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
	AL11969817	A. BUILDING: _____ B. WING _____	R 07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE GREEN	515 VILLAGE PL LONGWOOD, FL 32779

(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 A revisit to a re licensure survey, complaint investigations #2025002964, and #2025002979 was conducted at Village on the Green Assisted Living on . The facility had an uncorrected deficiency at the time of the survey.	{A 000}		
{A 078} SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	{A 078}		

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{A 078}	Continued From page 1 (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on personnel record review and interviews, the facility failed to ensure evidence of a negative ( ) examination being documented on an annual basis for 5 of 5 sampled staff (B, C,	{A 078}		

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{A 078}	Continued From page 2 J, K, L} Findings: On at 11:20 AM, the director of nursing was asked to provide the records for review of caregiver's B, C, J, K, and L. On at 11:37 AM, the director of nursing provided a copy of the Prevention and Control Manual, Team Member Screening Tool for caregiver's B and C as evidence of their negative . She further stated, I've sent the list to HR (human resources) to provide the records for caregiver's J, K, and L. Review of the Prevention and Control Manual, Team Member Screening Tool revealed the document was a questionnaire form signed by the caregivers. The document stated, "I authorize the administration of the Skin Test (TST) at this community, and I understand that I must report within 48 to 72 hours to be examined." There was no documented evidence that a examination was conducted. On at 11:47 AM, review of the facility's background screening roster revealed hire dates for caregiver B on , caregiver C on , caregiver J on , caregiver K on , and caregiver L on . On 7/702025 at 12:15 PM, the director of nursing stated I'll follow up with HR to determine the location of the staff records requested for review. On at 12:18 PM during a phone conference with the director of human resources, she stated caregiver's B, C, J, K, and L did not	{A 078}		

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{A 078}	Continued From page 3 have a negative . She stated no annual test had been conducted. Further adding, we perform a test during the staff's initial hire, and they complete the screening tool annually. On 7/72025 at 12:23 PM, the director of nursing and director of human resources confirmed the findings. (photographic evidence obtained) Class III	{A 078}		