

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER THE VILLA OF DELRAY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 13415 BARWICK RD DELRAY BEACH, FL 33445			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure and Generator Monitoring survey was conducted at The Villa Of Delray LLC on . The facility had deficiencies related to the Relicensure at the time of the survey.	A 000			
A 052	429.256(); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including 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	A 052			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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A 052	Continued From page 1 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____. (4) Assistance with self-administration of medication does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with _____, or _____ preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific 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	A 052			

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A 052	Continued From page 2 discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must 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	A 052			

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A 052	Continued From page 3 facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interviews, it was determined that, the facility failed to provide assistance for self-administration of medications to 3 of 8 sampled Residents (Residents 2, 4, & 9) who self-administer their medications and to one of eight who requires medication administration (Resident #7), as	A 052			

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A 052	Continued From page 4 ordered by their physicians. The findings include: On _____, at 12:05 PM, Staff E, identified as a Home Health Aide, was observed assisting residents with their medications. During that process, Staff E did not reference the Medication Observation Record (MOR). At 12:20 pm, and 3:30 PM, review of the MOR revealed Staff E had omitted to assist multiple Residents (Resident #2, #4, #7, & #9) take their medications. Further review of the MOR revealed missing signatures for medications that were ordered to be given to Residents # 2, #4, and #9). The MOR revealed no signatures indicating that Resident #2 received the morning medication _____ 25 mg tablet ordered as follows: Take 1 tablet 25 mg by _____ twice a day for agitation and the medication _____ 0.5 mg tablet, take 1 tablet by _____ twice a day 8:00 AM and 8:00 PM. From _____ to _____ the signature slots in the MOR were left blank. Resident #4's MOR was not signed from _____ to _____ to indicate the medication _____ 100 MCG tablet (take one tablet by _____ in the morning in an empty _____, for _____) at 6:00 am was administered. Resident #4's health assessment documented she required assistance with self-administration of medications. Resident #7's MOR had no signatures for _____ 50 mg tablet (take 1 tablet by _____ every night 8:00 pm, at bedtime for agitation). The health assessment record of Resident #7 dated _____ document she required	A 052			

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A 052	Continued From page 5 medication administration. Resident #9's MOR was also not signed from through for the 2:00 AM, 2:00 PM, and 8:00 PM dosages to indicate that Resident #9 had received her medications. The medication 325 mg was to be administered every 6 hours for . Resident #9 health assessment dated documented Resident #9 required assistance with self-administration of medication. A review of Resident #7's admission record and sheet indicated that Resident #7 was admitted to the facility on . The initial health assessment (AHCA form 1823) dated , documented diagnoses including 's Accident (,), and severe Section 2-B of the 1823 documented Resident #7 required assistance with medication administration. During the exit meeting on , at 4:15 PM, the findings were presented to the Assistant Administrator, who acknowledged the issues without offering further information. Class III	A 052		
A 053	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label.	A 053		

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A 053	Continued From page 6 (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including _____ testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interviews, it was determined that, the facility failed to have a qualified staff member present to administer medications as ordered by the physician of one of three sampled residents (Resident #7).	A 053	

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A 053	Continued From page 7 The findings include: On _____, at 12:05 PM, Staff E, identified as a Home Health Aide, was observed assisting residents with their medications. Specifically, Staff E retrieved medications for Resident #7 from the medication cart, placing two 325 mg tablets of _____ intended for _____ management into a plastic cup. Staff E then crushed the pills, mixed them with honey, and provided the mixture to Resident #7 using a spoon. During this process, Staff E did not reference the Medication Observation Record (MOR). A review of Resident #7's admission record and sheet indicated that Resident #7 was admitted to the facility on _____. The initial health assessment (AHCA form 1823) dated _____, documented diagnoses including _____'s _____ Accident (_____), _____, and severe _____. Section 2-B of the 1823 documented Resident #7 required assistance with medication administration. An review of Staff E's employee file on _____ showed that she is designated as a Home Health Aide (HHA) who completed six hours of medication training on _____. However, there were no records identifying Staff E as licensed personnel. Additionally, she completed 75 hours of HHA training dated _____. In interviews conducted on _____, at 9:48 AM and a follow-up at 12:31 PM, Staff E confirmed her role as a Home Health Aide and	A 053		

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A 053	Continued From page 8 her duties as a Medical Technician at the facility. She acknowledged that she was not licensed to administer medications. During the exit meeting on _____, at 4:15 PM, the findings were presented to the Assistant Administrator, who acknowledged the issues without offering further information. Class III	A 053			
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known _____ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take	A 054			

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A 054	Continued From page 9 medication as prescribed, or medication errors. (c) For medications that serve as chemical ..., the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and staff interviews, it was determined that, the facility failed to ensure that the Medication Observation Record (MOR) was properly completed after assisting two of three sampled residents (Resident #6, Resident #7, and Resident #11) with self-administration of medications. The findings include: On _____ at approximately 12:05 PM, Staff E, a Home Health Aide/Medical Technician, was observed assisting Resident #6, Resident #7, and Resident #11 with taking their medications. During this process, Staff E did not reference the Medication Observation Record (MOR). Upon completion of the medication assistance, Staff E did not sign the MOR. At approximately 12:30 PM, it was noted that Staff E had not documented on the MOR that Resident #6 refused to take his medication. Additionally, Staff E had not signed the MOR to indicate that Resident #7 had received her medications. However, for Resident #11, it was noted that Staff E had signed the MOR prior to assisting the resident with self-administration. Further review indicated that Staff E signed the MOR before noon, even though Resident #11's medication was scheduled to be administered at 2:00 PM.	A 054		

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A 054	Continued From page 10 During an interview conducted with Staff E on at approximately 12:45 PM, Staff E acknowledged the errors and stated, "I don't know how I made that mistake." The findings were discussed with the Assistant Administrator on at approximately 4:15 PM. The Assistant Administrator did not provide any comments. Class III	A 054			
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be	A 056			

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A 056	Continued From page 11 appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxed, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging.	A 056			

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A 056	Continued From page 12 which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure that medication for 1 of 3 sampled residents (Resident #6) was reordered and available for administration in a timely manner. The findings include: On _____ at approximately 12:05 PM, Staff E, a Home Health Aide/Medical Technician, was observed assisting Resident #6, Resident #7, and Resident #11 with taking their medications. During this process, Staff E did not reference the Medication Observation Record (MOR). Subsequent review of the MOR revealed that Resident #6 was scheduled to receive the medication _____, 2 mg from _____	A 056			

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A 056	Continued From page 13 through , with administration times at 8:00 AM and 2:00 PM. However, there were no signatures documented on the MOR indicating that the medication had been administered during that time period. On at approximately 3:35 PM, Staff E stated that she had noticed the medication was unavailable on and had notified her supervisor that the medication was missing. Staff E further stated that she was unsure whether the medication had since become available. During the exit meeting on at approximately 4:15 PM, the Administrator stated that some medications had been received from the pharmacy; however, they had not yet been reviewed or reconciled with the Medication Observation Record. Class III	A 056			
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of	A 084			

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NAME OF PROVIDER OR SUPPLIER THE VILLA OF DELRAY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 13415 BARWICK RD DELRAY BEACH, FL 33445		
(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 084	Continued From page 14 medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;	A 084			

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A 084	Continued From page 15 e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing; k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate, temperature, and _____ rate, (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have	A 084			

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A 084	Continued From page 16 successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure that 1 of 3 employees reviewed (Staff D) had received 2-hours of continuing education in medication training, on an annual basis. The findings include: A review of employee records indicated that Staff D was hired on _____ as a Home Health Aide. Review of the staffing schedule showed that Staff D was scheduled to work Sundays, Mondays, Tuesdays, Wednesdays, and Thursdays from 7:00 PM to 7:00 AM. Further review of Staff D's personnel file revealed that she completed 4 hours of medication training on _____. There was no evidence that Staff D had completed any additional medication training update.	A 084			

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A 084	Continued From page 17 During an interview with the Assistant Administrator on _____ at approximately 10:10 AM, she was asked to provide documentation verifying that Staff D had completed the required 2 hours of annual medication training update. The Assistant Administrator was unable to provide the requested documentation. However, the Assistant Administrator confirmed, when questioned, that Staff D assists the residents in taking their medications. During the exit meeting on _____ at approximately 4:15 PM, the Assistant Administrator did not provide any additional records. Class III	A 084			
A 078	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	A 078			

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A 078	Continued From page 18 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 (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	A 078			

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A 078	Continued From page 19 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: Based on record review and staff interviews, the facility failed to ensure that one of three employees reviewed (Staff D) had a current physician's statement verifying that she was free from communicable (), on an annual basis. The findings include: A review of employee records indicated that Staff D was hired on as a Home Health Aide. Review of the staffing schedule showed that Staff D was scheduled to work Sundays, Mondays, Tuesdays, Wednesdays, and Thursdays from 7:00 PM to 7:00 AM. Further review of Staff D's personnel file revealed that she completed a screening on however, no updated screening or physician's statement was present in the file. During an interview with the Assistant Administrator on at approximately 10:10 AM, she was asked to provide documentation verifying that Staff D had completed an updated screening. The Assistant Administrator was unable to provide the requested documentation. During the exit meeting on at approximately 4:15 PM, the Assistant Administrator did not provide any additional	A 078			

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A 078	Continued From page 20 records. Class III	A 078		