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
	AL11967709	A. BUILDING: _____ B. WING _____	04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA'S ALF 2 INC	16116 TAMPA STREET LUTZ, FL 33548

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint 2021002414 and 2021004015) was conducted at the Villa's ALF 2 inc on . The facility had deficiencies at the time of survey.	A 000		
A 030 SS=G	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close	A 030		

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A 030	Continued From page 1 proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible	A 030		

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A 030	Continued From page 2 telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.	A 030		

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A 030	Continued From page 3 (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the	A 030		

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A 030	Continued From page 4 resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the	A 030		

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A 030	Continued From page 5 Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations, records reviews and	A 030		

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A 030	Continued From page 6 interviews, the facility failed to provide a safe, clean and decent living environment, free from neglect, and failed to provide control, sanitation, and universal precautions for 9 residents of 9 living in the facility. Findings Included: At 10:40am on , Staff A opened the front door of the facility and agency staff entered into the facility. Staff A, the only employee in the facility at the time and for the duration of the visit, was not wearing a mask (for the prevention of the spread of the COVID) and was observed to have a hacking . Staff A stated she did not wear masks. Residents in the facility, that were in the kitchen in close proximity to one another at the time, were observed to not be wearing masks. Agency staff asked Resident #7, who entered the living room at 10:45am on , if anyone in the facility ever wore a mask and Resident #7 stated "no one wears a mask". At 10:46am on , agency staff spoke on the phone with the facility's Administrator, who did not answer the question of why Staff A was not wearing a mask. Agency staff never was screened for possible symptoms or exposure to COVID for the entire visit, from 10:40am until 2:10pm on . The facility was observed to have a strong and unpleasant, lasting, foul odor throughout the facility and throughout the entire visit. All of the surfaces in the facility appeared to be dingy or dirty, covered in something, and unclean. The	A 030		

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A 030	Continued From page 7 resident's rooms all appeared to have dirty bed linens and most of the residents were wearing dirty looking, stained clothing or hospital gowns. There was very little evidence throughout the facility that the residents living there had any clothing besides what clothes they were wearing. The resident's rooms were very sparse, with little furniture except for the beds. No one was ever observed making any attempt at cleaning or doing laundry. Another tour of the facility was conducted between 12:00pm and 1:00pm on . Again, it was observed that there was a strong, foul odor. Three resident bathrooms were observed. One of the bathrooms had a toilet seat missing, and a rusted, discolored shower chair in the shower, as well as a discolored towel on the floor. The light in this bathroom did not work - the light would not come on. A female resident (Resident #5) stated that you have to flip the switch a few times before the light comes on. The second bathroom had a discolored towel on the floor and a shower curtain liner that was covered in what appeared to be mildew. There were several items being stored in the bathtub including a chair, hangers, and towels. There was no shower and a rusted drain. The third bathroom was located in Resident #1's room. Staff A stated that Resident #1 was the only resident using this bathroom. Resident #1 was observed with a , filled with , and there was observed in the toilet, as well as trash on the floor. After touring the bathrooms of the facility, it left	A 030		

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A 030	Continued From page 8 agency staff wondering where any of the residents would clean themselves, bathe or relieve themselves if they needed to use a toilet. Staff A stated at 1:00pm that there are three bathrooms for resident use and confirmed that the bathroom without a toilet cover is used by residents, also that the light switch has to be flicked on and off a few times before it comes on. During the tour, between 12:00pm and 1:00pm on , there were four residents (Resident #1, Resident #2, Resident #6 and Resident #9) observed in hospital gowns that had holes in them and the gowns were discolored. These four residents were observed in their room throughout the duration of the survey from 10:40am to 2:10pm on and they did not seem to move from their beds at all. Staff A was never observed giving, or offering, any resident care, or assisting any resident in the facility with activities of daily living (ADLs) for the duration of the survey, from 10:40am to 2:10pm, even though many residents living in the facility clearly needed assistance. She was observed ordering and eating a pizza, sitting outside talking with residents, sitting on a chair in the living room watching television with Resident #5, and sitting in the kitchen on the phone. Resident #1's record review on revealed that he needed total care with most ADLs and it was learned through an interview with the resident's hospice nurse (via telephone at 1:00pm on) that he had been receiving care for a , on the , , continuously from , of 2021 and that the pressure	A 030		

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A 030	Continued From page 9 was still present on . Resident #7's record review revealed that he needed assistance with all ADLs. Photographic evidence obtained. Class II	A 030		
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 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	A 161		

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A 161	Continued From page 10 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 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 record review and interview, the facility failed to have an employee record on the premises for 1 (Staff C) of 3 staff sampled. Findings Included: Attempted record review conducted on revealed there was no employee record on the premises for Staff C. During an interview with Staff A conducted on	A 161		

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A 161	Continued From page 11 at 1:55pm, she stated that Staff C was a current employee and that if there is no file than the Owner has it. Class III	A 161		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable.	A 162		

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A 162	Continued From page 12 (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A ◡ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ◡ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference	A 162		

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A 162	Continued From page 13 and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967709	A. BUILDING: _____ B. WING _____	04/06/2021

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A 162	Continued From page 14 retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observations, interviews and records reviews, the facility failed to maintain records for residents that meet the minimum requirements for 3 residents (1, 8 and 9) of 9 residents living in the facility, whose records were reviewed. Findings Included: An observation of Resident #1 was conducted at 10:45am on . The resident was in his room, lying in a hospital bed and was observed to have a A review of Resident #1's record was conducted on . The review revealed an AHCA 1823 assessment form (1823) dated , which indicated that the resident had no , . Another 1823 in Resident #1's record had no date written on it. The undated 1823 stated that Resident #1 had no , and did not indicate which type of assistance the resident required for medications. It also indicated that Resident #1 required total care of all activities of	A 162		

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A 162	Continued From page 15 daily living (ADLs) and that Resident #1 was receiving hospice services. Neither 1823, in the record, indicated that the resident needed hospice services and there was no hospice interdisciplinary care plan in the record. There were no orders for a , in the record, nor any mention of the resident receiving care for a , . There was no care plan in Resident #1's record, even though the record indicated he had been living in the facility since and that he required total care for ADLs. An interview with Resident #1's hospice nurse was conducted at 1:00pm on . The hospice nurse stated that Resident #1 had been a patient of hospice since and had a decline in early . Hospice started him on a , on . The resident had a , since at , of 2021, when he came under hospice care, and continued to have the same , as of . The last time the nurse was in the facility to provide care for the resident and perform care for the , on . The nurse stated the was improving, however was still a and that a hospice nurse comes to provide care to Resident #1 once a week. Resident #1's record had nothing in it to indicate that the resident had a , had a , or that he was receiving care. Resident #8 was observed and interviewed in the facility at 11:15am on . The interview revealed that the resident ate there, slept there, got medications from them and paid rent to them. A request for Resident #8's record was made to Staff A at 1:55pm on . Staff A replied that Resident #8 did not have records at the facility,	A 162		

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A 162	Continued From page 16 that the resident's records were with the owner offsite. The facility's Admission and Discharge Log revealed that Resident #8 had been admitted to the facility on . Resident #9 was observed at 11:16am on , lying in bed in a position and appearing to be wearing a dirty hospital gown. The man lay still and made no sounds. Staff A identified the resident, it was Resident #9. The facility's Admission and Discharge Log indicated that Resident #9 had moved into the facility on . When a request for Resident #9's records were requested for review, Staff A stated that the resident's records were not kept at the facility but with the owner of the facility offsite. Photographic evidence obtained. Class III	A 162		

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
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CZ813	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090 Background Screening. (3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a Level II Background Screening in the file for 2 (Staff B and Staff C) of 3 staff sampled. Findings included: Record review conducted on [redacted] revealed Staff B (date of hire [redacted]) and Staff C (no hire date on file) had no eligible Level II Background Screening in their employee records. During an interview with Staff A conducted on [redacted] at 1:55pm, she stated that Staff C was a current employee and that if there is no file than the Owner has it. Unclassified	CZ813		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [redacted] are enrolled in the national retained print notification program at the Federal Bureau of	CZ814		

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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CZ814	Continued From page 1 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 record review and interview, the facility failed to maintain an updated Background Screening Roster for 2 (Staff B and Staff C) of 3 staff sampled. Findings Included: Record review conducted on revealed Staff B (date of hire) and Staff C (no hire date on file) were not on the Background Screening Roster.	CZ814		

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CZ814	Continued From page 2 During an interview with Staff A conducted on at 1:55pm, she stated that Staff B and Staff C were current employees. The Owner is in charge of the Background Screening Roster. Unclassified	CZ814		
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	CZ816		

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VILLA'S ALF 2 INC	16116 TAMPA STREET LUTZ, FL 33548

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CZ816	Continued From page 3 enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant 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.	CZ816		

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CZ816	Continued From page 4 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml . This form must be completed by the individual 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	CZ816		

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CZ816	Continued From page 5 unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have Background Screening Compliance Attestation form for 2 (Staff B and Staff C) of 3 staff sampled. Findings Included: Record review conducted on revealed Staff B (date of hire) and Staff C (no hire date on file) had no Background Screening Compliance Attestation form in their files. During an interview with Staff A conducted on at 1:55pm, she stated that Staff B and Staff C were current employees and if there is no information in the file than the Owner has it. Unclassified	CZ816		
CZ828	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I,	CZ828		

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CZ828	Continued From page 6 class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by: Based on observations, interviews and records reviews, the facility, with an Assisted Living Facility (ALF) Standard License, with a maximum capacity of 6 residents, was operating beyond their capacity with 9 residents living there. Findings included: The facility's license was reviewed on and verified that it was issued as a standard ALF license with a capacity of no more than 6 residents. A tour of the facility was conducted at 10:45am on , with Staff A accompanying agency staff. Staff A identified 6 residents, during the tour, as the 6 residents who lived in the community. One of the residents that Staff A identified was said to be off campus (Resident #4) at the time, the other 5 (Residents #1, #2, #3, #5 and #6) were identified and observed in their rooms. At 11:00am on , after the tour, agency staff remembered seeing and having a brief	CZ828		

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	AL11967709	A. BUILDING: _____ B. WING _____	04/06/2021

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CZ828	Continued From page 7	CZ828		

conversation with a man, in the facility, earlier at 10:40am on , who appeared to be a resident and asked about him, but Staff A acted as if she did not know who it could have been. A few minutes later agency staff saw another man in the yard, who then came into the house. Agency staff interviewed the man, identified as Resident #8, at 11:05am on and he stated that he lived in the facility, ate there, slept there, got medications from them and paid rent to the facility.

Agency staff did another tour of the facility at 11:10am on and discovered another resident that Staff A had not shown agency staff during the first tour. Identified as Resident #9, the man lay in a soiled bed, in a soiled hospital gown, in a position. He did not move or make any sounds. When asked, Staff A stated Resident #9's name.

Agency staff then made a request to Staff A to talk to the man who agency staff saw and spoke to earlier at 10:40am, the man that Staff A acted as if she did not know. Staff A went outside and found the man, identified as Resident #7, who came inside and whom agency staff interviewed at 11:40am. Resident #7 stated that he did not live there, he lived somewhere else and that he worked at the facility everyday doing laundry.

A review of the facility's Admission and Discharge Log on revealed at total of 9 residents living there. Among them were Resident #7, who was admitted to the facility on , Resident #8, who was admitted to the facility on and Resident #9, who was admitted to the facility on .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CZ828	Continued From page 8 Further records reviews on revealed that Resident #7 had records containing a sheet, an 1823 dated and progress notes written by the facility, the latest note entry dated said "good day". The facility had medication observation records (MORs) for Resident #8 from the month of , , with the latest entries being made on the morning of . The facility also had MORs for Resident #9 from the month of , , with the latest entries being made on the morning of . Photographic evidence obtained. Unclassified	CZ828		