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
	AL11969674	A. BUILDING: _____ B. WING _____	06/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH TOWER ALF LLC	432 N.W. 15 ST HOMESTEAD, FL 33030

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to keep its background screening clearinghouse roster, up to date. The facility had hired a new staff, (Staff C). Findings included:	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 On [redacted] at 10:00 AM, Staff C opened the front door. She was working alone, caring for five residents. On [redacted] at 10:05 AM, Staff C stated, "I've been working here for few weeks now, I used to take care of someone at their home for many years." Review of all staff's records at the facility, showed there was no record for Staff C. There was no documentation of an eligible level II background screening. Review of the background screening clearinghouse, showed Staff C had no eligible level II background screening, and needed a new screening. The Administrator at 10:35 am, "The consultant told me that not until the staff goes for the [redacted], it's not added in the roster, but I'll do it right away, I have access." 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	CZ815		

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CZ815	Continued From page 2 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, [illegible] with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or [illegible] with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All [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	CZ815		

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CZ815	Continued From page 3	CZ815		

nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
(g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.
(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(i) Section 817.234, relating to false and fraudulent insurance claims.
(j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
(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

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CZ815	Continued From page 4 instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the 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).	CZ815		

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CZ815	Continued From page 5 The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining [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	CZ815		

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CZ815	Continued From page 6 agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee 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.	CZ815		

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CZ815	Continued From page 7 (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with [illegible] persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including [illegible] if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or [illegible] for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was [illegible], 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.	CZ815		

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CZ815	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on observation and record review, the facility failed to ensure any person whose responsibilities may require him or her to, provide personal care or services directly to residents or have access to resident's funds, personal property, or living areas, complete a level II background screening for one of four sampled staff. (Staff C). Findings included: On , at 10:00 AM, Staff C opened the front door and stated to be working alone with five residents. At 10:05 AM, the staff stated, "I've been working here for few weeks now, I used to take care of someone at their home for many years." Review of all staff's records at the facility, showed there was no record for Staff C. There was no documentation of an eligible level II background screening. Review of the background screening clearinghouse confirmed that Staff C had no eligible screening. Unclassified	CZ815		

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AL243 SS=D	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and	AL243		

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AL243	Continued From page 1 managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the . . . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.	AL243		

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AL243	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of the minimum six hours of specialized Limited Mental Health (LMH) training to work with individuals with mental health diagnoses for two of five sampled staff, (Administrator, and Staff B) Findings included: Review of the facility's license showed an LMH component. Review of the administrator's record showed a hire date . The record did not have any hours of LMH training. Review of Staff B's record showed a hire date . The record did not have any hours of LMH training. On at 12:30 PM, the Administrator stated, "The consultant already registered us in the training, the previous owner gave me that training for 1 hr. and told me it was enough. The training that is long it's done online now, and has different sections; we are working on that now." Class III	AL243		
A 000	Initial Comments A Re-Licensure and a Complaint Investigation number 2022004865 was conducted at High Tower ALF, LLC on to . Deficiencies were identified at the time of survey.	A 000		

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A 025	Continued From page 3	A 025		
A 025 SS=D	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, 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.	A 025		

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A 025	Continued From page 4 (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 review and interview, the facility failed to maintain a written record, updated as needed to reflect significant changes for one of six sampled residents (Resident 1). Findings included: Review of the facility's admission and discharge log, showed previous Resident 1 with an admission on , and a discharge date . Review of Resident 1's record showed a health assessment dated with no , and a diagnosis of , essential , . The resident had a limited range of motion, behavior reserved with risks. The resident needed assistance with ambulation and transferring; also, supervision on bathing, , eating, grooming, and toileting. The	A 025		

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	AL11969674	A. BUILDING: _____ B. WING _____	06/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH TOWER ALF LLC	432 N.W. 15 ST HOMESTEAD, FL 33030

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A 025	Continued From page 5 record had notes on [redacted] "The resident was admitted today in the facility; arrived weak and almost without speaking. The resident was brought to the facility by the sisters, she was very weak and disoriented when she arrived, in [redacted], has improved a lot and is receiving [redacted] at the home. Notes on [redacted] "The resident this Friday in the morning was sitting in the recliner and trying to get up, slipped and [redacted] on the floor, leaning on her [redacted], the staff notified the relative, the resident had no more problems during the next two days. Notes on [redacted] "The resident began to feel bad and complain of [redacted]. The staff called the rescue, the relatives, and the administrator. She was taken to [a local hospital] where she was admitted. Notes on [redacted] [Resident 1] was found with a [redacted] in the right [redacted] in the morning of Monday the 7th and had surgery in the afternoon. Notes on [redacted] "[Resident 1] was discharged by the surgeon since everything went well in the surgery; she was referred to rehab, the family will notify when she is transferred. The record did not have additional documentation on record to state where the resident went after the hospitalization, or why she was discharged. On [redacted] at 3:10 PM, the Administrator stated, "I did not write the additional notes when she was discharged." Class III	A 025		
A 027 SS=G	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In	A 027		

Agency for Health Care Administration

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A 027	Continued From page 6 order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , , , and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to arrange immediate health care services to one of six sampled residents, (Resident 1) who at the facility. The resident received no medical care until two days later when she was transferred to the hospital with a that resulted in immediate surgery. Findings included: Review of the facility's admission and discharge log, showed previous Resident 1 with an admission on , and a discharge date . Review of Resident 1's record showed a health assessment dated with no , , and a diagnosis of , , essential , . The resident had a limited range of motion, behavior reserved with risk. The resident needed assistance with ambulation and transferring; also, supervision on bathing, , eating, grooming, and toileting. The record had notes on "The resident	A 027		

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A 027	Continued From page 7 was admitted today in the facility; arrived weak and almost without speaking. The resident was brought to the facility by the sisters, she was very weak and disoriented when she arrived, in . . . . . , has improved a lot and is receiving ' , . . , at the home. Notes on "The resident this Friday in the morning was sitting in the recliner and trying to get up, slipped and . . on the floor, leaning on her . . . . . ., the staff notified the relative, the resident had no more problems during the next two days. Notes on "The resident began to feel bad and complain of , . . The staff called the rescue, the relatives, and the administrator. She was taken to [a local hospital] where she was admitted. Notes on [Resident 1] was found with a . . . . . in the right in the morning of Monday the 7th and had surgery in the afternoon. Notes dated . . . . . showed, "[Resident 1] was discharged by the surgeon since everything went well in the surgery; she was referred to rehab, the family will notify when she is transferred. On . . , . . , ... at 3:50 PM, Staff B stated, "I've been here since . When [Resident 1] , I was here; it happened in the morning. She used to sit at the edge of the chairs. She was in the living room; she on the floor sitting down; we called the administrator. We picked her up from the floor and put her on the bed. The administrator called the sister. She used to walk using a walker. She woke up the next day and was walking like always. On the second day, she was complaining of , . , but she could walk, then we called the administrator, and they called the rescue." On . . . . . at 11:42 AM, during a phone interview with Resident 1's family member, the	A 027		

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A 027	Continued From page 8 family stated, "She was at this facility for a month; before that, she was in another facility where she was not walking or eating, and I think she was over medicated. In the last facility before this one, they never told me she , but she was always at the hospital. I know the was at this facility, they did not say anything, the owner did not know anything; the hospital told me that the was fresh. I took her out of this facility because of the negligence. On the 4th of , she had an with the doctor, I took her to the clinic and the doctor could not see her; the doctor could not move her and sent her to the facility. Staff D told me she , and that the owner did not know. My sister suffered a on the and had surgery." Review of the hospital record showed the resident was admitted on and discharged on . Upon arrival the resident had a diagnosis of , with rapid response, of right . The resident went to the emergency room with complaints of , and black . They completed a , that revealed right internal central line the tip of which projects in the right atrium. Right also completed and showed acute of the right . scan was completed and showed no active . She was evaluated by orthopedic surgery and on she underwent surgical intervention for open reduction and internal fixation right and has been cleared from an orthopedic surgeon standpoint for discharge at this time. She is in stable condition for discharge once all arrangements confirmed. She is to	A 027		

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A 027	Continued From page 9 maintain strict and precautions upon discharge. On , at 5:19 PM, during a phone interview, Staff D stated, "I was working with [Staff B] that day. My schedule was from 7 AM to 7 PM, I got her out of the shower, and she was sitting at her wheelchair in the living room, while we were preparing breakfast. She used to walk with a walker. She slipped and on the floor in a seated position, she was not very communicative. She got up with our help, and we sat her down again, then, she had breakfast. That day, the sister took her to the clinic and came . She was walking fine and ate lunch. The next day she looked . It was days later when she started complaining of and the owner sent her to the hospital." On at 10:20 AM, Resident 1's family member stated, "I got to the clinic around 8:20 AM to 8:30 AM. She had , she was in a chair, and they had to help me. She speaks, but not all the time. We were there until 1:00 PM; the doctor was new. He checked the medications I took. The doctor requested lab tests. My sister went to see her on the following days. She had a history of but with no . [Staff D] is the one who was there that day; she worked the weekends, and Staff B worked from Monday to Thursday. My sister went on Saturday to see her, and they told her that her was red, they gave her , and she gave her a massage. On Sunday, [Staff D] called my sister to tell her, she was , and my sister asked her to call the rescue. When I got there, the rescue was already there." On at 2:12 PM, during a phone interview with the clinic's doctor, he stated, "I saw her on ; she was not complaining of	A 027		

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A 027	Continued From page 10 , , what she had was symptoms. She came with her sister. The family told me she was declining fast; she said that in , she was functional, and in , she was disoriented. I ordered a tests, tests, and to see a psychiatrist, but they never came . I checked her at the wheelchair because she could not get up; she was not crying or complaining of any , ." On , at 2:52 PM, during a phone interview with Staff B, she stated, "That day, [Staff D] called me. No, I was not there that day. She called me to ask in the morning for me to call [The administrator]. When I arrived with [The administrator], she was not in the chair. [Staff D] told my daughter she . I started on Monday. They took her to the hospital on Sunday." On at 3:02 PM, during a phone interview with the Resident's family member, she stated, "She at [this facility]; I used to go on Saturdays and Sundays around 11 AM. [Staff D] told me my sister did not want to get up. My sister told me she had , her was red. I remember my other sister have told me she had the day before. I rubbed on the , and asked her if she wanted to go to the hospital, and she said no. On Sunday around 7 AM, [Staff D] called me and told me she was . They made a mistake for not telling my sister she , because my sister was with her at the doctor that day." Class II	A 027		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF.	A 078		

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A 078	Continued From page 11 (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 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,	A 078		

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A 078	Continued From page 12 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 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 observation, record review and interview, the facility failed to have a written statement from a health care provider documenting that Staff C did not have any signs or symptoms of communicable and evidence of a negative ( ) examination. The staff was assisting the residents and lived at the facility. Findings included: On at 10:00 AM, observation revealed Staff C working alone with five residents.	A 078		

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A 078	Continued From page 13 Review of all staff's records at the facility, showed there was no record for Staff C, and no documentation of a negative examination. On at 1:10 PM, the Administrator stated, "She is doing all her training this Thursday; She was working by herself today because [Staff B] had to go to the doctor, and I arrived late because I had to take my daughter to school. They both live here." Class III	A 078		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.	A 083		

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A 083	Continued From page 14 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide documentation of [redacted] ([redacted]) training for one of four sampled staff, (Staff C). Staff C lived at the facility, and was working alone with all residents. Findings included: On [redacted] at 10:00 AM, observation revealed Staff C working alone with five residents. Review of all staff's records at the facility, showed there was no record for Staff C. On [redacted] at 1:10 PM, the Administrator stated, "She is doing all her training this Thursday; She was working by herself today because [Staff B] had to go to the doctor, and I arrived late because I had to take my daughter to school. They both live here." Class III	A 083		