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
	AL11970300	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT VILLAGE CORAL GABLES	4111 SALZEDO ST CORAL GABLES, FL 33146

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A 000	Initial Comments A complaint investigation #2024004136 was conducted from . . . . . through . . . . . at Belmont Village Coral Gables. The provider had deficiencies at the time of the survey.	A 000		
A 030 SS=G	59A-36.007(5) FAC; 429.28(. .) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030		

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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A 030	Continued From page 3	A 030		

(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care . . . ., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . ., the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free

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A 030	Continued From page 4	A 030		

telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without . . . . , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [redacted] Hotline operated by the Department of Children and Families, and [redacted], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [redacted] or [redacted] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Staff H and Staff S (Caregivers) treated one (Resident #1) out of 11 sampled residents free from [redacted], neglect, dignity, respect, and consideration after he refused care. Staff H physically restrained Resident #1 for more than one minute. The facility failed to ensure one (Staff H & Staff S) or more employee communicated effectively with Resident #1 whose first language was German. The facility failed to ensure Residents #7, #8, #9, #10, and 11 were	A 030		

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A 030	Continued From page 6 free from . , ... Findings: 1) A review of the Adverse Incident Reporting Systems (AIRS) database showed a report dated . . . . . , of Staff H (Caregiver) physically restraining Resident #1. A review of Resident #1's progress notes dated . . . . . at 5:00 PM documented the following: "A Staff member (Staff H Caregiver) who was providing care to resident this morning was observed providing care inconsistent with [facility] standard of care. Resident's reaction to care indicated refusal of care. Staff continued to provide care and escalated resident's behavior. Staff observed physically restraining resident in . . . . . and arms." A review of a recorded video showed Staff H physically restraining Resident #1 on his bed and placing . . on top of him. A review of Staff Personnel's record showed Staff H was terminated on for excessive undue force in restraining Resident #1. A review of Staff S's (Caregiver) notes of corrective action report dated showed a final counseling for actions involving incident. Interviewed on . . . . . at 10:06 AM when asked about what happened with the resident being . . . . . by the employee, the Director of Resident Services stated that [Staff H] became aggressive with [Resident #1] and . The Director of Resident Services stated there were	A 030		

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A 030	Continued From page 7 no injuries. The Director of Resident Care Services stated that Resident #1 was checked out and the employee was suspended and then fired. The Director of Resident Care Services stated that the resident only spoke German. Interviewed on . . . . . at 3:13 PM when asked what the first language of Resident #1 is, the Executive Director stated, German. When asked what the first language for former Caregiver Staff H was spoke, the Executive Director stated, "English and Spanish." 2) A review of the Adverse Incident Reporting Systems (AIRS) database showed Former Building Engineer Assistant had photographs of Resident #7's credit card and driver's license after entering room using a facility issued key fob and cellular phone to take the pictures. A review of the Adverse Incident Reporting Systems (AIRS) database showed Former Building Engineer Assistant had photographs of Resident #8's credit cards (2) after entering room using a facility issued key fob and cellular phone to take pictures. A review of the Adverse Incident Reporting Systems (AIRS) database showed Former Building Engineer Assistant had photographs of Resident #9's credit card, driver's license and social security card after entering room using a facility issued key fob and cellular phone to take pictures. A review of the Adverse Incident Reporting Systems (AIRS) database showed Former Building Engineer Assistant had photographs of	A 030		

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A 030	Continued From page 8 Resident #10's credit card after entering room using a facility issued key fob and cellular phone. A review of the Adverse Incident Reporting Systems (AIRS) database showed Former Building Engineer Assistant had photographs of Resident #11's personal check after entering room using a facility issued key fob and cellular phone to take pictures. Interviewed on at 12:18 PM regarding the stolen credit card information from several residents including money, the Executive Director stated that theft training was done. The Executive Director stated, "We talked to the employees about it. We filed an incident report in , . Many residents' personal information was stolen. A total of six. The police were notified. I credited them. We an in-service about theft. It is not allowed or permitted." Interviewed on PM at 4:04 PM regarding residents' information being comprised by a former employee, the Administrator stated that one of their corrections was to continue doing background checks. The Administrator stated, "Every time a resident complains, we have a key system and camera to look to see who enters the room." A review of the facility's policy states: "Each resident has the right to be free from mistreatment, , neglect and , . , stands in a position of trust and confidence with adult and knowingly, be deception or intimidation, obtains or uses, or endeavors to obtain or use a adult's funds, assets or property with the intent to temporarily or permanently deprive a adult of the use, benefit, or possession of the	A 030		

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A 030	Continued From page 9 funds, assets, or property for the benefit of someone other than the adult." Class II	A 030		
A 036 SS=F	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or hygiene may include the use of -based rubs, handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an exposure to transmissible agents in , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to follow the control policy to reduce the risk of transmission of .	A 036		

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A 036	Continued From page 10 Findings included: A review of the facility policy and procedure showed that their policy is that there will be an ongoing control program designed to protect residents and staff from exposure to communicable . Universal precautions must be used in the care of all residents. A review of the control procedure revealed that one of the that need to be reported is Strep . Further review showed, "Employees with other than Bloodborne , will be advised not to work until the period of communicability has passed. If an employee inadvertently exposes a resident, the proper follow-up will be initiated. This follow-up will consist of notifying the resident;'s physician of the exposure and a variance report to be completed by the supervisor and forwarded to the ED for review. The employee will be asked to contact a physician to obtain instructions for preventing the spread of and treatment until the is no longer communicable. The physician instructions, if available, will be documented in the resident record and noted in the variance report. The employee must obtain a physician clearance to return to work." According to Center for Control, Strep is a in the and . The symptoms include , when swallowing, red and , in the front of the , tiny red spots on the roof of the called petechiae, white patches or streaks of pus on the . The cause is group A , and are ; close contact with another person is the most common risk factor for illness.	A 036		

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A 036	Continued From page 11 On at 11:06 AM, Staff F stated, "I did have Strep . I called [Staff D] (Manager of Dining) and informed him. He informed me that it was hard to find someone. I told the nurse. I was on . I worked from 6:53 AM to 12:00 PM (5 hours). I was serving the residents. We are not allowed to wear masks because they don't want us to scare the residents. It was , . I texted and called my manager, [Staff D.] I told Administration." On at 12:35 PM Staff K When asked the policy for calling out, she stated that employees have 12 PTO (Paid Time Off) days. She stated if their days are extended, then they need to bring a doctor's note. They are encouraged to stay home, and we don't want that for our residents. On at 4:04 PM Regarding an employee with Strep , the Administrator stated that if they are on , they are not to come into work. The administrator denied anyone coming to her about Strep . On at 4:08 PM Staff D stated when asked if an employee can come into work with the , stated, No. They have to call and let us know. If they have Covid and they call me, I will tell them to call HR (Human Resources) but not to come into work. When asked about Strep , he stated, "I would leave that to HR. I would ask HR right away. When asked if any employee reported to him in the past three months about Strep and unable to come to work, Staff D stated, "Not to my knowledge." Class III	A 036		

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A 092	Continued From page 12	A 092		
A 092 SS=I	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 092		

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A 092	Continued From page 13 failed to ensure the Chef and Dining Room Manager performed their general duties and resposibilities in a safe and sanitary manner. Findings: Interviewed on at 3:35 PM Former Server Staff T stated that she told the Human Resource Director that the Chef was not washing his . The Former Employee stated Staff F (Server) came to work with strep . The Former Employee stated that the Dining Manager told her that if she did not come to work, she would be written up. Former Employee stated further that he made her work on . Former Employee stated, "I told the Administrator, and she did not do anything. She stated she (Administrator) would say she would handle it but did not. They act like they care about the employees, but they don't. Yes, the Dining Room Manager was told the Chef was serving pink meat. It was chicken. Staff F was food poison from soup prepared by the Chef. She stated that the Chef would wipe down tables and come and prepare food without washing his . I told the administrator that the Chef was not washing his . I have a video of the pink meat (chicken)." Interviewed on at 11:06 AM Staff F (Server) when asked how long she was employed by the facility, she stated one year. Staff F stated, "Sometimes when you voice your opinion, they don't listen. The chicken was very pink. I said it was not cooked all the way before. I informed the Dining Manager and the Chef. I asked them if it came out a certain way. I did have strep . I called him (Dining Room Manager) and informed him. He informed me that it was hard to find someone. I told the nurse. I was on . I	A 092		

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A 092	Continued From page 14	A 092		

worked from 6:53 AM to 12:00 PM (5 hours). I was serving the residents. We are not allowed to wear masks because they don't want us to scare the residents. It was . I texted and called my Dining Room Manager. I told the Administrator." When asked about food , Staff F stated that she did not know anything about that, but it was more of spinach.

Interviewed on at 11:06 AM when asked about a washing policy, the Chef stated that there were washing posters in the bathrooms and kitchen. When asked about employees being forced to come to work sick, the Chef stated that they need to stay home. The Chef stated that if an employee is sick from more than three days, then they would have to bring in a doctor's note, but they are not forced to come into work. The Chef stated, I would not compromise the safety of my residents." When asked about how the meat was cooked, prepared and if it was well done, the Chef stated, "We take by the temperature gauge. We don't do well done. When asked about concerns and complaints about the food, the Chef stated that we usually hear a couple of issues.

A review of the Chef's position description shows: "This Chef Manager is responsible for overseeing all aspects of the Food Service Operation, ensuring high quality, nutritious meals are provided to residents in a pleasant, clean and customer service-focused environment. The Chef Manager is responsible for both the dining room and the kitchen. The Chef selects, trains and evaluates, coaches and counsels all food service staff, and actively models best practices in food handling, preparation, storage and presentation at all times."

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A 092	Continued From page 15 A review of the Chef Manger's personnel records showed a ServeSafe completion certification date of [illegible] with an expiration date of [illegible]. Interviewed on [illegible] at 12:18 PM When asked about employees being forced to come to work sick with strep [illegible] the Executive Director stated, "If you have strep [illegible], you will not come to work." When asked about uncooked meat, The Executive Director stated, "No one brought it to my attention about uncooked or raw food in the kitchen. The Executive Director stated that there was no food [illegible] nor complaints from the residents. Interviewed on [illegible] at 12:35 PM When asked the policy for calling out, the Human Resources Director stated that employees have 12 PTO days. The HR Director stated that if their days are extended, then they need to bring a doctor's note. The HR Director stated that they are encouraged to stay home, and we don't want that for our residents. When asked about an employee being asked to come to work with Strep [illegible], the HR Director stated, "I want to be the first person to know that. No employee has brought it to my attention that that he or she was sick." When asked about food safety concerns, the HR Director stated, "I remember there was a comment about Chef tasting food with his [illegible]. The Executive Director addressed that with the Chef. There was no disciplinary action taken. Not that I know of." Interviewed on [illegible] at 1:07 PM When asked to name the employee who informed her about Chef using his [illegible] to taste the food, the HR Director stated, "This was something in passing. I [did] not know. I wouldn't be able to tell	A 092		

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A 092	Continued From page 16 you when it happened. The Chef was asked about it. The Chef said it does not happen. He further stated, "I did mention it to the Executive Director." Interviewed on 1:24 PM When asked directly about the Chef tasting food with his , the Executive Director stated that no one ever brought it to his attention. The Executive Director stated, "My HR Directors mentioned it to me. I investigated it." When requested investigative notes, The Executive Director stated that he did not have any notes. The Executive Directors stated, "Since there was no formal complaint. I did not proceed. It was brought to my attention by my HR manager." The Executive Director stated that the Chef denied it happening. When asked about food , , The Executive Director stated that there was no food . Interviewed on at 4:04 PM when asked about an employee reporting to work with strep , the Administrator stated that if they are on , they are not to come into work. The Administrator denied anyone coming to her about strep or covid-19. The Administrator stated, "No body has ever come to me about that. The Administrator stated further, "No one has come to me with uncooked food. No!" Interviewed on 06 14/2024 at 3:26 PM Former Server Staff T stated that the incident of the raw chicken occurred on Marh 29, 2024, during lunch and that she had videos of the pink chicken. Former Server Staff T stated, "I took it to the HR Director. Every time we go to Administration about something, they don't do anything." Interviewed on at 4:08 PM When asked if an employee can come into work with the	A 092		

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A 092	Continued From page 17 , the Dining Room Manager stated, "No. They have to call and let us know. If they have covid and they call me, I will tell them to call HR but not to come into work." When asked about strep , The Dining Room Manager stated, "I would leave that to HR. I would ask HR right away." When asked if any employee reported to him in the past three months about strep and unable to come to work, the Dining Room Manager stated, "No, not to my knowledge. I get calls from the servers." When asked about foods uncooked, The Dining Room Manager stated, "No one brought it to my attention." When asked about food , , the Dining Room Manager, stated, "No." When asked what the temperature chicken should be cooked to, the Dining Room Manager stated, '138 degrees and to be safe, I would say 168 degrees minimum." When asked about beef, the Dining Room Manager stated, "I can't really tell you. I am sure 138 degrees is the danger zone." According the Foodsafety.gov website, the minimum internal temperature for chicken was 165 degrees Fahrenheit and beef 145 degrees Fahrenheit. A review of the Dining Room Manager position description showed: "The position is responsible for total dining room operation including hiring, supervising and training dining room staff and PALs in proper techniques for timely service of food to residents. Hires and supervises dining room servers and support staff. Develops daily work schedules and assignments for dining room staff. Maintains strict sanitary standards as dictated by company policy. Maintains clean orderly and safe kitchen and dining room environment. Ensures proper storage of equipment and handling of food to meet health	A 092		

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A 092	Continued From page 18 department requirements as wells as [facility] standards of cleanliness an sanitation as described in the policies and procedures manual. Maintains clean, orderly and safe kitchen and dining room environment." A review of the Dining Room Manger's personnel records showed a ServeSafe completion certification date of . . . . . with an expiration date of . Interviewed on at 5:14 PM Staff F (Server) stated that she had a doctor's note for Strep but came in and served the residents breakfast, including the employees after being told she had to come in. Staff F stated that it was , and was relieved after working five hours. Staff F stated that she called out the following day . . . . . . A review of the Dining Staff Schedule for the Month of showed Staff F (Server) was on scheduled to work on . . . . and . The Centers for Control and Prevention (CDC) states the following: "Strep . . . is a in the and . Group A . . . . . (group A strep . . . . .) cause strep and are ."	A 092		
A 165 SS=D	Class II 429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as	A 165		

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A 165	Continued From page 19 part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse	A 165		

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A 165	Continued From page 20 incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and	A 165		

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A 165	Continued From page 21 are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to report an . . . . . for one (Resident #1) out of 11 sampled residents after being physically . . . . . for what appeared to be refusal of service to the Department of Children and Families (DCF). Staff H (Caregiver) physically restrained Resident #1. In addition to Resident 1's . . . . . and not filing a DCF report, the facility failed to report . . behavior to DCF after Former Building Engineer Assistant obtained credit card, driver's license, personal checks, and social security card information on Residents #7, #8, #9, #10, and #11 on his assigned cellular phone. Findings: 1) A review of the Adverse Incident Reporting Systems (AIRS) database showed a report dated . . . . . , of Staff H (Caregiver) physically restraining Resident #1. A review of Resident #1's progress notes dated . . . . . at 5:00 PM documented the following: "A Staff member (Staff H Caregiver) who was providing care to resident this morning was observed providing care inconsistent with [facility] standard of care. Resident's reaction to care indicated refusal of care. Staff continued to	A 165		

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A 165	Continued From page 22 provide care and escalated resident's behavior. Staff observed physically restraining resident in [redacted] and arms." A review of a recorded video showed Staff H physically restraining Resident #1 on his bed and placing [redacted] on top of him. A review of Staff Personnel's record showed Staff H was terminated on [redacted] for excessive undue force in restraining Resident #1. A review of Staff S's (Caregiver) notes of corrective action report dated [redacted] showed a final counseling for actions involving incident. Interviewed on [redacted] at 12:18 PM when asked if an [redacted] report was made to DCF, the Executive Director stated, "I did not report it to DCF. I know the process, but I did not do it." Interviewed on [redacted] at 4:04 PM when asked if a DCF report was filed for the [redacted] against Resident #1, the Administrator, stated, "No, I have to go and follow up on that." Interviewed on [redacted] at 12:18 PM regarding the stolen credit card information from several residents including money, the Executive Director stated that theft training was done. The Executive Director stated, "We talked to the employees about it. We filed an incident report in [redacted]. Many residents' personal information was stolen. A total of six. The police were notified. I credited them. We [redacted] an in-service about theft. It is not allowed or permitted." 2) A review of the facility records showed no reports	A 165		

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A 165	Continued From page 23 were made to DCF for [redacted] of the following residents: A review of the Adverse Incident Reporting Systems (AIRS) database showed Former Building Engineer Assistant had photographs of Resident #7's credit card and driver's license after entering room using a facility issued key fob and cellular phone to take the pictures. A review of the Adverse Incident Reporting Systems (AIRS) database showed Former Building Engineer Assistant had photographs of Resident #8's credit cards (2) after entering room using a facility issued key fob and cellular phone to take pictures. A review of the Adverse Incident Reporting Systems (AIRS) database showed Former Building Engineer Assistant had photographs of Resident #9's credit card, driver's license and social security card after entering room using a facility issued key fob and cellular phone to take pictures. A review of the Adverse Incident Reporting Systems (AIRS) database showed Former Building Engineer Assistant had photographs of Resident #10's credit card after entering room using a facility issued key fob and cellular phone. A review of the Adverse Incident Reporting Systems (AIRS) database showed Former Building Engineer Assistant had photographs of Resident #11's personal check after entering room using a facility issued key fob and cellular phone to take pictures. A review of the facility's residents' rights policy (F) states: "Any allegations or verified incidents of	A 165		

Agency for Health Care Administration

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A 165	Continued From page 24 . . . . . , neglect, or . , ... will be immediately reported to the Florida . . Hotline." Class III	A 165		