

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967574</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/06/2024</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TINA'S ALF**

**1172 TARPON AVENUE  
SARASOTA, FL 34237**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| CZ815<br>SS=D            | <p>408.809(1)( ); 435.02(2); 435.06 FS<br/>Background Screening; Prohibited Offenses</p> <p>408.809 Background screening; prohibited offenses.-</p> <p>(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:</p> <p>(a) The licensee, if an individual.</p> <p>(b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider.</p> <p>(c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.</p> <p>(d) Any person who is a controlling interest.</p> <p>(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.</p> <p>(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 request shall be maintained in a database. The</p> | CZ815               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| CZ815                                                 | <p>Continued From page 1</p> <p>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.</p> <p>(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:</p> <p>(a) Any authorizing statutes, if the offense was a felony.</p> <p>(b) This chapter, if the offense was a felony.</p> <p>(c) Section 409.920, relating to Medicaid provider fraud.</p> <p>(d) Section 409.9201, relating to Medicaid fraud.</p> <p>(e) Section 741.28, relating to domestic violence.</p> <p>(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.</p> <p>(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.</p> <p>(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.</p> <p>(i) Section 817.234, relating to false and fraudulent insurance claims.</p> <p>(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.</p> <p>(k) Section 817.50, relating to fraudulently</p> | CZ815                                                                                     |                                                                                                                          |  |                                                        |

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| CZ815                                                 | Continued From page 2<br><br>obtaining goods or services from a health care provider.<br>(l) Section 817.505, relating to patient brokering.<br>(m) Section 817.568, relating to criminal use of personal identification information.<br>(n) Section 817.60, relating to obtaining a credit card through fraudulent means.<br>(o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.<br>(p) Section 831.01, relating to forgery.<br>(q) Section 831.02, relating to uttering forged instruments.<br>(r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.<br>(s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.<br>(t) Section 831.30, relating to fraud in obtaining medicinal drugs.<br>(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.<br>(v) Section 895.03, relating to racketeering and collection of unlawful debts.<br>(w) Section 896.101, relating to the Florida Money Laundering Act.<br><br>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 application for exemption if the person is eligible | CZ815                                                                          |                                                                                                                          |                          |                                                        |

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| CZ815                                                 | <p>Continued From page 3</p> <p>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.</p> <p>(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.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>Does not have an active professional license or certification from the Department of Health; or</li> <li>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.</li> </ol> <p>(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.</p> <p>(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 screening and to implement and adopt criteria</p> | CZ815                                                                                     |                                                                                                                                                          |

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| CZ815                                                 | <p>Continued From page 4</p> <p>relating to retaining _____ pursuant to s. 943.05(2).</p> <p>(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.</p> <p>435.06 Exclusion from employment.-</p> <p>(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.</p> <p>(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 screening unless the employee is granted an</p> | CZ815                                                                                     |                                                                                                                          |  |                                                        |

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| CZ815                                                 | <p>Continued From page 5</p> <p>exemption for the disqualification by the agency as provided under s. 435.07.</p> <p>(b) If an employer becomes aware that an employee has been _____ for a disqualifying offense, the employer must remove the employee from contact with any _____ person that places the employee in a role that requires background screening until the _____ is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.</p> <p>(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.</p> <p>(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 _____ 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.</p> <p>(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including _____, if required, must be disqualified for employment in such position or, if employed, must be dismissed.</p> <p>(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 _____ for a disqualifying offense listed under this chapter,</p> | CZ815                                                                                     |                                                                                                                                                          |

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| CZ815                                                 | <p>Continued From page 6</p> <p>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.</p> <p>435.02 Definitions.-For the purposes of this chapter, the term:</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a Level 2 background screening was conducted for 1 staff (Staff B) responsible for direct personal care to clients, with access to living areas and personal property.</p> <p>The findings included:</p> <p>On _____ at 10:30 a.m., the assistant administrator said Staff B was the activity assistant and direct care giver. During the interview Staff B was observed interacting with residents in the living area.</p> <p>On _____ at 10:54 a.m., observed Staff B enter the bathroom with 1 female resident to assist with toileting.</p> <p>On _____ at 11:03 a.m., the assistant administrator said the facility owner is responsible for ensuring the Level 2 background check is completed and in the employee record.</p> <p>Review of the employee record on _____ for Staff B revealed the Level 2 background screening had expired on _____ and a new screening was</p> | CZ815                                                                                     |                                                                                                                          |  |                                                        |

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| CZ815                                                 | Continued From page 7<br><br>required.<br><br>On . . . . at 11:40 a.m., the facility owner<br>confirmed she was responsible for ensuring Level<br>2 background screenings are completed and in<br>the employee file. She said she thought Staff B's<br>level 2 background screening expired at the end<br>of . . . . The owner was made aware of the<br>concern of staff without the required background<br>screening caring for residents at the facility.                                                                                                                                                                         | CZ815                                                                                     |                                                                                                                          |  |                                                        |
| A 000                                                 | Initial Comments<br><br>An unannounced relicensure, emergency power<br>plan, health facility reporting system, generator,<br>and visitation form survey was conducted on<br>. . . . at Tina's ALF, an assisted living facility in<br>Sarasota, Florida.<br><br>The following is a description of the deficiencies.                                                                                                                                                                                                                                                                                                                  | A 000                                                                                     |                                                                                                                          |  |                                                        |
| A 162<br>SS=D                                         | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records<br>must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. . . . ,<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of<br>other health insurance . . . . ,<br>8. Name, address, and telephone number of next<br>of kin, legal representative, or individual<br>designated by the resident for notification in case<br>of an emergency; and,<br>9. Name, address, and telephone number of the | A 162                                                                                     |                                                                                                                          |  |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967574</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                    | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/06/2024</b>                                                                                                   |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TINA'S ALF</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1172 TARPON AVENUE<br/>SARASOTA, FL 34237</b> |                                                                                                                                                          |
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| A 162                                                 | <p>Continued From page 8</p> <p>resident's health care practitioner and case manager, if applicable.</p> <p>(b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C.</p> <p>(c) Any orders for medications, nursing services, therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.</p> <p>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable.</p> <p>(e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.</p> <p>(f) A _____ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their _____ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that _____ not be taken.</p> <p>(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.</p> <p>(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C.</p> <p>(i) A copy of the resident's contract with the facility, including any addendums to the contract</p> | A 162                                                                                     |                                                                                                                                                          |

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| A 162                                                 | <p>Continued From page 9</p> <p>as described in Rule 59A-36.018, F.A.C.</p> <p>(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S.</p> <p>(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S.</p> <p>(l) If the resident is an . . . . . recipient, a copy of the Department of Children and Families form Alternate Care Certification for . . . . . ( . . . . . ), CF-ES 1006, . . . . . , which is hereby incorporated by reference and available for review at: <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-04004">http://www.flrules.org/Gateway/reference.asp?No=Ref-04004</a>. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.</p> <p>(m) Documentation of the . . . . . of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.</p> <p>(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C.</p> <p>(o) The resident's . . . . . , DH Form 1896, if applicable.</p> <p>(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services,</p> | A 162                                                                                     |                                                                                                                          |  |                                                        |

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| A 162                                                 | <p>Continued From page 10</p> <p>record keeping may be limited to a log listing the names of residents participating in this arrangement.</p> <p>(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.</p> <p>(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain records on the premises that contained documentation of the _____ of a health care surrogate, health care proxy, or health care power of attorney, granted legal responsibility for health care decision for 2 (Residents #3 and #4) of 2 resident records reviewed.</p> <p>The findings included:</p> <p>Review of the medical record for Resident #3 revealed an agreement between Resident #3 and the facility executed on _____. The agreement was signed by Resident #3's son, party responsible for payment.</p> <p>Review of the Durable Power of Attorney (DPOA) for Resident #3 executed on _____ revealed Resident #3's son was agent for the resident in financial matters only. The DPOA for Resident #3 did not grant health care decisions to the son.</p> | A 162                                                                                     |                                                                                                                          |                                                        |

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| A 162                                                 | <p>Continued From page 11</p> <p>Review of the ( ) dated . . . . . revealed the resident's son signed as legal representative, making a medical decision for Resident #3.</p> <p>Review of the resident's record revealed no other documentation including health care proxy, health care surrogacy or living will granting health care decisions for Resident #3 to her son.</p> <p>On at 10:18 a.m., during a telephone interview, Resident #3's son said he did not know the DPOA was financial only and that there was a difference in responsibility for health care and financial matters. He said Resident #3 is not mentally capable of making decisions for herself.</p> <p>Review of Resident #3's record did not include an incapacity certification for the resident.</p> <p>On at 11:57 a.m., in a telephone interview the facility owner was made aware of the concerns regarding the missing documentation.</p> <p>Record review of the clinical record for Resident #4 revealed she was admitted to the facility on . . . . . Further review revealed her contract was signed on by the person listed as Durable Power of Attorney on the Admission Record. Further review of Resident #4's record failed to contain evidence of documentation of the existence of a power of attorney (POA).</p> <p>On at 9:41 a.m., The Assistant Administrator reviewed the clinical record for Resident #4 and confirmed no documentation was on file of a Durable Power of Attorney (DPOA) guardian, or Healthcare Surrogate, for</p> | A 162                                                                                     |                                                                                                                          |

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TINA'S ALF**

**1172 TARPON AVENUE  
SARASOTA, FL 34237**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 162                    | Continued From page 12<br><br>Resident #4. She said, "there is nothing in the<br>file."<br><br>Class III                     | A 162               |                                                                                                                          |                          |