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
	AL11967622	A. BUILDING: _____ B. WING _____	R 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE COVE ALF LLC	110 WEST PALM AVENUE LAKE WORTH, FL 33467

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{A 000}	Initial Comments An unannounced revisit to the Relicensure survey was conducted on . . . . . at Noble Cove ALF LLC. The facility had uncorrected deficiencies identified at the time of the survey.	{A 000}		
{A 006}	429.26(.) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon	{A 006}		

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{A 008}	Continued From page 1 request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services {CARES} Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or [illegible] nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel	{A 008}		

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{A 008}	Continued From page 2 shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible], [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care	{A 008}		

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{A 008}	Continued From page 3	{A 008}		

practitioner, the individual's needs can be met in an assisted living facility; and,
8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner.
(b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed.
1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility.
2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided.
(c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(d) An assessment that has been conducted

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{A 008}	Continued From page 4 through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the Resident Health Assessment (AHCA Form 1823) was accurate and reflective of the resident care needs for 1 of 4 sampled records reviewed (Resident #4). The findings included: Review of the record for Resident #4 revealed a	{A 008}		

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{A 008}	Continued From page 5 date of admission of [redacted], with diagnoses to include [redacted] hypertensive [redacted], and [redacted]. Further review of the resident's record revealed an admission to Hospice services on [redacted]. Review of the latest Resident Health Assessment (AHCA Form 1823) available for review dated [redacted], did not list the significant changes of being admitted to Hospice services, in addition to the resident having a [redacted] and a [redacted]. On [redacted] at 10:40 AM, a telephone interview was conducted with the Hospice Supervisor who verified Resident #4's date of admission into Hospice and confirmed the resident had a [redacted] and [redacted]. On [redacted] at 11:30 AM, an interview was conducted with Caregiver Staff C who was informed that Resident #4's Resident Health Assessment (AHCA Form 1823) did not document the resident was admitted to Hospice and there was no documentation of the resident having a [redacted] or a [redacted]. Caregiver Staff C was unable to provide any additional information. Class III	{A 008}		
{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	{A 078}		

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{A 078}	Continued From page 6 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, and to report the observations to the resident's health care provider in accordance with this rule chapter.	{A 078}		

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{A 078}	Continued From page 7 (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 ensure all staff provide annual documentation of freedom from ( ) for 1 of 6 sampled staff (Staff F). The findings included: Prior to the entrance to the facility, it was verified through the facility's submitted plan of correction that Staff A, Staff B and Staff C had obtained verification of freedom from after the Relicensure survey conducted on . . . . . . On . . . . . at 9:45 AM, an entrance was conducted at the facility and at that time Caregiver Staff C greeted the surveyor. Caregiver Staff C was advised of the purpose of the visit	{A 078}		

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{A 078}	Continued From page 8 was to conduct a revisit to the Relicensure survey conducted on . Observation was conducted of 3 residents in the common area. There were 2 staff members present, Caregiver Staff C and another female wearing scrubs. On at 10:00 AM, Caregiver Staff C called the Administrator and left a voice message advising her of the surveyor's presence and purpose of the visit. On at 10:05AM, a tour was conducted of the facility verifying there were 5 residents residing in the facility. On at 10:10 AM, observation was made of the female in scrubs leaving through the patio doors. This survey asked Caregiver Staff C about this person, and Caregiver Staff C stated "Oh she's the cleaning lady, she only cleans. She doesn't do any patient care." On at 10:15 AM, this surveyor asked the residents in the common area who was the lady leaving with the scrubs. The residents said 'That's (woman's name), she works here.' On at 10:20 AM, a request was made to Caregiver Staff C for the staff employee personnel records. By 10:30 AM, Caregiver Staff C was unable to locate any employee personnel records. At 10:35 AM, Caregiver Staff C called the facility Administrator who was offsite inquiring where the employee personnel records were located. The Administrator advised Caregiver Staff C that the files were with her and she will have them delivered to the facility. Further, this surveyor made an inquiry to the Administrator about the female in scrubs who was observed upon arrival to the facility and who was observed	{A 078}		

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{A 078}	Continued From page 9 leaving the facility through the patio doors at 10:10 AM. The Administrator acknowledged her as a staff member (Staff F) and stated she will send her file too. On at 11:10 AM, Caregiver Staff C called the Administrator and Assistant Administrator, leaving messages that the surveyor is requesting to review the employee personnel records. No employee records were forthcoming and as such, unable to determine the status of Staff F who the Administrator verified as being a staff member and who the residents verified Staff F as working in the facility. As of 12:00 PM on , an exit was conducted with Caregiver Staff C. No employee personnel records were brought to the facility for review by the Administrator or Assistant Administrator. 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 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	{A 081}		

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{A 081}	Continued From page 10 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. (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	{A 081}		

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{A 081}	Continued From page 11 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, 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	{A 081}		

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{A 081}	Continued From page 12 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 observation, record review and interview, the facility failed to ensure that they provide a Pre-Service Orientation of at least 2 hours to all Assisted Living Facility employees prior to interacting with residents and who have not previously completed Core training for 5 of 6 sampled staff members, (Staff A, Staff B, Staff D, Staff E and Staff F). The findings included: Prior to the entrance to the facility, it could not be verified through the facility's submitted plan of correction that Staff A, Staff B, Staff D, Staff E or Staff F had received the Pre-Service Orientation after the Relicensure survey conducted on ....., as there was no documentation to review pertaining to this topic. On at 9:45 AM, an entrance was	{A 081}		

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{A 081}	Continued From page 13 conducted at the facility and at that time Caregiver Staff C greeted the surveyor. Caregiver Staff C was advised of the purpose of the visit was to conduct a revisit to the Relicensure survey conducted on . . . . . Observation was conducted of 3 residents in the common area. There were 2 staff members present, Caregiver Staff C and another female wearing scrubs. On at 10:00 AM, Caregiver Staff C called the Administrator and left a voice message advising her of the surveyor's presence and purpose of the visit. On . . . . . at 10:05 AM, a tour was conducted of the facility verifying there were 5 residents residing in the facility. On . . . . . at 10:10 AM, observation was made of the female in scrubs leaving through the patio doors. This survey asked Caregiver Staff C about this person, and Caregiver Staff C stated "Oh she's the cleaning lady, she only cleans. She doesn't do any patient care." On at 10:15 AM, this surveyor asked the residents in the common area who was the lady leaving with the scrubs. The residents said 'That's (woman's name), she works here.' On . . . . at 10:20 AM, a request was made to Caregiver Staff C for the staff employee personnel records. By 10:30 AM, Caregiver Staff C was unable to locate any employee personnel records. At 10:35 AM, Caregiver Staff C called the facility Administrator who was offsite inquiring where the employee personnel records were located. The Administrator advised Caregiver Staff C that the files were with her and she will have them delivered to the facility. Further, this	{A 081}		

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	AL11967622	A. BUILDING: _____ B. WING _____	R 10/11/2023

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{A 081}	Continued From page 14 surveyor made an inquiry to the Administrator about the female in scrubs who was observed upon arrival to the facility and who was observed leaving the facility through the patio doors at 10:10 AM. The Administrator acknowledged her as a staff member (Staff F) and stated she will send her file too. On .. .. at 11:10 AM, Caregiver Staff C called the Administrator and Assistant Administrator leaving messages that the surveyor is requesting to review the employee personnel records. No employee records were forthcoming and as such, unable to determine if the Pre-Service Orientation was completed for Staff A, Staff B, Staff D, Staff E or Staff F. As of 12:00 PM on , an exit was conducted with Caregiver Staff C. No employee personnel records were brought to the facility for review by the Administrator or Assistant Administrator. Class III	{A 081}		
{A 082}	59A-36.011(4) FAC Training - / (4) . . / . . . . (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and ., including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of	{A 082}		

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{A 082}	Continued From page 15 this rule. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that 5 of 6 staff had evidence of , (/) training available for review for the Administrator, Staff A, Staff B, Staff D and Staff F. The findings included: Prior to the entrance to the facility, it could not be verified through the facility's submitted plan of correction that the Administrator, Staff A, Staff B, Staff D, or Staff F had received the / training after the Relicensure survey conducted on , as there was no documentation to review pertaining to this topic. On at 9:45 AM, an entrance was conducted at the facility and at that time Caregiver Staff C greeted the surveyor. Caregiver Staff C was advised of the purpose of the visit was to conduct a revisit to the Relicensure survey conducted on . Observation was conducted of 3 residents in the common area. There were 2 staff members present, Caregiver Staff C and another female wearing scrubs. On at 10:00 AM, Caregiver Staff C called the Administrator and left a voice message advising her of the surveyor's presence and purpose of the visit. On at 10:05 AM, a tour was conducted of the facility verifying there were 5 residents residing in the facility. On at 10:10 AM, observation was	{A 082}		

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{A 082}	Continued From page 16	{A 082}		

made of the female in scrubs leaving through the patio doors. This survey asked Caregiver Staff C about this person, and Caregiver Staff C stated "Oh she's the cleaning lady, she only cleans. She doesn't do any patient care."

On [redacted] at 10:15 AM, this surveyor asked the residents in the common area who was the lady leaving with the scrubs. The residents said 'That's (woman's name), she works here.'

On [redacted] at 10:20 AM, a request was made to Caregiver Staff C for the staff employee personnel records. By 10:30 AM, Caregiver Staff C was unable to locate any employee personnel records. At 10:35 AM, Caregiver Staff C called the facility Administrator who was offsite inquiring where the employee personnel records were located. The Administrator advised Caregiver Staff C that the files were with her and she will have them delivered to the facility. Further, this surveyor made an inquiry to the Administrator about the female in scrubs who was observed upon arrival to the facility and who was observed leaving the facility through the patio doors at 10:10 AM. The Administrator acknowledged her as a staff member (Staff F) and stated she will send her file too.

On [redacted] at 11:10 AM, Caregiver Staff C called the Administrator and Assistant Administrator leaving messages that the surveyor is requesting to review the employee personnel records. No employee records were forthcoming and as such, unable to determine if [redacted] training was completed for the Administrator, Staff A, Staff B, Staff D, or Staff F.

As of 12:00 PM on [redacted], an exit was conducted with Caregiver Staff C. No employee

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{A 082}	Continued From page 17 personnel records were brought to the facility for review by the Administrator or Assistant Administrator. Class III	{A 082}		
{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 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 . . . control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills	{A 084}		

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{A 084}	Continued From page 18 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] and 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; h. Assist residents with [illegible] syringes that are prefilled with the proper dosage by a pharmacist and [illegible] 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 [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible]	{A 084}		

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{A 084}	Continued From page 19 and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] 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, 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	{A 084}		

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{A 084}	Continued From page 20 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 observation, interview and record review, the facility failed to provide evidence of the unlicensed staff who assist with the self-administration of medications have successfully completed the 6 hours of initial medication training or the annual 2 hour update of assistance with the self-administration of medication training for 4 of 6 sampled employees for Staff A, Staff B, Staff D and Staff F. The findings included: Prior to the entrance to the facility, it could not be verified through the facility's submitted plan of correction that Staff A, Staff B, Staff D, or Staff F had received either the initial 6 hours of medication training or the 2 hours of annual update medication training after the Relicensure survey conducted on , as there was no documentation to review pertaining to this topic. On at 9:45 AM, an entrance was conducted at the facility and at that time Caregiver Staff C greeted the surveyor. Caregiver Staff C was advised of the purpose of the visit was to conduct a revisit to the Relicensure survey conducted on . Observation was conducted of 3 residents in the common area. There were 2 staff members present, Caregiver Staff C and another female wearing scrubs. On at 10:00 AM, Caregiver Staff C called the Administrator and left a voice message advising her of the surveyor's presence and purpose of the visit.	{A 084}		

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{A 084}	Continued From page 21 On at 10:05 AM, a tour was conducted of the facility verifying there were 5 residents residing in the facility. On at 10:10 AM, observation was made of the female in scrubs leaving through the patio doors. This survey asked Caregiver Staff C about this person, and Caregiver Staff C stated "Oh she's the cleaning lady, she only cleans. She doesn't do any patient care." On at 10:15 AM, this surveyor asked the residents in the common area who was the lady leaving with the scrubs. The residents said 'That's (woman's name), she works here.' On at 10:20 AM, a request was made to Caregiver Staff C for the staff employee personnel records. By 10:30 AM, Caregiver Staff C was unable to locate any employee personnel records. At 10:35 AM, Caregiver Staff C called the facility Administrator who was offsite inquiring where the employee personnel records were located. The Administrator advised Caregiver Staff C that the files were with her and she will have them delivered to the facility. Further, this surveyor made an inquiry to the Administrator about the female in scrubs who was observed upon arrival to the facility and who was observed leaving the facility through the patio doors at 10:10 AM. The Administrator acknowledged her as a staff member (Staff F) and stated she will send her file too. On at 11:10 AM, Caregiver Staff C called the Administrator and Assistant Administrator leaving messages that the surveyor is requesting to review the employee personnel records. No employee records were forthcoming	{A 084}		

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{A 084}	Continued From page 22 and as such, unable to determine if the assistance with the self- administration of medication trainings were completed for Staff A, Staff B, Staff D, or Staff F. As of 12:00 PM on , an exit was conducted with Caregiver Staff C. No employee personnel records were brought to the facility for review by the Administrator or Assistant Administrator. Class III	{A 084}		
{A 090}	59A-36.011(11) FAC Training - (11) . . . . . 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 . . . . . . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure facility employees complete at least 1 hour of training in the the facility's Policies and Procedures regarding ( ) for 6 out of 6 employees, Staff A, Staff B, Staff C,	{A 090}		

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{A 090}	Continued From page 23 Staff D, Staff E, and Staff F. The findings included: Prior to the entrance to the facility, it could not be verified through the facility's submitted plan of correction that Staff A, Staff B, Staff C, Staff D, Staff E or Staff F had received training on the facility's Policies and Procedures on . after the Relicensure survey conducted on , as there was no documentation to review pertaining to this topic. On at 9:45 AM, an entrance was conducted at the facility and at that time Caregiver Staff C greeted the surveyor. Caregiver Staff C was advised of the purpose of the visit was to conduct a revisit to the Relicensure survey conducted on . Observation was conducted of 3 residents in the common area. There were 2 staff members present, Caregiver Staff C and another female wearing scrubs. On at 10:00 AM, Caregiver Staff C called the Administrator and left a voice message advising her of the surveyor's presence and purpose of the visit. On at 10:05 AM, a tour was conducted of the facility verifying there were 5 residents residing in the facility. On at 10:10 AM, observation was made of the female in scrubs leaving through the patio doors. This survey asked Caregiver Staff C about this person, and Caregiver Staff C stated "Oh she's the cleaning lady, she only cleans. She doesn't do any patient care." On at 10:15 AM, this surveyor asked	{A 090}		

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{A 090}	Continued From page 24 the residents in the common area who was the lady leaving with the scrubs. The residents said 'That's (woman's name), she works here.' On . . . . . at 10:20 AM, a request was made to Caregiver Staff C for the staff employee personnel records. By 10:30 AM, Caregiver Staff C was unable to locate any employee personnel records. At 10:35 AM, Caregiver Staff C called the facility Administrator who was offsite inquiring where the employee personnel records were located. The Administrator advised Caregiver Staff C that the files were with her and she will have them delivered to the facility. Further, this surveyor made an inquiry to the Administrator about the female in scrubs who was observed upon arrival to the facility and who was observed leaving the facility through the patio doors at 10:10 AM. The Administrator acknowledged her as a staff member (Staff F) and stated she will send her file too. On . . . . . at 11:10 AM, Caregiver Staff C called the Administrator and Assistant Administrator leaving messages that the surveyor is requesting to review the employee personnel records. No employee records were forthcoming and as such, unable to determine if the Policy and Procedure trainings were completed for Staff A, Staff B, Staff C, Staff D, Staff E or Staff F. As of 12:00 PM on . . . . . , an exit was conducted with Caregiver Staff C. No employee personnel records were brought to the facility for review by the Administrator or Assistant Administrator. Class III	{A 090}		

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{A 161}	Continued From page 25	{A 161}		
{A 161}	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 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	{A 161}		

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{A 161}	Continued From page 26 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 observation and interview the Assisted Living Facility failed to ensure staff records were readily available for review to provide evidence of compliance with the State requirements. The findings included: On at 9:45 AM, an entrance was conducted at the facility and at that time Caregiver Staff C greeted the surveyor. Caregiver Staff C was advised of the purpose of the visit was to conduct a revisit to the Relicensure survey conducted on . . . . . Observation was conducted of 3 residents in the common area. There were 2 staff members present, Caregiver Staff C and another female wearing scrubs. On at 10:00 AM, Caregiver Staff C called the Administrator and left a voice message advising her of the surveyor's presence and purpose of the visit.	{A 161}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967622	A. BUILDING: _____ B. WING _____	R 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE COVE ALF LLC	110 WEST PALM AVENUE LAKE WORTH, FL 33467

(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 161}	Continued From page 27 On . . . . . at 10:05 AM, a tour was conducted of the facility verifying there were 5 residents residing in the facility. On . . . . . at 10:10 AM, observation was made of the female in scrubs leaving through the patio doors. This survey asked Caregiver Staff C about this person, and Caregiver Staff C stated "Oh she's the cleaning lady, she only cleans. She doesn't do any patient care." On at 10:15 AM, this surveyor asked the residents in the common area who was the lady leaving with the scrubs. The residents said 'That's (woman's name), she works here.' On . . . . . at 10:20 AM, a request was made to Caregiver Staff C for the staff employee personnel records. By 10:30 AM, Caregiver Staff C was unable to locate any employee personnel records. At 10:35 AM, Caregiver Staff C called the facility Administrator who was offsite inquiring where the employee personnel records were located. The Administrator advised Caregiver Staff C that the files were with her and she will have them delivered to the facility. The Administrator was informed by the surveyor that access is required to the employee records for review to ensure compliance with the State requirements. Further, this surveyor made an inquiry to the Administrator about the female in scrubs who was observed upon arrival to the facility and who was observed leaving the facility through the patio doors at 10:10 AM. The Administrator acknowledged her as a staff member (Staff F) and stated she will send her file too. On at 11:10 AM, Caregiver Staff C called the Administrator and Assistant	{A 161}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{A 161}	Continued From page 28 Administrator leaving messages that the surveyor is requesting to review the employee personnel files. No employee files were forthcoming. As of 12:00 PM on [redacted], an exit was conducted with Caregiver Staff C. No employee personnel records were brought to the facility for review by the Administrator or Assistant Administrator. No additional documents were received prior to leaving the survey. Class III	{A 161}		

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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{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 record review and interview, the facility failed to update the Background Screening Clearinghouse Roster for 1 of 6 employees (Staff F). The findings included:	{CZ814}		

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{CZ814}	Continued From page 1 On . . . . . at 9:45 AM, an entrance was conducted at the facility and at that time Caregiver Staff C greeted the surveyor. Caregiver Staff C was advised of the purpose of the visit was to conduct a revisit to the Relicensure survey conducted on . Observation was conducted of 3 residents in the common area. There were 2 staff members present, Caregiver Staff C and another female wearing scrubs. On . . . . . at 10:00 AM, Caregiver Staff C called the Administrator and left a voice message advising her of the surveyor's presence and purpose of the visit. On at 10:05 AM, a tour was conducted of the facility verifying there were 5 residents residing in the facility. On at 10:10 AM, observation was made of the female in scrubs leaving through the patio doors. This survey asked Caregiver Staff C about this person, and Caregiver Staff C stated "Oh she's the cleaning lady, she only cleans. She doesn't do any patient care." On . at 10:15 AM, this surveyor asked the residents in the common area who was the lady leaving with the scrubs. The residents said 'That's (woman's name), she works here.' On at 10:20 AM, a request was made to Caregiver Staff C for the staff employee personnel records. By 10:30 AM, Caregiver Staff C was unable to locate any employee personnel records. At 10:35 AM, Caregiver Staff C called the facility Administrator who was offsite inquiring where the employee personnel records were located. The Administrator advised Caregiver Staff C that the files were with her and she will	{CZ814}		

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{CZ814}	Continued From page 2 have them delivered to the facility. The Administrator was informed access is required to the employee records for review to ensure compliance with the State requirements. Further, this surveyor made an inquiry to the Administrator about the female in scrubs who was observed upon arrival to the facility and who was observed leaving the facility through the patio doors at 10:10 AM. The Administrator acknowledged her as a staff member (Staff F) and stated she will send her file too. At this time, a request was made to Caregiver Staff C for the 24-hour facility staffing schedule. Caregiver Staff C provided a schedule and Staff F did not appear on the schedule. The AHCA Background Screening Clearinghouse Roster was reviewed. The Roster revealed that the facility had not entered the initial employment for Staff F who was observed wearing scrubs and leaving the facility through the patio doors. Additionally, the residents verified during the interview conducted at 10:15 AM that (Staff F woman's name) works here. On at 11:10 AM, Caregiver Staff C called the Administrator and Assistant Administrator leaving messages that the surveyor is requesting to review the employee personnel records. No employee records were forthcoming. As of 12:00 PM on , an exit was conducted with Caregiver Staff C. No employee personnel records were brought to the facility for review by the Administrator or Assistant Administrator to verify Staff F's date of employment with the facility. No additional documents were received prior to leaving the survey. Unclassified	{CZ814}		

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{CZ815}	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ␣ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ␣ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ␣ , 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	{CZ815}		

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{CZ815}	Continued From page 4 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 awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts 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.	{CZ815}		

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{CZ815}	Continued From page 5 (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying 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	{CZ815}		

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{CZ815}	Continued From page 6 application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is 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	{CZ815}		

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{CZ815}	Continued From page 7 screening and to implement and adopt criteria relating to retaining ◡ , pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any 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	{CZ815}		

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{CZ815}	Continued From page 8 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 [illegible] for a disqualifying offense, the employer must remove the employee from contact with any [illegible] person that places the employee in a role that requires background screening until the [illegible] is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with [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	{CZ815}		

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{CZ815}	Continued From page 9 disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was . . . . . , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain the employment status of all employees by having an eligible Level II Background Screening available for review for 1 of 6 employees, Staff F. The findings included: On . . . . . at 9:45 AM, an entrance was conducted at the facility and at that time Caregiver Staff C greeted the surveyor. Caregiver Staff C was advised of the purpose of the visit was to conduct a revisit to the Relicensure survey conducted on . Observation was conducted of 3 residents in the common area. There were 2 staff members present, Caregiver Staff C and another female wearing scrubs. On . . . . . at 10:00 AM, Caregiver Staff C called the Administrator and left a voice message advising her of the surveyor's presence and purpose of the visit. On at 10:05 AM, a tour was conducted of the facility verifying there were 5 residents residing in the facility.	{CZ815}		

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{CZ815}	Continued From page 10 On at 10:10 AM, observation was made of the female in scrubs leaving through the patio doors. This survey asked Caregiver Staff C about this person, and Caregiver Staff C stated "Oh she's the cleaning lady, she only cleans. She doesn't do any patient care." On at 10:15 AM, this surveyor asked the residents in the common area who was the lady leaving with the scrubs. The residents said 'That's (woman's name), she works here.' On at 10:20 AM, a request was made to Caregiver Staff C for the staff employee personnel records. By 10:30 AM, Caregiver Staff C was unable to locate any employee personnel records. At 10:35 AM, Caregiver Staff C called the facility Administrator who was offsite inquiring where the employee personnel records were located. The Administrator advised Caregiver Staff C that the files were with her and she will have them delivered to the facility. The Administrator was informed access is required to the employee records for review to ensure compliance with the State requirements. Further, this surveyor made an inquiry to the Administrator about the female in scrubs who was observed upon arrival to the facility and who was observed leaving the facility through the patio doors at 10:10 AM. The Administrator acknowledged her as a staff member (Staff F) and stated she will send her file too. At this time, a request was made to Caregiver Staff C for the 24-hour facility staffing schedule. Caregiver Staff C provided a schedule and Staff F did not appear on the schedule. There was no evidence of documentation a Level II Background Screening was completed on Staff F who was observed wearing scrubs and leaving the facility through	{CZ815}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE COVE ALF LLC	110 WEST PALM AVENUE LAKE WORTH, FL 33467

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{CZ815}	Continued From page 11 the patio doors. The residents verified during the interview conducted at 10:15 AM that (woman's name) works here. Additionally, the Administrator verified during the telephone interview conducted on at 10:35 AM, Staff F is an employee of the facility. On at 11:10 AM, Caregiver Staff C called the Administrator and Assistant Administrator leaving messages that the surveyor is requesting to review the employee personnel records. No employee records were forthcoming. As of 12:00 PM on , an exit was conducted with Caregiver Staff C. No employee personnel records were brought to the facility for review by the Administrator or Assistant Administrator and verification of an eligible Level 2 Background Screening for Staff F could not be determined. No additional documents were received prior to leaving the survey. Unclassified	{CZ815}		
{CZ816}	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the	{CZ816}		

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{CZ816}	Continued From page 12	{CZ816}		

agency shall request the Department of Law Enforcement to forward the person's [illegible] to the Federal Bureau of Investigation for a national criminal history record check unless the person's [illegible] are enrolled in the Federal Bureau of Investigation's national retained print [illegible] notification program. If the [illegible] of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit [illegible] electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the [illegible] to the Federal Bureau of Investigation for a national criminal history record check. The [illegible] shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print [illegible] notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person [illegible]. The 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

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{CZ816}	Continued From page 13 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_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	{CZ816}		

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{CZ816}	Continued From page 14 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 observation, interview and record review, the facility failed to ensure that a signed Attestation of Compliance with Background Screening form be in the employee's personnel record, for 2 of 6 employees (Staff D and Staff F). The findings included: Prior to the entrance to the facility, it was verified through the facility's submitted plan of correction that Staff C had completed the Attestation of Compliance with Background Screening documentation after the Relicensure survey conducted on . On at 9:45 AM, an entrance was	{CZ816}		

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{CZ816}	Continued From page 15 conducted at the facility and at that time Caregiver Staff C greeted the surveyor. Caregiver Staff C was advised of the purpose of the visit was to conduct a revisit to the Relicensure survey conducted on . . . . . Observation was conducted of 3 residents in the common area. There were 2 staff members present, Caregiver Staff C and another female wearing scrubs. On at 10:00 AM, Caregiver Staff C called the Administrator and left a voice message advising her of the surveyor's presence and purpose of the visit. On . . . . . at 10:05 AM, a tour was conducted of the facility verifying there were 5 residents residing in the facility. On . . . . . at 10:10 AM, observation was made of the female in scrubs leaving through the patio doors. This survey asked Caregiver Staff C about this person, and Caregiver Staff C stated "Oh she's the cleaning lady, she only cleans. She doesn't do any patient care." On at 10:15 AM, this surveyor asked the residents in the common area who was the lady leaving with the scrubs. The residents said 'That's (woman's name), she works here.' On . . . . at 10:20 AM, a request was made to Caregiver Staff C for the staff employee personnel records. By 10:30 AM, Caregiver Staff C was unable to locate any employee personnel records. At 10:35 AM, Caregiver Staff C called the facility Administrator who was offsite inquiring where the employee personnel records were located. The Administrator advised Caregiver Staff C that the files were with her and she will have them delivered to the facility. Further, this	{CZ816}		

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{CZ816}	Continued From page 16 surveyor made an inquiry to the Administrator about the female in scrubs who was observed upon arrival to the facility and who was observed leaving the facility through the patio doors at 10:10 AM. The Administrator acknowledged her as a staff member (Staff F) and stated she will send her file too. On .. .. at 11:10 AM, Caregiver Staff C called the Administrator and Assistant Administrator leaving messages that the surveyor is requesting to review the employee personnel records. No employee records were forthcoming and as such, unable to determine if Staff D who was cited during the ..... Relicensure survey or Staff F, who the Administrator verified as being a staff member and who the residents verified as working in the facility, had a signed Attestation of Compliance with Background Screening in their employee personnel records. As of 12:00 PM on , an exit was conducted with Caregiver Staff C. No employee personnel records were brought to the facility for review by the Administrator or Assistant Administrator. Unclassified	{CZ816}		