

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968676	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER ALL DUNN ASSISTANT LIVING, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 5726-28 LINCOLN STREET HOLLYWOOD, FL 33021		
(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
CZ814	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		

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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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 observation and interview, the facility failed to register 2 out of 3 sampled staff members in the Background Screening (BGS) clearinghouse (Staff C and D). The findings include: 1) During an observation on _____ at approximately 8:50 AM, upon facility entrance, Staff C (Caregiver training on the job) was observed to open the facility door. The Surveyor asked how many staff members were present onsite, Staff B (Caregiver) stated two caregivers. This surveyor observed Staff B and C interacting with the residents at the time of the survey. 2) During an observation on _____ at approximately 10:50 AM, Staff D (Administrator's son) was observed pushing a resident in a wheelchair, going outside, assisting the resident to get on a bus (day program transportation).	CZ814			

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CZ814	Continued From page 2 During an interview on _____ at 10:54 AM the surveyor asked Staff D what other task he performs at the facility, and he stated he assist with resident's Activities of Daily Living (ADL). He also stated, he is at the facility Monday - Friday from 8:AM to 4:00 PM. During an interview on _____ at approximately 1:00 PM, the Administrator acknowledged that she did not have a personnel file for Staff C and D, including a Background Screening at the time of survey. No additional information was provided. Unclassified	CZ814		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required.	CZ830		

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CZ830	Continued From page 3 (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers	CZ830			

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CZ830	Continued From page 4 and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on interview, record review and observation, it was determined that the facility failed to timely submit their request for approval of the Comprehensive Emergency Management Plan (CEMP), from the local emergency management agency. The findings included: On a Wellness Monitoring survey was conducted at the facility. During an interview with the Administrator on at 10:45 AM, she was informed to provide the facility's current CEMP approval letter. The Administrator stated the last approval CEMP letter was dated . A request was made to provide all	CZ830			

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CZ830	Continued From page 5 communications, receipts and/or submissions she had regarding their CEMP. A review of the facility CEMP letter from the Local Emergency Management Division dated _____, revealed an approval plan through _____. Further review of the CEMP letter revealed the next plan review submittal of _____. No proof of subsequent resubmissions of the CEMP to the County was provided during the survey. On _____ at approximately 1:00 PM during an interview with the Administrator, she acknowledged the CEMP letter was expired. The facility had no proof of documentation for communication, receipts and/or submissions of the CEMP for review to the Local Emergency Management Division at the time of survey. Class III	CZ830			