

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER REBECCA HOME, INCORPORATED			STREET ADDRESS, CITY, STATE, ZIP CODE 2383 NW 111TH AVENUE SUNRISE, FL 33322		
(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 Abbreviated Relicensure, Complaint (#2025004201 & #2025002341), and Generator Monitoring survey was conducted on _____ at Rebecca Home, Incorporated. The provider had deficiencies at the time of the survey.	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, including the following:	A 025			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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A 025	Continued From page 1 (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 record review and interview, the facility failed to provide supervision for five (#1, #2, #3, #4, #7 out seven sampled residents including Resident #1 who was found outside in the middle of the street. The facility failed to supervise Residents #2, #4, & #7, including two residents under hospice care. The facility failed to maintain a general awareness of Resident #1's whereabouts. The facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses for Resident #1 who was found outside.	A 025			

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A 025	Continued From page 2 Findings: A review of the police report dated showed: "On at 1:37 AM, I responded to the [facility address] in reference to an elderly female in a wheelchair in the middle of the road. Upon my arrival, I made contact with the female in the wheelchair and identified her as [Resident #1]. [Resident #1] stated that she lived at the residence [address] and was just out getting some air. [Resident #1] only had a sheet to cover her body and was holding a full roll of toilet paper. Upon further observation, the residence [address] had its front door open. I called for anyone inside to come to the door but was met with negative results. While calling out to the residence. I noticed the inside of the home resembled one of a group home. I conducted a history check of the residence which showed a previous call for service for medical assistance. I called the number associated with the medical call and was able to contact the [Administrator], a certified nursing assistant at the residence. [The Administrator] stated that she was two minutes away. Upon the Administrator's arrival, she was able to wheel Resident #1 into the residence and return her to the bedroom without any incident. The Administrator stated that she left due to her friend calling her for an emergency. The Administrator added that she was not gone more than 10 minutes but was unable to verify the time frame. It is to be noted that officers were with Resident #1 on the road for 12 minutes. Due to [Resident #1's] age and her inability to care for herself, I contacted Adult Protective Services. I spoke with an operator who stated that the case does fit their criteria and an investigator with respond to further investigate the situation." Interviewed on at 11:00 AM, the	A 025			

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A 025	Continued From page 3 Administrator stated that she was not physically in the building when Resident #1 left the facility. The Administrator stated further, "I stepped out in the street for a few minutes around 1:00 AM, Saturday," The Administrator stated that [unqualified Staff Person] without training and background check was in orientation and working that morning, but she was in the bathroom. The Administrator stated that a friend of hers was on . . . , and was and throwing up and that was why she left the facility. The Administrator insisted that it was only two minutes she was gone. The Administrator stated that when she returned, the police were already at the house. The Administrator stated that she did not expect Resident #1 to get out of bed and go into one of the resident's room and get her wheelchair. The Administrator said, "We did not know the patient could walk." A review of Resident #1's health assessment dated . . . showed a diagnosis of The . . . status showed alert, awake and oriented times one to self not to situation, The nursing status showed hospice care. The resident had . . . precautions. The activities of daily living showed total care with ambulation, bathing, . . . , self-care, toileting, transferring, and supervision with eating. Interviewed on . . . at 11:00 AM, the Administrator continued and stated that Residents #2, #4, & #7 were also in the house: A review of Resident #2's health assessment dated . . . showed a diagnosis of . . . , history of . . . skin . . . with mild agitation. The nursing notes showed hospice care. The activities of daily living showed total	A 025			

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A 025	Continued From page 4 care with bathing, , toileting, self-care, and assistance needed with ambulation and transferring. A review of Resident #3's health assessment dated showed a diagnoses of and Unspecified of Shaft of Fibia. The status showed intellectually . The resident had precautions. The activities of daily living showed assistance needed with ambulation, bathing self-grooming, toileting, transferring and independent with eating and . A review of Resident #4's health assessment dated a diagnosis of . The physical status showed unable to walk due to . The status showed alert to surroundings and situation. The nursing status showed hospice services. The resident had and precautions. The activities of daily living showed total care with ambulation, bathing, , self-grooming, toileting and assistance needed with transferring. A review of Resident #5's health assessment showed 's . The physical status showed abnormal gait uses walker for assistance. The status showed . The Resident had precautions. Class II	A 025			
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS.	A 032			

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A 032	Continued From page 5 (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. 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 this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a	A 032			

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A 032	Continued From page 6 minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to identify Resident #1 at risk for elopement so staff can be alerted to their needs for support and supervision when she eloped. The facility failed to follow its own elopement policy and procedures for Resident #1 who was newly admitted and eloped. The facility failed to make a minimum effort to determine at risk resident have identification on their persons that includes their name and the facility's name, address and telephone number. The findings included A review of the facility's Resident Elopement Policy and Procedures states: "Experience has demonstrated that any time of new environment may trigger a desire to leave a facility. All new residents with any time of	A 032			

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A 032	Continued From page 7 or depressed affect will be considered at increase risk during this time frame. At [facility], Elopement refers to an unauthorized absence of a resident from the facility. The risk of and elopement increases when residents are mobile and especially if they suffer from or A review of the police report dated showed: "On at 1:37 AM, I responded to the [facility address] in reference to an elderly female in a wheelchair in the middle of the road. Upon my arrival, I made contact with the female in the wheelchair and identified her as [Resident #1]. [Resident #1] stated that she lived at the residence [address] and was just out getting some air. [Resident #1] only had a sheet to cover her body and was holding a full roll of toilet paper. Upon further observation, the residence [address] had its front door open. I called for anyone inside to come to the door but was met with negative results. While calling out to the residence, I noticed the inside of the home resembled one of a group home. I conducted a history check of the residence which showed a previous call for service for medical assistance. I called the number associated with the medical call and was able to contact the [Administrator], a certified nursing assistant at the residence. [The Administrator] stated that she was two minutes away. Upon the Administrator's arrival, she was able to wheel Resident #1 into the residence and return her to the bedroom without any incident. The Administrator stated that she left due to her friend calling her for an emergency. The Administrator added that she was not gone more than 10 minutes but was unable to verify the time frame. It is to be noted that offers were with Resident #1 on the road for 12 minutes.	A 032	

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A 032	Continued From page 8 Due to [Resident #1's] age and her inability to care for herself, I contacted Adult Protective Services. I spoke with an operator who stated that the case does fit their criteria and an investigator with respond to further investigate the situation." A review of the Admissions and Discharge log showed Resident #1 was admitted on _____. Interviewed on _____ at 11:00 AM the Administrator, she stated that she was not physically in the facility when Resident #1 eloped. The Administrator stated further that she did not expect Resident #1 to get out of bed and go into another resident's room and take a wheelchair. The Administrator stated that she had to change the locks on the doors. A review of Resident #1's health assessment dated _____ showed a diagnosis of _____. The _____ status showed alert, awake and oriented times one to self not to situation, _____. The nursing status showed hospice care. The resident had _____ precautions. The activities of daily living showed total care with ambulation, bathing, _____, self-care, toileting, transferring, and supervision with eating. Class II	A 032			
A 033	59A-36.007(8) PHYSICAL (8) PHYSICAL _____. Residents for whom a physician has prescribed a physical _____ must have a written care plan for the use of the physical _____. The care plan must be _____.	A 033			

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A 033	Continued From page 9 developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the _____ applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of _____, or decline in mobility or function related to the use of the prescribed _____. (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical _____ annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical _____ and all requirements of this subsection apply. This Statute or Rule _____ is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain a care plan for the use of a physical _____ within 14 days of the half bed rails being prescribed for the use on Resident #2. The findings included: During a tour of the facility on _____ at 7:40 AM found Resident #2 in a hospital bed with a ½ bedrail attached. Further observations revealed Resident #2 was unable to lift or raise the railing without assistance A review of Resident #2's health assessment dated _____ showed a diagnosis of _____	A 033			

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A 033	Continued From page 10 _____, history of _____, skin _____ with mild agitation. The nursing notes showed hospice care. The activities of daily living showed total care with bathing, _____, toileting, self-care, and assistance needed with ambulation and transferring. A review of the Admissions and Discharge log showed Resident #2 was admitted on _____. Interviewed on _____ at 1:40 PM the Administrator stated that she had to get a care plan for physical _____ for Resident #2. Class III	A 033	
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	A 052	

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A 052	Continued From page 11 dosage. The waiver must identify all of the medications intended for the resident, including 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	A 052			

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A 052	Continued From page 12 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 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	A 052	
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A 052	Continued From page 13 doses to the medication container. Medication, which appears to have been contaminated, must 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	A 052		

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A 052	Continued From page 14 assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, it was determined that staff failed to follow the appropriate steps when assisting a resident with his/her self-administered medications, for 1 out of 6 sampled residents observed (Resident #3) The findings included: Observation on _____ at 1:38 PM, revealed the Administrator while assisting Resident #3 with medications didn't state the name of the medication(s) and dosage as offered. A review of Resident #3's medication observation record showed _____ 500 MG with _____ D scheduled at 1:00 PM. These were the medications provided to Resident #3 by the Administrator. A review of Resident #3's records found no medication waiver to opt out of being orally advised of the name of the medication and dosage. Interviewed on _____ at 1:40 PM the Administrator acknowledged that she did not name the medication and dosage. Class III	A 052			
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS.	A 079			

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A 079	Continued From page 15 (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: <table border="0"> <tr> <td>Number of Residents, Day Care Participants, and Respite Care Residents</td> <td>Staff Hours/Week</td> </tr> <tr> <td>0-5</td> <td>168</td> </tr> <tr> <td></td> <td>212</td> </tr> <tr> <td>16-25</td> <td>253</td> </tr> <tr> <td>26-35</td> <td>294</td> </tr> <tr> <td>36-45</td> <td>335</td> </tr> <tr> <td>46-55</td> <td>375</td> </tr> <tr> <td>56-65</td> <td>416</td> </tr> <tr> <td>66-75</td> <td>457</td> </tr> <tr> <td>76-85</td> <td>498</td> </tr> <tr> <td>86-95</td> <td>539</td> </tr> </table> For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in	Number of Residents, Day Care Participants, and Respite Care Residents	Staff Hours/Week	0-5	168		212	16-25	253	26-35	294	36-45	335	46-55	375	56-65	416	66-75	457	76-85	498	86-95	539	A 079		
Number of Residents, Day Care Participants, and Respite Care Residents	Staff Hours/Week																									
0-5	168																									
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A 079	Continued From page 16 First Aid and () and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least () must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing	A 079			

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A 079	Continued From page 17 requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the	A 079			

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A 079	Continued From page 18 increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure adequate and sufficient staffing was in the facility to meet the unscheduled and scheduled needs for five out of five sampled residents when Resident #1 eloped, including three residents (#1, #2, #4) under hospice care. The facility failed to ensure adequate and sufficient staff were on duty for six out of six sampled residents, including two residents (#2, #4) under hospice care on The findings included: 1) A review of the Staffing Pattern dated	A 079			

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A 079	Continued From page 19 showed Staff B (Caregiver) was the only employee scheduled to work overnight from 7:00 PM-7:00 AM and no one else. Interviewed on _____ at 11:00 AM the Administrator stated she was not physically in the facility when Resident #1 was found outside alone in the middle of the street on _____. The Administrator stated that Staff Person D was in the bathroom at the time. The Administrator stated that Residents #1, #2, #3, #4, #5 were in the facility at the time before the elopement. A review of the police report dated _____ showed no employee was in the house at the time when Resident #1 was found in the middle of the street unclothed with just a sheet and a full roll of toilet paper in her _____. A review of the facility's records relating to activities of daily living for a census of five (5) residents showed the following at the time of the elopement: three residents needed assistance with ambulation, two with bathing, one with _____, zero with eating, one with toileting, one with self-grooming, and three with transferring. Residents needing supervision showed the following: none with ambulation, none with bathing, none with _____, one with eating, none with self-care, and none with toileting, and none with transferring. Residents needed total care showed: two with ambulation, three with bathing, three with _____, two with eating, three with self-grooming, three with toileting and one with transferring. 2) Observation on _____ at 7:35 AM found only the Administrator alone with six residents, including three residents under hospice care after waiting for more than 15 minutes outside.	A 079			

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A 079	Continued From page 20 A review of the Staffing pattern for showed the Administrator on schedule from 6:00 AM-7:00 PM and Staff C (Caregiver) from 7:00 AM-7:00 PM. However, no Staff C was in the building at the time of entry. Interviewed on _____ at 7:35 AM the Administrator stated that Staff C (Caregiver) went to the store. A review of the facility's records relating to activities of daily living for a census of six (6) residents showed the following at the time of the elopement: four residents needed assistance with ambulation, three with bathing, two with _____, one with eating, three with toileting, two with self-grooming, and four with transferring. Residents needing supervision showed the following: one with ambulation, one with bathing, one with _____, zero with eating, one with self-care, and one with toileting, and two with transferring. Residents needed total care showed: one with ambulation, two with bathing, two with _____, two with eating, two with self-grooming, two with toileting and zero with transferring. Class III	A 079			
A 093	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.frules.org/Gateway/reference.asp?No	A 093			

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A 093	Continued From page 21 =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 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	A 093			

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A 093	Continued From page 22 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 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	A 093			

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A 093	Continued From page 23 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 record review and interview, the facility failed to maintain a 3-day supply of non-perishable food based on a census of six residents was always on that can be stored without refrigeration. Findings: Observation on at 7:35 AM found a total of six (#2, #3, #4, #5, #6) residents in the facility. Observation on at 7:35 AM found no emergency food stored on for six residents. Interviewed on at 8:04 AM the Administrator stated that she finds herself throwing out the emergency food and that was why she used the food. The Hurricane season began on and will end on . According to the Florida	A 093			

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A 093	Continued From page 24 Disaster database, Hurricane Season is the time of the year when tropical cyclones, tropical storms, and hurricanes develop. Class III	A 093			
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to	A 055			

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A 055	Continued From page 25 other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise	A 055			

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(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 055	Continued From page 26 prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure centrally stored medication be kept in a locked cabinet or cart at all times and not accessible to the residents. The Findings included: Observation on _____ at 1:37 PM Residents #3 and #6 seated at dining table. Observation on _____ at 1:38 PM the Administrator left the _____ 500 MG bottle containing tablets in it on top of the kitchen counter and two residents seated at the table. In addition to the pill bottle on the countertop, the Administrator left the medication cabinet unlocked. At this time, multiple medications were observed in the cabinets. Interviewed on _____ at 1:40 PM the	A 055			

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A 055	Continued From page 27 Administrator stated that the residents will not touch it. Class III	A 055			
A 152	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 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	A 152			

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A 152	Continued From page 28 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, and interview, the facility failed to ensure a safe and living environment, free of hazards for six out of six sampled residents. Findings: Observation on _____ at 7:35 AM Resident #3 was seated on the patio at the rear of the house. Additional observations on _____ at 7:48 AM found three bottles of bleach and a container of lighter fluid, including other cleaning supplies on the side of the house. Photographic evidence obtained. A review of Resident #3's health assessment dated _____ showed a diagnoses of _____ and Unspecified _____ of Shaft of Fibia. The _____ status showed intellectually _____. The resident had precautions. The activities of daily living showed assistance needed with ambulation, bathing self-grooming, toileting, transferring and independent with eating and _____. Interviewed on _____ at 7:48 AM the Administrator stated that the residents don't go out on that side of the house. Class III	A 152			

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A 162	Continued From page 29	A 162			
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , , , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practitioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ~ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ~ recorded	A 162			

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A 162	Continued From page 30 semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that _____ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an _____ recipient, a copy of the Department of Children and Families form Alternate Care Certification for _____, _____ (_____), CF-ES 1006, _____, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004 . The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has	A 162			

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A 162	Continued From page 31 made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's _____, DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain a complete and accurate health assessment for Residents #2, # 3, #4, and #6.	A 162			

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A 162	Continued From page 32 Findings: Observation on _____ at 7:35 AM found Residents #2, #3, #4, and #5 in the facility. A review of review of Resident #2' health assessment dated _____ showed the _____ status was left blank. A review of Resident #3's health assessment dated _____ showed the nursing status was left blank. A review of Resident #4's health assessment dated _____ showed ambulation box for activities of daily living was left unchecked. A review of Resident #6's health assessment dated _____ showed the special precautions section was left blank. Interviewed _____ at 1:40 PM the Administrator acknowledged that the health assessments sections were left blank. Class III	A 162			

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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 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	CZ815	

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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CZ815	Continued From page 1 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. (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	CZ815			

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CZ815	Continued From page 2 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. (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	CZ815			

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CZ815	Continued From page 3 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. (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	CZ815			

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CZ815	Continued From page 4 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 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	CZ815			

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CZ815	Continued From page 5 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 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,	CZ815			

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CZ815	Continued From page 6 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 interview, the facility failed to ensure Unqualified Person Staff D obtained an eligible Clearinghouse Level II background check to come in contact and assist elderly adults. Findings: A review of the facility's personnel records found no Unqualified Person Staff D on file. A review of the Level II Clearinghouse background check database found no Unqualified Person Staff D in the database. Interviewed on _____ at 11:00 PM the Administrator stated that she was not physically in the facility when Resident #1 left. The Administrator stated further that Unqualified Person Staff D was alone with five residents but she was in the bathroom. When asked if Unqualified Person Staff D had a background check and trainings, the Administrator stated, "No." The Administrator stated further that Unqualified Person Staff D was in orientation. Unclassified	CZ815			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER REBECCA HOME, INCORPORATED		STREET ADDRESS, CITY, STATE, ZIP CODE 2383 NW 111TH AVENUE SUNRISE, FL 33322		
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