

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/24/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROSIE'S MANOR ALF

**1910 SE RAINIER ROAD
PORT SAINT LUCIE, FL 34952**

(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 with Extended Congregate Care (ECC) and Limited Mental Health (LMH) survey and a Generator Monitoring survey were conducted on _____ at Rosie's Manor ALF. The facility had deficiencies related to the Relicensure survey identified at the time of the visit.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of _____ or _____ or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such _____ or _____. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making _____ for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident,	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure that 5 out of 5 sampled residents (Residents #1-#5) were provided adequate supervision by staff at the facility. The findings included: On _____ at 9:00 AM, Residents #1, #2, #3, #4 and #5 were present at the facility with no employees available to provide supervision. An unidentified person (Staff B) was left in sole	A 025		

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A 025	Continued From page 2 charge of resident care and supervision. This person answered the door, and asked this writer to wait while she contacted Staff A, who arrived at 9:15 AM. Staff A stated during interview at this time that she had left Staff B with the residents. During interview with the Assistant Administrator (Staff C) and a Manager (Staff D) on at 11:00 AM, they were notified of these findings. Upon request, there was no employee file with training or a criminal background screening available for review at this time. Class III	A 025			
A 052	429.256() ; 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 syringe that is prefilled with the proper dosage by a pharmacist and an 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	A 052			

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A 052	Continued From page 3 names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her (d) Applying 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 , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or 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 of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , or 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	A 052		

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A 052	Continued From page 4 parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his 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 _____ 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	A 052		

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A 052	Continued From page 5 not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the 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 control policy and procedures when assisting with the self-administration of medication.	A 052		

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A 052	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that 1 out of 1 sampled residents (Resident #1) was observed while receiving assistance from staff; and, failed to assist 2 out of 2 sampled residents (Residents #4 and #5) with the self-administration of medications in accordance with procedures described in Section 429.256, Florida Statutes (F.S.). The findings included: 1. On [redacted] at 9:00 AM, Resident #1 was present at the facility with no employees available to provide care. An unidentified person (Staff B) was left in sole charge of resident care and supervision. This person answered the front door, and asked this writer to wait while she contacted Staff A, who arrived at 9:15 AM. Staff A stated during interview at this time that she had left Staff B with the residents. Staff B was not employed by the facility. Upon entering the facility, Resident #1 was observed seated at the dining room table with a souffle cup containing her morning medication. Staff A stated the resident received assistance with medication by her, and provided the labeled medication bubble packs for review of what the resident was given. The following prescribed medication was left on the table for the resident without staff observing her take it: [redacted], Cranberry, Sentry [redacted], [redacted], D-2, [redacted] and [redacted] 2. Review of the [redacted] Medication	A 052		

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A 052	Continued From page 7 Observation Record (MOR) for Resident #4 revealed the resident was receiving a "PRN" or "as needed" dose of ".5 mg (medication) every 6 hours as needed" and " 10 mg, 1 tablet by once daily as needed for ". Staff A and the Administrator were intialing that the resident received the medications from them on average three times daily for and every day for . On at 10:40 AM, Staff A stated Resident #4 was not able to request this medication due to , and did not know what the medication was or why she was taking it. Staff A acknowledged that she and the Administrator are unlicensed caregivers and that they give the resident the medications when she displays behaviors. An attempt to interview Resident #4 was made on at 10:35 AM. She was unable to answer questions appropriately due to . 3. Review of the Medication Observation Record (MOR) for Resident #5 revealed the resident was receiving a "PRN" or "as needed" dose of " 17 grams...once a day PRN", "Odansetron 4 mg, 1 tablet...every 8 hours as needed for and/or ", and " (medication) .5 mg...every 4 hours as needed for agitation". Staff A and the Administrator were intialing that the resident received the medications from them daily. On at 10:40 AM, Staff A stated Resident #5 was not able to request this medication due to , and did not know what the medication was or why she was taking it. Staff A	A 052		

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A 052	Continued From page 8 acknowledged that she and the Administrator are unlicensed caregivers and that they give the resident the medications when they believe it is needed. An attempt to interview Resident #5 was made on _____ at 10:50 AM. She was unable to answer any questions due to _____ Florida Statutes, 429.256, documents that unlicensed staff are able to assist with "self-administration of medication". This assistance does not include the following: a) 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 at the request of a competent resident; and b) 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. Therefore, the "as needed" medication for Residents #4 and #5 provided by Staff A and the Administrator (unlicensed staff members) were not given to the resident following regulatory guidelines. During interview with the Assistant Administrator (Staff C) and a Manager (Staff D) on _____ at 11:00 AM, they were notified of these findings. The facility provided no additional information for review at the time of the survey. Class III	A 052			

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A 054	Continued From page 9	A 054			
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known _____ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical _____, the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interviews, it was determined that the facility failed to ensure the Medication Observation Record (MOR) was updated immediately each time a medication was	A 054			

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A 054	Continued From page 10 given for 5 out of 5 sampled residents (Residents #1-#5) who required assistance with self-administration of medication. The findings included: During review of the _____ MOR's on _____, the following omissions and errors were identified: 1) Resident #1 a. All medication doses for _____ and _____ were initiated as given by the Administrator who was not present on _____ and had signed before medication was given on _____ for _____, Cranberry, Sentry _____, D-2, _____ and _____ b. _____ D-2 was not initiated as given on _____ 2) Resident #2 a. 8:00 AM doses on _____ were initiated as given by the Administrator who was not present for _____, Sentry _____, Propanolol, D-3, _____ and Ingrezza. b. 8:00 PM doses on _____ were initiated as given (pre-signed) with the Administrator's initials for _____ and _____ 3) Resident #3	A 054		

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A 054	Continued From page 12 The facility provided no additional information for review at the time of the survey. Class III	A 054			
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND (). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that 1 out of 1 sampled "staff member" (Staff B), who was left in sole charge of residents, had training in () and First Aid.	A 083			

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A 083	Continued From page 13 The findings included: On at 9:00 AM, Residents #1, #2, #3, #4 and #5 were present at the facility with no employees available to provide care. An unidentified person (Staff B) was left in sole charge of resident care and supervision. This person answered the front door, and asked this writer to wait while she contacted Staff A, who arrived at 9:15 AM. Staff A stated during interview at this time that she had left Staff B with the residents. There was no personnel file with training available for review for Staff B as she was not employed by the facility. During interview with the Assistant Administrator (Staff C) and a Manager (Staff D) on at 11:00 AM, they were notified of these findings. The facility provided no additional information for review at the time of the survey. Class III	A 083		

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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		

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NAME OF PROVIDER OR SUPPLIER ROSIE'S MANOR ALF		STREET ADDRESS, CITY, STATE, ZIP CODE 1910 SE RAINIER ROAD PORT SAINT LUCIE, FL 34952		
(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	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, review of the Agency's Criminal Background Screening Clearinghouse website, and interviews, the facility failed to maintain a current employee roster for all employees of the facility. 1 out of 1 sampled staff member, Staff A, was not listed on the roster. The findings included: On at 9:15 AM, Staff A was observed in sole charge of 5 current residents at the facility. Staff A stated during interview at this time that she was the only employee working today. On, a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, Staff A was not listed on the roster. Further review of the website and Staff A's background screening revealed an employment history that did not include this facility, but did	CZ814		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROSIE'S MANOR ALF

**1910 SE RAINIER ROAD
PORT SAINT LUCIE, FL 34952**

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CZ814	Continued From page 2 include another facility with the same owner. Review of the personnel file for Staff A on revealed the staff member's date of hire was During interview with the Assistant Administrator (Staff C) and a Manager (Staff D) on at 11:00 AM, they were notified of these findings. The facility provided no additional information for review at the time of the survey. Unclassified	CZ814		
CZ815	408.809(1)(); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses. - (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: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (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	CZ815		

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CZ815	Continued From page 3 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. (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 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. (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: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence.	CZ815			

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CZ815	Continued From page 4 (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (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. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (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. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (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.	CZ815		

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CZ815	Continued From page 5 (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. 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 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. (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. (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: - Does not have an active professional license or certification from the Department of Health; or - 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.	CZ815		

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CZ815	Continued From page 6 (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. (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 relating to retaining _____ pursuant to s. 943.05(2). (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. 435.06 Exclusion from employment.- (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	CZ815			

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CZ815	Continued From page 7 disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (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 exemption for the disqualification by the agency as provided under s. 435.07. (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. (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. (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	CZ815			

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CZ815	Continued From page 8 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. (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. (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, 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. 435.02 Definitions.-For the purposes of this chapter, the term: (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. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that 2 out of 2 sampled staff (Staff A and B) who provide personal care or have access to resident living areas was in compliance with the Level II criminal background screening requirement. The findings included: a. On _____ at 9:00 AM, Residents #1, #2, #3, #4 and #5 were present at the facility with no	CZ815	

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CZ815	Continued From page 9 employees available to provide supervision. An unidentified person (Staff B) was left in sole charge of resident care and supervision. This person answered the front door, and asked this writer to wait while she contacted Staff A, who arrived at 9:15 AM. Staff A stated during interview at this time that she had left Staff B with the residents. There was no personnel file or criminal background screening available for review for Staff B as she was not employed by the facility. b. Review of the personnel file and Clearinghouse website for Staff A on _____ revealed the staff member's _____ on file had expired on _____ and "a new screening is required". There was no criminal background screening available for review to show that this employee was eligible to work at this facility. During interview with the Assistant Administrator (Staff C) and a Manager (Staff D) on _____ at 11:00 AM, they were notified of these findings. The facility provided no additional information for review at the time of the survey. Unclassified	CZ815		
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	CZ830		

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CZ830	Continued From page 10 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. (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	CZ830		

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CZ830	Continued From page 11 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 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 record review and an interview, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) annually	CZ830			

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CZ830	Continued From page 12 for review and approval by the county. The findings included: On _____, the last CEMP approval letter disbursed by the county dated _____ was reviewed. Upon request, a county representative emailed this writer on _____ at 8:46 AM and noted that the facility had not submitted a plan for review since their last approval. The Manager was notified of this finding on _____ at 11:00 AM. The facility provided no additional information for review at that time. Class III	CZ830		