

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/07/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A TOUCH OF CLASS #1 ADULT CARE

**658 NW AVENS STREET
PORT SAINT LUCIE, FL 34984**

(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 were conducted on at A Touch of Class #1 Adult Care. The facility had a deficiency identified related to the Relicensure at the time of survey. Note: The facility had no Limited Nursing Services (LNS) residents at the time of the survey.	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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NAME OF PROVIDER OR SUPPLIER A TOUCH OF CLASS #1 ADULT CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 658 NW AVENS STREET PORT SAINT LUCIE, FL 34984		
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CZ816	Continued From page 1 professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if _____ for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, _____, herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service	CZ816			

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

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CZ816	Continued From page 3 who had a greater than 90-day break in employment from an employer requiring a Level II background screening; and 2) Submit a new Level II background screening for 1 of 3 sampled employees whose previous Level II screening had expired after 5 years following the previous screening (Staff D). The findings included: During Staff B's record review, it was noted that this live-in caregiver was hired on _____, and her last Level II background screening had been completed on _____. A review of Staff B's employment history showed that she had not been previously employed by an employer requiring a level II background screening at any time between _____ and _____. On _____ at 1:30 PM, the administrator acknowledged there was a greater than 90-day break in employment for Staff B from an employer requiring a Level II background screening and the time Staff B was hired by the facility on _____. The administrator stated she was unaware that a new screening would be required when staff was previously employed by an employer who did not require a Level II screening. The administrator stated she thought that since Staff B was employed in the same health field, her previous background screening was valid. The details of the background re-screening requirements were discussed with the administrator at this time. 2) Staff D is the Assistant Administrator and Registered Nurse overseeing the LNS program at this facility. Her hire date was _____. During the review of Staff D's nursing license and the status of her Level II background screening, it	CZ816		

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CZ816	Continued From page 4 was noted on the Background Screening Unit's website that Staff D required a new Agency Review (Screening), as her previous screening had been completed on _____ and had expired after 5 years (.....). No new screening request had been submitted after _____ until the date of the relicensure survey. Staff D's retained _____'s expiration date is _____. The Administrator was notified via email of the expiration of Staff D's level II background screening, which would require a new screening to be initiated. Unclassified	CZ816		