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
	AL11942934	A. BUILDING: _____ B. WING _____	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT POMPANO BEACH LLC	295 SW 4TH AVENUE POMPANO BEACH, FL 33060

(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 Complaint survey (2023015226, 2024007135, 2024012580, 2024007070, 2024001707) and Generator Monitoring survey commenced on and concluded on at The Residence at Pompano Beach LLC. The facility had a deficiency related to the Complaint (2024007135 & 2024001707) and unrelated Licensure deficiencies at the time of the survey.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical	A 008		

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A 008	Continued From page 1	A 008		

examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.

(6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of

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A 008	Continued From page 2 Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of ‘ . . require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or . , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , . . . Resistant	A 008		

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A 008	Continued From page 3 , , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children	A 008		

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A 008	Continued From page 4 and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish , , to be administered in the case of or , , . (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure a resident's Health Assessment form was accurate and reflective of the resident's care	A 008		

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A 008	Continued From page 5 needs and any signficant changes (including dietary requirements), for 1 out of 1 sampled resident's records reviewed (Resident#6). It was also determined that the facility failed to follow orders as noted on the Health Assessment form. The findings include: An observation during lunch on at approximately 12:30 PM in the Memory Care Unit, revealed Resident #6 eating solid foods (ground beef, rice and salad). The resident was observed eating independently, no assistance from staff. During an interview with Staff E (Memory Care Director) on at approximately 12:40 PM she was asked, if the Memory Care Unit (MCU) have any residents on a Puree Diet and she stated "no". She was asked to provide Resident#6's file for review. During record review of Resident #6's file revealed the following. Resident #6's Health Asssessment form (AHCA form 1823) dated documented medical diagnoses as , , ( ) and , , , . The form also documented the resident required a puree diet. Further review of the file revealed no orders for discontinued special diet. During an interview with Staff E (Memory Care Director) on at approximately 1:00 PM, she stated she was not aware that the Health Assessment (AHCA form) did not reflect a diet as Regular. She also confirmed there is no Physician's order in file to reflect Resident #6 is not on a puree diet. She was not able to provide an explanation and/or documentation to reflect	A 008		

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A 008	Continued From page 6 why the physician's diet order was not followed. During an interview with Staff G (Kitchen Manager) on at approximately 2:40 PM, he was asked to provide a list of residents with special diets in the MCU. Review of the diets didn't reflect Resident #6 as puree diet. This surveyor asked Staff G, if he was aware of Resident #6 requiring a puree diet and he stated "no". He stated the list of special diets is provided by Staff Q and he does not remember the last time he received an updated list. During an interview on at approximately 3:00 PM the Administrator was informed of the findings and she acknowledged the findings. No additional information was provided. Class III	A 008		
A 054 SS=D	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	A 054		

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A 054	Continued From page 7 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 observation, record review and interview, it was determined the facility failed to maintain an accurate and up-to-date medication observation record (MOR) immediately after medication was given to 17 out of 17 sampled residents (Residents#10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 and 26). The findings include: A review of the facility's Medication Records policy updated, documented the following: V. Medication Record For residents who receive assistance with self-administration or medication administration, the facility shall maintain a daily Medication Observation Record (MOR). The Medication Observation Record (MOR) must be immediately updated each time the medication is offered or administered. An observation during Medication Pass (Med	A 054		

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A 054	Continued From page 8 Pass) on approximately 10 AM to 12 PM. Staff L (Medication Technician) was observed to assist with self-administration of medication to Resident#15, 22, 23, and 24. Further observation revealed Staff L did not document the MOR each time the medication was offered or administer to each resident. In addition to observing the Med-pass with Staff L. A random review of the facility's MORs was conducted to ensure accuracy of documentation of assistance for each resident. During record review of the MOR dated through on in the presence of Staff Q (Lead Medication Technician) and Staff L, it revealed the MORs were not updated for the Residents #10,11,12,13,14,16,17,18,19,20,21,25 and 26). Further review revealed that as of the MOR was not signed off by Staff L after the medication was offered or administered to each resident. During an interview on at approximately 11:47 AM with Staff Q and Staff L, this surveyor asked Staff L, why she did not sign off on the MOR each time medication was offered or administered to each resident and she stated it was easy to do it all at once, after she had finished the medication pass. Staff Q was asked by this surveyor how often and/or the last time she reviewed the facility's MOR and she stated not as often as she should. During an interview on at approximately 12:00 PM with Staff D (Director of Wellness) she was asked by the surveyor if she was aware of the facility's MOR not being updated immediately after each medication pass by the staff, she stated she is new to the position of Director of Wellness and has not had an	A 054		

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A 054	Continued From page 9 opportunity to review the MORs. She also stated Staff Q supervises all medication technicians. During an interview on at approximately 4:30 PM the Administrator was informed of the findings. The Administrator stated to provide a plan of correction and once receive the facility will work on it. Class III	A 054		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must	A 093		

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A 093	Continued From page 10 serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable	A 093		

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A 093	Continued From page 11 residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview and record	A 093		

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A 093	Continued From page 12 review, it was determined that the facility failed to ensure that a 3-day emergency food supply of non-perishable food was on at the time of the survey. The findings include: An observation made by this surveyor during the facility tour on with Staff G (Kitchen Manager), this surveyor observed expired food items and only observed 6 10oz cans of chili with beef that were stored for the 3-day emergency food supply. Further Observation revealed facility did not meet the quantity of food on based on census. During an interview on at approximately 2:00 PM with Staff G, he stated he was not aware of expired food items and the amount of food on based on census. During an interview on at approximately 2:15 PM with the Administrator, she was informed to provide the facility Disaster Food Supply List. Review of the facility Disaster Food Supply List documented: effective date of , with an expiration of , and signed by a Registered Licensed Dietitian. Further review revealed the following food items were to be maintained by the facility: Assorted Fruit Juices 8 (Per Person per day) Total Required Unit 4920 ounces (oz) Assorted dry cereals 1 (Per Person per day) Total Required Unit 615 ounces (oz) Milk (dry, boxed, evaporated) 16 (Per Person per day) Total Required Unit 9840 ounces (oz) Chicken noodle soup 2.66 (Per Person per day)	A 093		

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A 093	Continued From page 13 Total Required Unit 1636 ounces (oz) Vegetable soup 2.66 (Per Person per day) Total Required Unit 1636 ounces (oz) Cream of mushroom soup 2.66 (Per Person per day) Total Required Unit 1636 ounces (oz) Canned chicken or canned meat 1 (Per Person per day) Total Required Unit t 615 ounces (oz) Canned tuna or any fish 1 (Per Person per day) Total Required Unit 615 ounces (oz) Assorted canned meat pasta 2.66 (Per Person per day) Total Required Unit 1636 ounces (oz) Chili with beef 2.66 (Per Person per day) Total Required Unit 1636 ounces (oz) Beef stew or chicken dumplings 2.66 (Per Person per day) Total Required Unit 1636 ounces (oz) Peanut butter 1 (Per Person per day) Total Required Unit 615 ounces (oz) Jelly 1 (Per Person per day) Total Required Unit 615 ounces (oz) Green beans 4 (Per Person per day) Total Required Unit 2460 ounces (oz) Mixed vegetables 4 (Per Person per day) Total Required Unit 2460 ounces (oz) Carrots 4 (Per Person per day) Total Required Unit 2460 ounces (oz) Peaches 1.32 (Per Person per day) Total Required Unit 812 ounces (oz) Pears 1.32 (Per Person per day) Total Required Unit 812 ounces (oz) Applesauce 2.66 (Per Person per day) Total Required Unit 1636 ounces (oz) Fruit cocktail 1.32 (Per Person per day) Total Required Unit 812 ounces (oz) Pineapple 1.32 (Per Person per day) Total Required Unit 812 ounces (oz) Pudding 4 (Per Person per day) Total Required Unit 2460 ounces (oz) Graham crackers or cookies 3 (Per Person per day) Total Required Unit 1845 each Crackers 12 (Per Person per day) Total Required	A 093		

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	AL11942934	A. BUILDING: _____ B. WING _____	11/01/2024

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A 093	Continued From page 14 Unit 7380 each Paper plates, bowls, cups 4 (Per Person per day) Total Required Unit 2460 each Plastic forks, knives, spoons 4 (Per Person per day) Total Required Unit 2460 each Water 1 (Per Person per day) Total Required Unit 615 each During an interview on at approximately 2:30 PM, the Administrator acknowledged that the facility had expired food items and did not meet the quantity of food on based on census after reviewing the facility Disaster Food Supply List she provided. The Administrator stated cite the facility for the deficiency and once received she will submit a plan of correction. The Staff G and the Kitchen Manager both confirmed the food items were not available as noted in the food supply list. Class III	A 093		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following	A 152		

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A 152	Continued From page 15 furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable ␣ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that all residents have a safe and hazardous free-living environment. The Findings Included: On during the tour of the facility between 10:00 AM and 12:00 PM the following concerns were indentified: a) Black mold like particles/markings on the ceiling and walls in the following rooms: # ,325,329 and 333. b) Black mold like particles/markings observed on	A 152		

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A 152	Continued From page 16 the air condition vents in the Memory Care Unit near . c) Memory Care Unit # , bathroom door frame, observed wet with rotten wood (spongy, discolored, cracked, mushy texture when surveyor probed with her pencil) d) Holes in the walls throughout the rooms, # , , , 321 and 324. e) Roaches observed in # . f) Missing closet doors in # , ,321 and 324. g) Broken tile in the bathroom, no shower curtain and paint peeling off the wall # . h) Library room ceiling, hole leaking water (damage ceiling approximately center of the room) . i) Library room ceiling (near bookshelves) loose wire hanging from the ceiling j) Library walls stained (visible discoloration, dirt, grime, food spills). k) Resident's bathroom in the common area missing door (Wing B,C,and D, near the library). l) Bathroom in common area, toliet observed in the common area overflowing with fecal matter noted on the foor. On at 11:55AM a tour of the effective resident rooms and common areas was conducted with the Administrator and the Maintenance Director. The findings were confirmed, the Administator stated, just cite me. I will fix once we receive the report. I know the process, AHCA will cite me and I will just correct it. On At approximately 12:45 PM the surveyor observed a local Mold Inspection Technician onsite in the memory care unit. During	A 152		

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A 152	Continued From page 17 an interview with the Mold Inspection Technician on At approximately 2:50 PM, he stated he performed a visual inspection and took samples to be sent to the lab. He was asked by the surveyors which area of concern was found during his inspection and he stated that mold growth samples were taken, . The surveyors asked how long to get the results and he stated one or two business days, but payment must be made in advance to process the samples sent to the lab. On at 3:30PM an interview with the Administrator revealed the corporate office decided that on to transfer to another company to conduct the mold remediation of every room and the common area. The Administrator acknowledged the findings and stated cite the facility for the deficiencies and once received she will submit a plan of action and complete everything. No additional information was provided during the survey. Class III	A 152		

Agency for Health Care Administration

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

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

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

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CZ816	Continued From page 3 The findings include: Review of personnel file conducted on for Staff G (Kitchen Manager) with hire date of . Staff G did not have a completed Attestation form in his employee file. During an interview on at approximately 4:30 PM the administrator acknowledged the findings. No additional documentation was provided. Unclassified	CZ816		