together. When the surveyor explained that the CNA said she did not receive training, the administrator agreed and said she believed the CNA received most of the trainings via her CNA training. The administrator said that she did not conduct a background screening on the CNA because her employment was not permanent. The administrator also said she had no documentation to indicate the CNA obtained a written statement from a health care provider documenting that she was free from communicable . Class III	A 078		
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	A 081		

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A 081	Continued From page 14 duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by 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.	A 081		

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	AL11968755	A. BUILDING: _____ B. WING _____	04/11/2022

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A 081	Continued From page 15 (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in . . . . control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its . . . . control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . , neglect, and , . The facility must use its . . . . 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,	A 081		

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A 081	Continued From page 16 F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interviews, the facility failed to ensure that 1 of 1 sampled staff received a 2-hour pre-service orientation, 1-hour reporting adverse incidents and facility emergency procedures including chain-of-command, 1-hour recognizing and reporting resident and resident rights, and training on the facility's resident elopement policy and procedures (B). Findings: Observations made on at 9:45 a.m.	A 081		

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A 081	Continued From page 17 revealed certified nursing assistant (CNA) B was seen standing in the facility's living room. The CNA said she "did not work at the facility and she came in only when the administrator lost her staff and called her in to help." She said she did provide care to the facility's residents. She said she arrived at the facility at 8 a.m. that morning and she would leave when the administrator arrived. On at 10:18 a.m., the CNA was seen making resident #3's bed. On at 10:25 a.m., the CNA was seen removing resident #5's gown. On at 10:28 a.m., the CNA said she began working at the facility during , , , or . On at 10:35 a.m., the surveyor asked caregiver A for CNA B's personnel record. Caregiver A said the facility did not have a personnel record for CNA B. On at 10:55 a.m., CNA B said she did not receive facility training. On at 11:49 a.m., the administrator said CNA B began working in the facility in . The administrator said a previous employee retired so the administrator hired the CNA. The administrator confirmed that the CNA started working last year. The administrator said the CNA did receive facility training but, she had not yet had a chance to put a personnel record together. When the surveyor explained that the CNA said she did not receive training, the administrator agreed and said she believed the CNA received most of the trainings via her CNA	A 081		

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A 081	Continued From page 18 training. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / . (4) . . . . . / . . . . . (. / . . .). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to ensure 1 of 1 sampled staff completed a one-time education course on and . . . . within 30 days of employment (B). Findings: Observations made on . . . . at 9:45 a.m. revealed certified nursing assistant (CNA) B was seen standing in the facility's living room. The CNA said she "did not work at the facility and she came in only when the administrator lost her staff and called her in to help." She said she did provide care to the facility's residents. She said she arrived at the facility at 8 a.m. that morning and she would leave when the administrator arrived.	A 082		

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A 082	Continued From page 19 On [redacted] at 10:18 a.m., the CNA was seen making resident #3's bed. On [redacted] at 10:25 a.m., the CNA was seen removing resident #5's gown. On [redacted] at 10:28 a.m., the CNA said she began working at the facility during [redacted] or [redacted]. On [redacted] at 10:35 a.m., the surveyor asked caregiver A for CNA B's personnel record. Caregiver A said the facility did not have a personnel record for CNA B. On [redacted] at 10:55 a.m., CNA B said she did not receive facility training. On [redacted] at 11:49 a.m., the administrator said CNA B began working in the facility in [redacted]. The administrator said a previous employee retired so the administrator hired the CNA. The adminsitrator confirmed that the CNA started working last year. The administrator said the CNA did receive facility training but, she had not yet had a chance to put a personnel record together. When the surveyor explained that the CNA said she did not receive training, the administrator agreed and said she believed the CNA received most of the trainings via her CNA training. Class III	A 082		
A 090 SS=D	59A-36.011(11) FAC Training - [redacted] (11) TRAINING.	A 090		

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A 090	Continued From page 20 (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . . . . . . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to ensure 1 of 1 direct care staff received at least one hour of training in the facility's policy and procedures regarding . . . . . ( ) that included information in Rule 59A-36.009, Florida Adminsitrative Code (B). Findings: Observations made on at 9:45 a.m. revealed certified nursing assistant (CNA) B was seen standing in the facility's living room. The CNA said she "did not work at the facility and she came in only when the administrator lost her staff and called her in to help." She said she did provide care to the facility's residents. She said she arrived at the facility at 8 a.m. that morning and she would leave when the administrator arrived. On . . . . at 10:18 a.m., the CNA was seen making resident #3's bed. On at 10:25 a.m., the CNA was seen	A 090		

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A 090	Continued From page 21 removing resident #5's gown. On [redacted] at 10:28 a.m., the CNA said she began working at the facility during [redacted] or [redacted]. On [redacted] at 10:35 a.m., the surveyor asked caregiver A for CNA B's personnel record. Caregiver A said the facility did not have a personnel record for CNA B. On [redacted] at 10:55 a.m., CNA B said she did not receive facility training. On [redacted] at 11:49 a.m., the administrator said CNA B began working in the facility in [redacted]. The administrator said a previous employee retired so the administrator hired the CNA. The adminsitrator confirmed that the CNA started working last year. The administrator said the CNA did receive facility training but, she had not yet had a chance to put a personnel record together. When the surveyor explained that the CNA said she did not receive training, the administrator agreed and said she believed the CNA received most of the trainings via her CNA training. Class III	A 090		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all	A 161		

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A 161	Continued From page 22 training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the	A 161		

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A 161	Continued From page 23 facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 1 of 1 sampled staff completed an employment application and furnished references (B). Findings: Observations made on at 9:45 a.m. revealed certified nursing assistant (CNA) B was seen standing in the facility's living room. The CNA said she "did not work at the facility and she came in only when the administrator lost her staff and called her in to help." She said she did provide care to the facility's residents. She said she arrived at the facility at 8 a.m. that morning and she would leave when the administrator arrived. On at 10:18 a.m., the CNA was seen making resident #3's bed. On at 10:25 a.m., the CNA was seen removing resident #5's gown. On at 10:28 a.m., the CNA said she began working at the facility during , , , , or , . On at 10:35 a.m., the surveyor asked caregiver A for CNA B's personnel record. Caregiver A said the facility did not have a	A 161		

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A 161	Continued From page 24 personnel record for CNA B. On [redacted] at 10:55 a.m., CNA B said she did not receive facility training. On [redacted] at 11:49 a.m., the administrator said CNA B began working in the facility in [redacted]. The administrator said a previous employee retired so the administrator hired the CNA. The administrator confirmed that the CNA started working last year, the administrator then said that was correct. The administrator said the CNA did receive facility training but, she had not yet had a chance to put a personnel record together. When the surveyor explained that the CNA said she did not receive training, the administrator agreed and said she believed the CNA received most of the trainings via her CNA training. The administrator said that she did not conduct a background screening on the CNA because her employment was not permanent. The administrator also said she had no documentation to indicate the CNA obtained a written statement from a health care provider documenting that she was free from communicable [redacted]. The CNA did not have an employment application with references furnished. Class III	A 161		
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	CZ814		

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CZ814	Continued From page 25 Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic , 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 review of the facility's online background clearinghouse employee roster and interview, the facility failed to update the employment status for 1 of 1 sampled staff within 10 business days of a change (B). Findings: Observations made on at 9:45 a.m. revealed certified nursing assistant (CNA) B was seen standing in the facility's living room. The CNA said she "did not work at the facility and she came in only when the administrator lost her staff and called her in to help." She said she did	CZ814		

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CZ814	Continued From page 26 provide care to the facility's residents. She said she arrived at the facility at 8 a.m. that morning and she would leave when the administrator arrived. On at 10:18 a.m., the CNA was seen making resident #3's bed. On at 10:25 a.m., the CNA was seen removing resident #5's gown. On at 10:28 a.m., the CNA said she began working at the facility during or . On at 10:35 a.m., the surveyor asked caregiver A for CNA B's personnel record. Caregiver A said the facility did not have a personnel record for CNA B. Review of the facility's online background screening employee roster on at 10:55 a.m. revealed CNA B was not listed. In addition, review of the agency's background screening website revealed a new screening was required for the CNA. She said it had been "a long time" since she was last screened. On at 11:49 a.m., the administrator said CNA B began working in the facility in . The administrator said a previous employee retired so the administrator hired the CNA. The administrator confirmed that the CNA started working last year. The administrator said the CNA did receive facility training but, she had not yet had a chance to put a personnel record together. When the surveyor explained that the CNA said she did not receive training, the administrator agreed and said she believed the CNA received most of the trainings via her CNA	CZ814		

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CZ814	Continued From page 27 training. The administrator said that she did not conduct a background screening on the CNA because her employment was not permanent. 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 property, or living areas. Evidence of contractor screening may be retained by the contractor's	CZ815		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ815	Continued From page 28 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 chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts	CZ815		

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	AL11968755	A. BUILDING: _____ B. WING _____	04/11/2022

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CZ815	Continued From page 29	CZ815		

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 screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying

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CZ815	Continued From page 30	CZ815		

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 from the Department of Health or a regulatory board within that department and that person is

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CZ815	Continued From page 31 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 screening until the screening process is completed and demonstrates the absence of any	CZ815		

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CZ815	Continued From page 32	CZ815		

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 such screening or refuses to timely submit the information necessary to complete the screening,

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CZ815	Continued From page 33 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 observations, review of the Agency's online background screening website, and interviews, the facility failed to ensure 1 of 1 sampled staff who required a background screening, did not have any disqualifying offenses (B). Findings: Observations made on at 9:45 a.m. revealed certified nursing assistant (CNA) B was seen standing in the facility's living room. The CNA said she "did not work at the facility and she came in only when the administrator lost her staff and called her in to help." She said she did provide care to the facility's residents. She said she arrived at the facility at 8 a.m. that morning and she would leave when the administrator arrived.	CZ815		

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CZ815	Continued From page 34 On at 10:18 a.m., the CNA was seen making resident #3's bed. On at 10:25 a.m., the CNA was seen removing resident #5's gown. On at 10:28 a.m., the CNA said she began working at the facility during or On at 10:35 a.m., the surveyor asked caregiver A for CNA B's personnel record. Caregiver A said the facility did not have a personnel record for CNA B. Review of the facility's online background screening employee roster on at 10:55 a.m. revealed CNA B was not listed. In addition, review of the agency's background screening website revealed a new screening was required for the CNA. She said it had been "a long time" since she was last screened. On at 11:49 a.m., the administrator said CNA B began working in the facility in . The administrator said a previous employee retired so the administrator hired the CNA. The administrator confirmed that the CNA started working last year. The administrator said the CNA did receive facility training but, she had not yet had a chance to put a personnel record together. When the surveyor explained that the CNA said she did not receive training, the administrator agreed and said she believed the CNA received most of the trainings via her CNA training. The administrator said that she did not conduct a background screening on the CNA because her employment was not permanent.	CZ815		

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CZ815	Continued From page 35 Unclassified	CZ815		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's [illegible] to the Federal Bureau of Investigation for a national criminal history record check unless the person's [illegible] are enrolled in the Federal Bureau of Investigation's national retained print [illegible] notification program. If the [illegible] 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 [illegible] electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the [illegible] to the Federal Bureau of Investigation for a national criminal history record check. The [illegible] shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print [illegible] 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 [illegible]. The	CZ816		

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CZ816	Continued From page 36 agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (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	CZ816		

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CZ816	Continued From page 37 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 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 observations and interviews, the facility	CZ816		

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CZ816	Continued From page 38 failed to ensure 1 of 1 sampled staff completed an Attestation of Compliance with Background Screening Requirements (B). Findings: Observations made on at 9:45 a.m. revealed certified nursing assistant (CNA) B was seen standing in the facility's living room. The CNA said she "did not work at the facility and she came in only when the administrator lost her staff and called her in to help." She said she did provide care to the facility's residents. She said she arrived at the facility at 8 a.m. that morning and she would leave when the administrator arrived. On at 10:18 a.m., the CNA was seen making resident #3's bed. On at 10:25 a.m., the CNA was seen removing resident #5's gown. On at 10:28 a.m., the CNA said she began working at the facility during , , , , or , . On at 10:35 a.m., the surveyor asked caregiver A for CNA B's personnel record. Caregiver A said the facility did not have a personnel record for CNA B. Review of the facility's online background screening employee roster on at 10:55 a.m. revealed CNA B was not listed. In addition, review of the agency's background screening website revealed a new screening was required for the CNA. She said it had been "a long time" since she was last screened.	CZ816		

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CZ816	Continued From page 39 On [redacted] at 11:49 a.m., the administrator said CNA B began working in the facility in [redacted]. The administrator said a previous employee retired so the administrator hired the CNA. The administrator confirmed that the CNA started working last year. The administrator said the CNA did receive facility training but, she had not yet had a chance to put a personnel record together. When the surveyor explained that the CNA said she did not receive training, the administrator agreed and said she believed the CNA received most of the trainings via her CNA training. The administrator said that she did not conduct a background screening on the CNA because her employment was not permanent. There was no completed attestation of compliance with background screening requirements for the CNA. Unclassified	CZ816		