Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967795	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGUILLA CAY SENIOR LIVING	1021 NORTH RIDGE ROAD LANTANA, FL 33462

(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 Assisted Living Facility Complaint Inspection survey (CCR#2012007822) was conducted on Anguilla Cay Senior Living had three deficiencies found at the time of the visit.	A 000		
A 010 SS=D	)181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a pressure may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed	A 010		

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A 010	Continued From page 1	A 010		

health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

This Statute or Rule is not met as evidenced by:

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A 010	Continued From page 2 Based on observations, record review and interview, it was determined that the facility failed to ensure a Health Assessment form was completed upon significant change and that it is reflective of the resident's current health status and care needs, for 2 out of 5 sampled residents (Resident #2 & #3). The findings include: a) Review of Resident #2's Health Assessment dated 05/0 the resident's medical diagnosis as hypothyroidism, glaucoma. Assessment noted the resident required assistance with all ADL's (Activities of Daily Living) except eating in which the resident is independent. Observations of Resident #2 in her room 12:35 PM on 08/0 the resident was not able to perform her ADL's with assistance, the resident appeared very fragile and weak. An interview with the Administrator at approximately 12:40 PM on 08/0 the resident is unable to perform any of her ADL's and requires total assistance. Upon request of a current Health Assessment reflecting the current ADL levels for this resident, it was revealed no further documentation was available other than the assessment dated 05/0 record review revealed the resident was enrolled in Hospice services on 07/1 failure no Health Assessment was completed upon this significant health change. b) Review of Resident #3's health assessment dated 05/14 the resident's medical diagnosis as osteoporosis, dyslipedemia. The health assessment noted the resident is alert and oriented times 2/3. However, observations of Resident #3 at approximately 12:51 PM, revealed	A 010		

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A 010	Continued From page 3 the resident was extremely [redacted] and not oriented to day, time or surroundings. An interview with the Administrator at 12:55 PM on [redacted], revealed the resident is unable to perform any of her ADL's and requires total assistance. Upon request of a current Health Assessment reflecting the current ADL levels for this resident, the Administrator informed the surveyor that no current documentation was available other than the assessment dated [redacted]. Further record review revealed the resident was enrolled in Hospice services on [redacted] for [redacted] but no Health Assessment was completed upon this significant health change. Class III	A 010		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff	A 030		

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shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida Hotline " 1(800)9 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in

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A 030	Continued From page 5 which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical . . . . . shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for	A 030		

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caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as

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provided herein, the facility shall show good cause in a court of competent jurisdiction. (I) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by: Based on record review and interview it was determined the facility failed to comply with all aspects of the Resident Bill of Rights. Specifically, 1). The facility initiated an inappropriate involuntary Baker Act 1 out of 5 sampled residents (Resident #1) and 2). The facility failed to ensure that a grievance procedure and policy were implemented to ensure compliance of Resident Bill of Rights.

The findings include:

1). Review of an adverse incident report dated 03/06 , that Resident #1 exhibited behavior that could be dangerous and harmful to self or others. A separate attached form dated 03/06, by the Administrator, documented the following: Maintenance Director came to office with scissors that were in the common area of a unit by the resident. When he removed them from the unit, the resident was screaming as she followed him

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to the office. When the Maintenance Director got into the office he handed the scissors to me. He explained the story to myself and the Director of Nursing. Moments later, Resident #1 came storming into the office shouting and demanding for her scissors back. When I, the Administrator, informed Resident #1 she could not have them at this time, she became very aggressive grabbing my arm and trying to take the scissors out of my hand. Two different times the Director of Nursing had to assist me. I had to call the male staff member due to the resident ' s aggressiveness and agitation.

During an interview with the Administrator on [redacted] at approximately 9:30 AM, she reported that on [redacted] she contacted Resident #1 ' s physician and informed him of the aforementioned incident. After the exchange of information, Resident #1's physician initiated an Involuntary [redacted]. The resident was then transported to the hospital by the local police for the Involuntary [redacted]. According to the Administrator, at the time of transfer by the police, the resident did not exhibit dangerous behavior towards herself or others.

During an interview with the Maintenance Director at approximately 10:25 AM on [redacted], he confirmed the aforementioned incident. It was reported that the resident was not physically aggressive but very upset and cursing wanting to know why the scissors were removed. The Maintenance Director stated that he removed the scissors from Resident #1's possession, as he was instructed by the Administrator that scissors are prohibited in resident [redacted]. Further interview revealed he never asked Resident #1 why she had the scissors before removing them from the unit. He stated that he did not feel she would

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harm herself or any residents. Lastly, the Maintenance Director reported the resident was always friendly to everyone and never exhibited any signs of aggression physically or verbally prior to this incident towards herself and/or others.

Review of Resident #1's health assessment dated , noted the resident's diagnosis includes: accident and The health assessment did not indicate the resident had any or behavioral Further review of Resident #1's file, revealed no indications of prior , aggressive or threatening behavior towards self or others. During several interviews with the Administrator on between the hours of 10 AM and 2:30 PM, she reported that the resident had never exhibited any signs of mental illness or threatening behavior prior to noted date of the incident nor after her return from the hospital (discharge of

During an interview with Resident #1 at approximately 1:00 PM on , she reported that she really likes residing at the facility. According to the resident on 03/0 time) the following events occurred: The Maintenance Director entered her room her scissors off her dresser without explanation. He informed her that he was taking the scissors to he Administrator. The Maintenance Director was asked numerous times why was he taking the scissors. He did not provide an explanation, so she followed him to the Administrator ' s office. Upon entrance to the Administrator' s office, the Maintenance Director gave the Administrator the scissors. She immediately asked for the scissors back but she

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stated the Administrator told her she was busy. She stated numerous times she asked for them back, but the Administrator refused to return or provide an explanation. She attempted to take her scissors off the desk but the Administrator grabbed them from her again. According to Resident #1, she tried to explain to the Administrator that she uses them for personal haircuts and crafts. However, the Administrator refused to listen or discuss the matter with her. Resident #1 reported she left the office and returned to her upset over the matter. It was reported a few hours later, while sitting on the patio, the police came and handcuffed her for an involuntary . . . . . Resident #1 reported she started crying and begged the Administrator for an explanation, but none was provided.

During a further interview with Resident #1 she reported that she uses the scissors for knitting and cutting her hair (because haircuts are very expensive). At approximately 1:15 PM, Resident #1 showed the surveyor her knitting projects, as well as the scissors that were returned to her by the Administrator (the same day of return after her discharge from hospital). The resident reported that the hospital (transfer facility for Baker) to release her on same day because she did not meet criteria for the Baker , the facility refused to come get her. As a result, she was forced to stay throughout the weekend in an environment, in which she did not belong. Resident #1 provided the surveyor with a copy of her medical records regarding the Baker

Review of Resident #1's medical and discharge records from the hospital noted the following, specifically: Resident #1 was admitted to hospital (receiving facility) on 03/0 . . . . . 1745 and

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discharged on [redacted]: at 06:45. Documented reason for admission noted as patient was admitted under [redacted] after she apparently made some threats with some scissors. Review of the discharge records documented the resident did not meet criteria for admission; she exhibited no signs of aggression or any other type of threatening behavior towards self or others. Report also noted no prior history of [redacted] problems and resident is logical, coherent and relevant. The documented plan of care by the hospital was noted as the following: Patient will be discharged once the transportation is coordinated to be later today or tomorrow morning. No [redacted] medications recommended. Continued support services will be provided as needed basis. No crisis intervention needed.

During a further interview with the Administrator at approximately 1:45 PM on [redacted], she confirmed that the hospital called her the same day of the [redacted] and informed her the resident was ready for "pick up" because she did not meet intake criteria. The Administrator reported that she informed the hospital that the facility did not have a staff member available to provide transportation for the resident. According to the Administrator, the resident was picked up from the hospital by facility staff on [redacted]. The Administrator reported that she handled the situation inappropriately regarding the scissors and confirmed the resident was not a threat to herself or others on the noted date of the incident. According to the Administrator, the entire event could have been resolved immediately had they discussed the situation with the resident.

Further interview with the Administrator at approximately 2:00 PM on [redacted], revealed the

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facility's policy prohibits residents from having scissors in their possession. When asked to provide documentation of this policy, Administrator was unable to produce the information. Review of the facility house rules and the admission packet failed to indicate any policy prohibiting a resident from having possession of scissors.

Review of the [redacted] laws and regulations in regards to involuntary [redacted] revealed Resident #1 did not meet the criteria. There was no evidence documented in Resident #1's file on the day of the incident or prior indicating that without care or treatment the resident is likely to suffer from neglect or refuse to care for herself. It was also noted that there was no documentation indicating that there would be a substantial likelihood that without care or treatment the resident will cause serious bodily harm to herself or others in the near future, as evidence of recent behavior. The resident had not refused examination for any treatment on prior occasions or noted date of the incident. During numerous interviews with the Administrator between the hours of approximately 9:00 AM and 2:00 PM, she reported that the resident did not pose any danger to self or others.

2). During an interview with the Administrator at approximately 12:30 PM on [redacted] it was revealed the facility has a grievance policy and procedure. Upon review of the policy and procedure, it was noted the policy indicated that the facility would maintain documentation of all grievance and resolutions. Upon request of documentation of all grievances within the last six months, it was revealed by the Administrator all concerns or problems are voiced directly to them by the resident or the resident's legal guardian

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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 030	Continued From page 13 but not documented. Therefore, the facility was not able to provide proof of receipt of grievance and resolutions, as required. Class III	A 030		
AZ815 SS=D	408.809, 435.02(2), 435.06 Background Screening; Prohibited Offenses 408.809, F.S. (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 if the agency has reason to believe that such person has been convicted of any offense prohibited by s. 435.04. For each controlling interest who has been convicted of any such offense, the licensee shall submit to the agency a description and explanation of the conviction at the time of license application. (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, contracting with a licensee or provider whose responsibilities require him or	AZ815		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967795	A. BUILDING _____ B. WING _____	

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AZ815	Continued From page 14	AZ815		

her to provide personal care or personal services directly to clients. Evidence of contractor screening may be retained by the contractor ' s employer or the licensee.

(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person ' s fingerprints to the Federal Bureau of Investigation for a national criminal history record check. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g), the person must file a complete set of fingerprints with the agency and the agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints may be retained by the Department of Law Enforcement under s. 943.05(2)(g). The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. Proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Agency for Persons with the Department of Children and Family Services, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of

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AZ815	Continued From page 15	AZ815		

authority to operate a continuing care retirement community under chapter 651 satisfies the requirements of this section if the person subject to screening has not been unemployed for more than 90 days and such proof is accompanied, under penalty of perjury, by an affidavit of compliance with the provisions of chapter 435 and this section using forms provided by the agency.

(3) All fingerprints must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee ' s behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an . . . awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.

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AZ815	Continued From page 16	AZ815		

(e) Section 741.28, relating to domestic violence.
(f) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(g) Section 817.234, relating to false and fraudulent insurance claims.
(h) Section 817.505, relating to patient brokering.
(i) Section 817.568, relating to criminal use of personal identification information.
(j) Section 817.60, relating to obtaining a credit card through fraudulent means.
(k) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
(l) Section 831.01, relating to forgery.
(m) Section 831.02, relating to uttering forged instruments.
(n) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
(o) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
(p) Section 831.30, relating to fraud in obtaining medicinal drugs.
(q) 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.
A person who serves as a controlling interest of, is employed by, or contracts with a licensee on 2010, who has been screened and qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by 31, 2015. The agency may adopt rules to establish a schedule to stagger the implementation of the required rescreening over the 5-year period, beginning 2010, through 2015. If, upon rescreening, such person has a disqualifying offense that was not a

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disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 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:
1. Does not have an active professional license or certification from the Department of Health; or
2. 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

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licensed or certified practice.

(7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining fingerprints pursuant to s. 943.05(2).

(8) There is no unemployment compensation 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, F.S.

(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

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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 [illegible] person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.

(b) If an employer becomes aware that an employee has been [illegible] for a disqualifying offense, the employer must remove the employee from contact with any [illegible] person that places the employee in a role that requires background screening until the [illegible] 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.

(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including fingerprints if required, must be disqualified for employment in such position or, if employed, must be dismissed.

(4) There is no unemployment compensation 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

Agency for Health Care Administration

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AZ815	Continued From page 20 arrest . . a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was arrested, . of whether or not that person has filed for an exemption pursuant to this chapter. 435.02(2), F.S. " Employee " means any person required by law to be screened pursuant to this chapter. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 out of 4 sampled applicable files contained documentation of compliance with the Level II background screening requirements (Owner #2). The findings include: During an interview with the Administrator at approximately 10 AM on 08/0 reported that the Owners live on grounds of the facility in a designated resident room room occupied by residents at this time. The Administrator also informed surveyor that both have direct contact with residents. Further investigation revealed they both have access to resident occupied areas. Upon request of Owner #2's level II background screening, it was revealed by the Administrator that the facility did not have a background screening for this person. According to the Administrator she was not aware of the background requirement for Owner #2. Unclassified	AZ815		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Anguilla Cay Senior Living
1021 North Ridge Road
Lantana, FL 33462

Dear Administrator:

Re: CCR #2012007822

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at 561-381-5840.

Sincerely,

M. Thurman-Smith

for Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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