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
		A. BUILDING: _____ B. WING _____	/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INGLENOOK	**280 PINE STREET ENGLEWOOD, FL 34223**

(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, change of ownership (CHOW), emergency power plan, health facility reporting system, generator, visitation form, and complaint survey for # on 2/12/24 at Inglenook, an assisted living facility in Englewood, Florida. Complaint #2024001538 was unsubstantiated. The following is a description of the deficiencies.	A 000		
A 052 SS=D	429.256(3-5); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.	A 052		

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A 052	Continued From page 1 (c) Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth. (d) Applying topical medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer. (4) Assistance with self-administration of medication does not include: (a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a cavity of the body. (d) Administration of parenteral preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with rectal, urethral, or vaginal preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his	A 052		

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A 052	Continued From page 2 or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be 18 years of age or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the	A 052		

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A 052	Continued From page 3 resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's infection control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility	A 052		

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A 052	Continued From page 4 failed to ensure staff who assist residents with self-administration of medications follow physician orders for 1 (Residents #10) of 5 medications observation. The findings : /12/24 at 11:09 a.m., Med Tech Staff C was observed assisting Resident #10 with medications. Prepared the medications handed the At the medication (med) cart, Staff C removed 4 bottles for Resident #10. Staff C opened the Medication Observation Record book to Resident #10's med list and proceeded to deposit the medications from the bottles into a souffle cup. Staff C handed the cup of medication to the resident and informed her of the medication being given. The medications in the cup were: Vitamin C 500 milligrams (mg) - 1 tablet, Vitamin D3 50 micrograms (mcg) (2000 IU) - 1 tablet, Antacid tablets Calcium Carbonate 1000 mg - 2 tablets, and multivitamin - 1 tablet. Review of Resident #10 medication bottle labels revealed the contents: Vitamin C 500 mg, Vitamin D3 50 mcg (2000 IU), Calcium Carbonate antacid tablets 1000 mg, and multivitamin. Record review of Medication Observation Record (MOR) for medication orders revealed: Vitamin C tab 1000 mg - 1 tablet once daily, Vitamin D3 125 mcg (5000 IU) - 1 tablet once daily, Calcium Carbonate 500 mg antacid -chew 2 tablets once daily, multivitamin - 1 tablet once daily. Medications given do not match the dosages listed on the MOR according to physician orders.	A 052		

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A 052	Continued From page 5 . . . /24 at 12:17 p.m., the Manager stated she is the person responsible for reviewing the medications and the MORS for accuracy. The Manager reviewed Resident #10's medications and the MOR and confirmed the medication dosages on the bottles does not match the required dosages ordered. The manager confirmed the meds given by Staff C were incorrect dosages. The manager stated she did not see that the dosages on the bottles were not the dosages prescribed by the physician. Class III	A 052		
A 078 SS=D	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 disease. 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 tuberculosis 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 tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the	A 078		

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A 078	Continued From page 6 individual does not constitute a risk of communicating tuberculosis. 2. If any staff member has, or is suspected of having, a communicable disease, 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 disease. (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 contracting 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 contracted by	A 078		

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A 078	Continued From page 7 the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable disease and evidence of a negative tuberculosis examination documented annually thereafter for 4 (Administrator, Staff A, C, and D) of 4 employee records reviewed. The findings . . . . . : . . . . . the Administrator's employee file revealed a hire date of 8/19/22. The administrators file contained evidence of a statement signed by a . . . . . , the administrator was free from signs and symptoms of communicable disease including Tuberculosis on 3/24/22. There was no further docum . . . . . m from communicable disease including TB annually thereafter. Review of Staff A's employee file revealed a hire date of 9/4/23 as a med tech/caregiver. Staff A's employee file contained no evidence of a statement signed by a healthcare provider . . . . . was free of signs and symptoms of communicable disease including Tuberculosis. Review of Staff C's employee file revealed a hire date of 1/1/24 as a med tech/caregiver. Staff C's employee file contained no evidence of a statement signed by a healthcare provider indicating Staff C was free of signs and symptoms of communicable disease including	A 078		

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A 078	Continued From page 8 Tuberculosis. Review of Staff D's employee file revealed a hire /9/23 as a caregiver. Staff D's employee file contained no evidence of a statement signed by a healthcare provider indicating Staff D was free of signs and symptoms mm disease including Tuberculosis. On 2/12/24 at 12:34 p.m., the Manager confirmed the administrator file contained no documentation of freedom from TB annually and no evidence of a statement from the healthcare provider indicating the Staff A, C, and D were free from signs and symptoms of communicable disease including TB. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011(2-3) FAC Training - Staff In-Service 429.52 (1)(a) 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 employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025.	A 081		

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A 081	Continued From page 9 However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (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:	A 081		

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A 081	Continued From page 10 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 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in infection control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its infection control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, 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 abuse, neglect, and exploitation. The facility must use its abuse prevention policies and procedures when offering this training.	A 081		

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A 081	Continued From page 11 (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 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 record review and interview, the facility failed to ensure facility employees complete 2 hours of preservice orientation prior to interacting with the residents and in-service training required by Florida Administrative Code within 30 days of employment for 3 (Staff A, C, and D) of 4 employee files reviewed.	A 081		

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A 081	Continued From page 12 The findings included: /24, record review of Medication technician/caregivers Staff A, C, and D files revealed the following; Record review Staff A's employee file revealed a hire /4/23 as a Medication Technician (med tech)/caregiver. Further review of Staff A's file revealed no documentation of completing 2-hour preservice orientation training prior to interacting with residents; a minimum 1-hour in-service training for each of Infection Control, Reporting Major Incidents, Reporting Adverse Incidents, facility Emergency Procedures, Incident Report training, Nutritional Safe Food Handling, Elopement Response training, Resident's Rights, Abuse/Neglect and Exploitation training; and 3-hours ADL and Behavioral Needs training required within 30 days of hire. Record review Staff C's m, , revealed a hire date of 1/1/24 as a med tech/caregiver. Further review of Staff A's file revealed no documentation of completing 2-hour preservice orientation training prior to interacting with residents; a minimum 1-hour in-service training for each of Infection Control, Reporting Major Incidents, Reporting Adverse Incidents, facility Emergency Procedures, Incident Report training, Nutritional Safe Food Handling, Elopement Response training, Resident's Rights, Abuse/Neglect and Exploitation training; and 3-hours ADL and Behavioral Needs training required within 30 days . review Staff D's employee file revealed a hire date of 9/9/23 as a caregiver. Further review of Staff A's file revealed no documentation of	A 081		

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A 081	Continued From page 13 completing 2-hour preservice orientation training prior to interacting with residents, a minimum 1-hour in-service training for each of Infection Control, Nutritional Safe Food Handling, Elopement Response training, Resident's Rights, Abuse/Neglect and Exploitation training; and 3-hours ADL and Behavioral Needs training required within 30 . On 2/12/24 at 12:34 p.m., the manager confirmed Staff A and C's file contained no documentation of completion of the required trainings and preservice orientation prior the residents. On 2/12/24 at 12:50 p.m., The Manager confirmed the missing trainings for Staff D. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - HIV/AIDS (4) HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS). 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 HIV and AIDS, including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by:	A 082		

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INGLENOOK	**280 PINE STREET ENGLEWOOD, FL 34223**

(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 082	Continued From page 14 Based on record review and interview the facility failed to ensure employees complete a one-time education course on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) within 30 days of employment for 2 (Staff A, and C) of 4 employee files reviewed for HIV/AIDS training. The findings included: Record . . . . . 's employee file revealed a hire date of 9/4/23 as a med tech/caregiver. Staff A's file contained no evidence of training being completed within 30 days of employment . S. Record review Staff C's employee file revealed a hire date of 1/1/24 as a med tech/caregiver. Staff C's file . . . . . of training being completed within 30 days of employment for HIV/AIDS. On 2/12/24 at 12:34 p.m., the Manager confirmed the findings. Class III	A 082		
A 084 SS=D	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	A 084		

Agency for Health Care Administration

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A 084	Continued From page 15 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 infection control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, topical dosage forms, and topical ophthalmic, otic and nasal dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with	A 084		

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A 084	Continued From page 16 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 insulin syringes that are prefilled with the proper dosage by a pharmacist and insulin pens 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 nebulizers; j. Use a glucometer to perform blood glucose testing; k. Assist residents with oxygen nasal cannulas and continuous positive airway pressure (CPAP) devices, excluding the titration of the oxygen levels; l. Apply and remove anti-embolism stockings and hosiery; m. Placement and removal of colostomy bags, excluding the removal of the flange or manipulation of the stoma site; and, n. Measurement of blood pressure, heart rate, temperature, and respiratory 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	A 084		

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A 084	Continued From page 17 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 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 record review and interview the facility failed to ensure unlicensed persons who provide assistance with self-administration of medications complete and obtain an initial 6-hour training education and annual 2-hour training education on providing assistance with self-administered medications for 1 (Staff A) of 4 staff records reviewed. The findings included:	A 084		

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A 084	Continued From page 18 Record review of Staff A's employee file revealed a hire /4/23 as a Med Tech/caregiver. Staff A's file contained documentation of completing 6 hours of assistance with self- m medications on 12/8/22. Staff A's file contained no documentation of completing annual 2-hour continuing education training for -administration of medications. On 2/12/24 at 12:34 p.m., the Manager confirmed there is no evidence of completing the annual 2-hour education for assistance with self-administration of medications for Staff A. Class III	A 084		
A 090 SS=D	59A-36.011(11) FAC Training - Do Not Resuscitate Orders (11) DO NOT RESUSCITATE ORDERS 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 Do Not Resuscitate Orders. (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 DNROs 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 record review and interview, the facility	A 090		

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A 090	Continued From page 19 failed to ensure facility employees complete at least one hour of training in the facility's policies and procedures regarding Do Not Resuscitate Orders (DNRO) within 30 days after employment and maintain documentation of completion for 2 (Staff A, and C) of 4 employee files reviewed. The Findings Include Review of Staff A' m, , file revealed a hire date of 9/4/23 as a med tech/caregiver. Staff A's file contained no evidence of completion of 1-hour training for Do Not Resuscitate Orders specific to facility policy and procedures as required per regulation. Review of employee file revealed a hire date of 1/1/24 as a med tech/caregiver. Staff C's file contained no evidence of completion of 1-hour training for Do Not Resuscitate , o facility policy and procedures as required per regulation. On 2/12/24 at 12:24 p.m., the Manager confirmed the missing training for Staff A, and C. Class III	A 090		

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	AL11911771	A. BUILDING: _____ B. WING _____	02/12/2024

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CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person 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. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814		

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person ' 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 staff interview, the facility failed to ensure 2 (Staff C and D) of 4 employees reviewed, had the Level 2 background screening employment status updated within 10 days on the Agency for Healthcare of administration (AHCA) Background screening clearinghouse website pursuant to chapter 435. This had the potential for staff with disqualifying offenses to have access to adults. The findings Included: Review of Staff C' employee file revealed a hire date of as a med tech/caregiver. Review of the Agency clearing house employee roster revealed Staff C was not added on the clearing house roster until , 25 days after hire. Review of staff D's employee file revealed a hire date of . Review of the Agency clearing house employee roster revealed Staff D was not	CZ814		

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CZ814	Continued From page 2 added on the clearing house roster until , 52 days after hire. On at 12:42 p.m., the Administrator confirmed the findings. Unclassified	CZ814		