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
	AL11966453	A. BUILDING: _____ B. WING _____	05/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA GARDENS HOME ALF	3091 NW 43RD STREET LAUDERDALE LAKES, FL 33309

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A 000	Initial Comments An unannounced Complaint (#2022000417 and #2022015589), Limited Mental Health (LMH) and Generator Monitoring survey was conducted at Victoria Gardens Home ALF on . . . . . The facility had deficiencies identified related to Complaint #2022000417 and LMH at the time of the survey.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . 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	A 078		

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A 078	Continued From page 1 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 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 record review and interview the facility failed to ensure that 5 of 7 sampled staff reviewed had a statement from a Health Care Provider documenting the staff members were free of	A 078		

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A 078	Continued From page 2 signs or symptoms of a communicable [illegible], [illegible] ( ), specifically the Administrator, Staff B, Staff C, Staff E and Staff F. The findings included: 1) Review of the employee personnel record for the Administrator revealed a date of hire of [illegible] to work the 9:00 AM to 5:00 PM shift and has direct resident contact. Further review of the personnel record revealed the Administrator's last annual [illegible] exam was conducted on [illegible] with no annual exam available for review for 2023. 2) Review of the employee personnel record for Home Health Aide Staff B revealed a date of hire of [illegible] to work the 7:00 AM to 3:00 PM shift. Further review of the personnel record revealed the last free from communicable [illegible] statement was conducted on [illegible] with no evidence of an annual exam conducted in 2022 or 2023. 3) Review of the employee personnel record for Caregiver Staff C revealed a date of hire of [illegible] to work the 3:00 PM to 11:00 PM shift. Caregiver Staff C provides direct resident care and interacts with the residents. Further review of the employee personnel record for Caregiver Staff C revealed no evidence of the one time statement documenting she was free of communicable [illegible] including [illegible] or an annual exam documenting she was free from [illegible]. 4) Review of the employee personnel record for Caregiver Staff E revealed a date of hire of [illegible] to work the 11:00 PM to 7:00 AM shift. Caregiver Staff E provides direct resident	A 078		

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A 078	Continued From page 3 care and interacts with the residents. Further review of the employee personnel record for Caregiver Staff E revealed no evidence of the one time statement documenting she was free of communicable . . . . . including . or an annual exam documenting she was free from . 5) Review of the employee personnel record for Staff F, the cook, revealed a date of hire of to work the 10:00 AM to 6:00 PM shift. Staff F has direct resident contact as part of her duties. Further review of the employee personnel record for Staff F revealed no evidence of the one time statement documenting she was free of communicable . . . . . including or an annual exam documenting she was free from . In an interview conducted with the Assistant Administrator on at 2:00 PM, she was informed that the Administrator, Staff B, Staff C, Staff E and Staff F did not have Health Care Provider statements they are free of communicable . including , as required, for review in their personnel records. The Assistant Administrator acknowledged the findings. Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011(.) FAC Training - Staff In-Service 429.52(1) (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 4 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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A 081	Continued From page 5 (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 6 F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that 5 of 7 sampled employee personnel records reviewed contained the required mandatory in-services, specifically Staff A, Staff B, Staff C, Staff E and Staff F. The findings included: 1) Review of the personnel record for Assistant Administrator Staff A revealed a date of hire of to work the 9:00 AM to 5:00 PM shift. Further review of the personnel record revealed no evidence of the completion of Elopement	A 081		

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A 081	Continued From page 7 Response training in addition to the 1-hour of Nutritional and Safe Food Handling training was not available for review. 2) Review of the personnel record for Home Health Aide Staff B revealed a date of hire of . . . . . to work the 7:00 AM to 3:00 PM shift to provide direct resident care. Further review of the employee personnel record revealed no evidence of the 2-hour Pre-Service Orientation training certificate available for review. 3) Review of the employee personnel record for Caregiver Staff C revealed a date of hire of . . . . . to work the 3:00 PM to 11:00 PM shift to provide direct resident care. Further review of the employee personnel record revealed no evidence of the 2-hour Pre-Service Orientation training certificate available for review. Additionally, the following trainings were not available for review: Activities of Daily Living and Behavioral Needs training, Elopement Response training, Reporting Major Incidents, Adverse Incidents, facility Emergency Procedures, Resident Rights, and . . . . . and Neglect training. 4) Review of the employee personnel record for Caregiver Staff E revealed a date of hire of . . . . . to work the 11:00 PM to 7:00 AM shift to provide direct resident care. Further review of the employee personnel record revealed the 1-hour of Nutritional and Safe Food handling training was not available for review. 5) Review of the employee personnel record for Staff F, the cook, revealed a date of hire of . . . . . to work the 10:00 AM to 6:00 PM shift. Further review of the employee personnel record revealed that the 2-hour Pre-Service Orientation training certificate was not available	A 081		

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A 081	Continued From page 8 for review. Additionally, the 1-hour of Nutritional and Safe Food Handling training was not available for review. On [redacted] at 12:10 PM, an observation was made of Staff F serving the lunch meal to the residents in the dining room. On [redacted] at 2:30 PM, an interview was conducted with the Assistant Administrator who acknowledged the findings. Class III	A 081		
A 082	59A-36.011(4) FAC Training - / (4) [redacted] (/). 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 record review and interview, the facility failed to ensure 3 of 7 sampled staff (Staff A, Staff C and Staff F) completed a one-time education course on [redacted] (/) within 30 days of employment. The findings included: Review of the personnel record for Assistant	A 082		

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A 082	Continued From page 9 Administrator Staff A revealed a date of hire of to work the 9:00 AM to 5:00 PM shift. Further review of the personnel record revealed no evidence of the completion of an / education course. Review of the personnel record for Caregiver Staff C revealed a date of hire of 11/02/2022 to work the 3:00 PM to 11:00 PM shift. Further review of the personnel record revealed no evidence of the completion of an / education course. Review of the personnel record for Staff F, the cook, revealed a date of hire of to work the 10:00 AM to 6:00 PM shift. Further review of the personnel record revealed no evidence of the completion of an / education course. The Assistant Administrator was notified of the missing documentation. The Assistant Administrator acknowledged the findings, but failed to provide any evidence showing completion of the required training. Class III	A 082		
A 083	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	A 083		

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A 083	Continued From page 10 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. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 of 7 sampled staff, Staff B, Staff C and Staff D held a valid current card documenting completion of First Aid and ( ). The findings included: Review of the personnel record for Home Health Aide Staff B revealed a date of hire of to work the 7:00 AM to 3:00 PM shift. Further review of the personnel record revealed the First Aid and training certificate expired on with no evidence of a current First Aid or training since . Review of the personnel record for Caregiver Staff C revealed a date of hire of 11/02/2022 to work the 3:00 PM to 11:00 PM shift. Further review of the personnel record revealed there was no evidence of any completion certificate for First Aid or available for review since the date of hire.	A 083		

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A 083	Continued From page 11 Review of the personnel record for Certified Nursing Assistant Staff D revealed a date of hire of [redacted] to work the 11:00 PM to 7:00 AM shift. Further review of the personnel record revealed the First Aid and [redacted] training certificate expired on [redacted] with no evidence of a current First Aid or [redacted] training since 11/2022. During an interview conducted on [redacted] at 2:30 PM with the Assistant Administrator, she confirmed no current valid First Aid and [redacted] training were available for review in the employee's personnel records and acknowledged the findings. Class III	A 083		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right	A 084		

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A 084	Continued From page 12 resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for [illegible] control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, [illegible] dosage forms, and [illegible] dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions;	A 084		

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A 084	Continued From page 13 h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , rate, temperature, and rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section,	A 084		

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	AL11966453	A. BUILDING: _____ B. WING _____	05/09/2023

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A 084	Continued From page 14 before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure 2 of 5 staff members who assist residents with the self-administration of medications, specifically Staff B and Staff C, had evidence of current required medication training available for review in their personnel records. The findings included: Review of the personnel record for Home Health Aide (HHA) Staff B revealed a date of hire of to work the 7:00 AM to 3:00 PM shift. Further review of the personnel record revealed HHA Staff B had evidence of 6 hours of initial medication training dated . . . . . However, there was no evidence of the required annual 2 hours of updated medication training available for review for 2021, 2022 and no training as yet for 2023. Review of the personnel record for Caregiver Staff C revealed a date of hire of 11/02/2022 to work the 3:00 PM to 11:00 PM shift. Further review of the personnel record for Caregiver Staff	A 084		

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A 084	Continued From page 15 C revealed no evidence of completion of the required initial 6-hours of assistance with the self-administration of resident medication training in her personnel record available for review. In an interview conducted with the Assistant Administrator on [redacted] at 2:30 PM, she acknowledged the findings. Class III	A 084		
A 090	59A-36.011(11) FAC Training - [redacted] (11) [redacted] TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding [redacted]. (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 [redacted] within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure 2 of 7 personnel records reviewed contained the required in-service training for [redacted] ([redacted]) Policies and Procedures, to include the Assistant Administrator Staff A and Staff C. The findings included:	A 090		

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A 090	Continued From page 16 Review of the personnel record for Assistant Administrator Staff A revealed a date of hire of . Further review of the personnel record revealed the 1-hour in service training for Policies and Procedures was not available for review. Review of the personnel record for Caregiver Staff C revealed a date of hire of 11/02/2022. Further review of the personnel record revealed the 1-hour in service training for Policies and Procedures was not available for review. On at 2:30 PM, an interview was conducted with Assistant Administrator Staff A who acknowledged the findings. Class III	A 090		
AL243	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.	AL243		

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AL243	Continued From page 17 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 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	AL243		

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AL243	Continued From page 18 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 7 employee personnel records reviewed contained the required 6 hours of Limited Mental Health (LMH) training within 6 months of hire, specifically Staff C. The findings included: Review of the Florida Healthfinders web database revealed in addition to a Standard License, the facility also holds a specialty license for LMH. Review of employee personnel record for Caregiver Staff C revealed a date of hire of _____ to work the 3:00 PM to 11:00 PM shift. Further review of the employee personnel record	AL243		

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AL243	Continued From page 19 revealed no evidence of documentation that Caregiver Staff C had completed the mandatory 6 hours of LMH training within 6 months of hire. On [redacted] at 2:30 PM, an interview was conducted with the Assistant Administrator who was given the opportunity to locate evidence of the LMH training documentation. No evidence of training was provided and she acknowledged the finding. Class III	AL243		

Agency for Health Care Administration

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CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ␣␣␣, to the Federal Bureau of Investigation for a national criminal history record check unless the person's ␣␣␣ are enrolled in the Federal Bureau of Investigation's national retained print ␣␣␣ notification program. If the ␣␣␣ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣␣␣ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣␣␣ to the Federal Bureau of Investigation for a national criminal history record check. The ␣␣␣ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print ␣␣␣ notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ␣␣␣. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	CZ816		

AHCA Form 3020-0001

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

Agency for Health Care Administration

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CZ816	Continued From page 1	CZ816		

professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(2) Processing Screening Requests, Required Documents and Fees.
(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service

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CZ816	Continued From page 2 s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a signed Attestation of Compliance with Background Screening Requirements be in the employee's personnel record for 1 of 7 sampled staff employee	CZ816		

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CZ816	Continued From page 3 personnel records reviewed, specifically Staff C. The findings included: Review of the employee personnel record for Staff C revealed a date of hire of 11/02/2022 as direct care personnel Caregiver to work the 3:00 PM to 11:00 PM shift. Further review of the employee personnel record revealed no signed Attestation of Compliance with Background Screening Requirements form available for review. On at 3:40 PM, an interview was conducted with the Assistant Administrator. She was given the opportunity to locate the document. No documentation was provided and she acknowledged the finding. Unclassified	CZ816		