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
	AL11967526	A. BUILDING: _____ B. WING _____	11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAMI HOME INC	19380 SW 16TH STREET PEMBROKE PINES, FL 33029

(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 An unannounced Relicensure and Generator Monitoring survey was conducted on at Nami Home Inc. The facility had a deficiency identified related to the Relicensure at the time of the survey.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not	A 078		

AHCA Form 3020-0001

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

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A 078	Continued From page 1 constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documented evidence that 3 out of	A 078		

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A 078	Continued From page 2 3 sampled staff members, Staff A, Staff B, and Staff C did not have an annually updated negative ( ) examination or the one time statement documenting freedom from a Communicable . The findings included: Review of Administrator Staff A employee personnel record revealed she was hired on and she provides direct resident care on varied shifts. Further review of the employee personnel record revealed Administrator Staff A had no documentation of an annual negative examination or the freedom from Communicable one-time statement available for review. Review of Assistant Administrator Staff B employee personnel record revealed she was hired on and she provides direct resident care on varied shifts on call. Further review of the employee personnel record revealed Assistant Administrator Staff B had no documentation of an annual negative examination or the freedom from Communicable one-time statement available for review. Review of Caregiver Staff C employee personnel record revealed she was hired on and she provides direct resident care on the 7:00 AM to 7:00 PM shift. Further review of the employee personnel record revealed Caregiver Staff C had no documentation of an annual negative examination or the freedom from Communicable one-time statement available for review. In an interview conducted with the Administrator on at 3:55 PM, she was provided an	A 078		

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A 078	Continued From page 3 opportunity to review Staff A, Staff B, and Staff C's facility personnel records and was not able to provide proof of a examination or the freedom from Communicable one-time statement. She stated she was not aware that the facility needed to have a document from the doctor stating negative results on and freedom from Communicable . She acknowledged the findings. Class III	A 078		