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 |
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| | AL11966739 | A. BUILDING _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| OPEN ... RETIREMENT HOME, INC | 342 SW 34 TERACE DEERFIELD BEACH, FL 33442 |

| (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 |
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| A 000 | Initial Comments<br><br>An Assisted Living Facility Licensure survey was conducted on .. Open .. Assisted Living Facility had deficiencies found at the time of the visit. | A 000 | | |
| A 078 SS=D | 58A-5.019(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including . Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable he/she shall be removed from duties until the administrator determines that such condition no longer exists.<br>(b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall 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.<br>(c) All staff must comply with the training | A 078 | | |

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| A 078 | Continued From page 1 | A 078 | | |

requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, it was determined that the facility failed to ensure that all staff are assigned to duties consistent with their level of education for 2 out of 5 applicable employees (Employee #4 and #5).

The findings include:

1. Record review for employee #4 revealed his personnel file included documentation of a background screening and food service training only. During an interview, conducted with the administrator on ... at approximately 3:12 PM, she stated that she was unaware that additional training was required for employee #4, as his duties was primarily to prepare meals. However, Employee #4 was observed assisting with feeding and transporting of residents on ... at noon as well as directing activity programs throughout the day of the survey.

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| A 078 | Continued From page 2<br><br>2. In a telephone call to the facility on at approximately 5:05 PM a staff member (Employee #5) answered the phone and stated she has been working in the facility for at least the past three months. She stated there was no other employee in the facility and that the administrator had gone shopping. She provided an alternate phone number for the administrator. During a telephone interview conducted with the administrator on at approximately 5:10 PM she stated that Employee #5 was a member of her church and was there just to help out for the day. She admitted that she did not have an employee file, including a background screening, freedom of communicable including and all required training consistent with her education level and assigned duties.<br><br>Class III | A 078 | | |
| A 080 SS=D | 58A-5.0191(1) FAC Training - Core & Competency Test<br><br>Staff Training Requirements and Competency Test.<br>(1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST.<br>(a) The assisted living facility core training requirements established by the department pursuant to Section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test.<br>(b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for | A 080 | | |

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| A 080 | Continued From page 3<br>the competency test is 75%. Administrators who have attended core training prior to 1997, and managers who attended the core training program prior to 1998, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with Part II of Chapter 468, F.S., are exempt from this requirement.<br>(c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S.<br>(d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must:<br>1. Retake the assisted living facility core training; and<br>2. Retake and pass the competency test.<br>(e) The fees for the competency test shall not exceed $200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview, it was determined the facility failed to provide verification that the administrator participated in the required 12 hours of continuing | A 080 | | |

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| A 080 | Continued From page 4<br>education in topics related to assisted living every 2 years.<br><br>The findings include:<br><br>Review of the administrator's personnel record revealed there was no documentation that she completed the required continuing education training.<br><br>During an interview conducted with the administrator on at approximately 2:20 PM, she stated that she was sure she had completed the required training but could not find the documentation. She stated that she would search and fax the documentation by 5 PM.<br><br>The surveyor received an email from the administrator on which contained a copy of a brochure for the assisted living core training. A telephone call was placed to the administrator on at approximately 5:10 PM for clarification of the email. The administrator stated that she was now enrolled for the core refresher course and could not provide verification of current compliance with the training requirement.<br><br>Class III | A 080 | | |
| A 081 SS=D | 58A-5.0191(2) FAC Training - Staff In-Service<br><br>(2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a | A 081 | | |

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| A 081 | Continued From page 5 | A 081 | | |

minimum of 1 hour in-service training in ... control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to ... borne ..., may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident ... neglect, and
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training

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| A 081 | Continued From page 6<br><br>regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.<br>1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures.<br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure 4 out of 5 sampled employee files contained documentation of completion of all required in-service training (Employee #1, #2, #4 and #5).<br><br>The findings include:<br><br>1. Record review completed on ..... revealed employee #1, #2 and #4 have all been employed for more than 30 days and they all provide direct care for the residents. Review of employee #1, #2 and #4's personnel records revealed the files lacked documentation of completion of the following in-services within 30 days of hire, as required:<br><br>1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br>2. Recognizing and reporting resident neglect, and<br>3. Resident behavior and needs,<br>4. Providing assistance with the activities of daily living | A 081 | | |

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| A 081 | Continued From page 7<br><br>5. Reporting Adverse Incidents<br>6. Reporting Major Incidents<br><br>2). In a telephone call to the facility on . at approximately 5:05 PM Employee #5 answered the the phone and stated she has been working in the facility for at least the past three months. She stated there was no other employee in the facility and that the administrator had gone shopping. She provided an alternate phone number for the administrator.<br><br>During a telephone interview with the administrator on at approximately 5:10 PM, she stated that Employee #5 was a member of her church and was there just to help out for the day. She admitted that she had no employee file for the staff member including verification that the employee received the aforementioned training (s).<br><br>Class III | A 081 | | |
| A 082 SS=D | 58A-5.0191(3) FAC Training - .....<br><br>(3) .....<br><br>..... Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on ... and . including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule. | A 082 | | |

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| A 082 | Continued From page 8<br><br>This Statute or Rule is not met as evidenced by:<br>Based upon observation, record review and interview, it was determined the facility failed to ensure that all employees completed the required [redacted] and [redacted] training within the required 30 days of employment for 1 out of 5 sampled employees (Employee #5).<br><br>The findings include:<br><br>In a telephone call to the facility on [redacted] at approximately 5:05 PM Employee #5 answered the the phone and stated she has been working in the facility for at least the past three months. She stated there was no other employee in the facility and that the administrator had gone shopping. She provided an alternate phone number for the administrator.<br><br>During a telephone interview with the administrator on [redacted] at approximately 5:10 PM, she stated that Employee #5 was a member of her church and was there just to help out for the day. She admitted that she had no employee file for the staff member including verification that the employee completed the required [redacted] and [redacted] training.<br><br>Class III | A 082 | | |
| A 083 SS=D | 58A-5.0191(4) FAC Training - First Aid and [redacted]<br><br>(4) FIRST AID AND [redacted] A staff member who has completed courses in First Aid and [redacted] and holds a currently valid card documenting completion of such courses must be in the facility at all times.<br>(a) Documentation of attendance at First Aid or | A 083 | | |

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| A 083 | Continued From page 9<br>course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement.<br>(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and<br><br>This Statute or Rule is not met as evidenced by:<br>Based upon observation, interview and record reivew, it was determined that the facility failed to ensure that a staff member who has completed courses in First Aid and and holds a currentl valid card documenting completion of such courses was in the facility at all times for 1 out of 5 sampled employees (Employee #5).<br><br>The findings include:<br><br>In a telephone call to the facility on at approximately 5:05 PM Employee #5 answered the the phone and stated she has been working in the facility for at least the past three months. She stated there was no other employee in the facility and that the administrator had gone shopping. She provided an alternate phone number for the administrator.<br><br>During a telephone interview with the administrator on at approximately 5:10 PM, she stated that Employee #5 was a member of her church and was there just to help out for the day. She admitted that she had no employee | A 083 | | |

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| A 083 | Continued From page 10<br><br>file for the staff member including verification that the employee completed the required and First Aid trainings.<br><br>Class III. | A 083 | | |
| A 090 SS=D | 58A-5.0191(11) FAC Training - Do Not Orders<br><br>(11)<br>TRAINING.<br>(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding within 60 days after the effective date of this rule.<br>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment.<br>(c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based upon observation and record review, it was determined that the facility failed to ensure that its staff received the required training pertaining to for 4 out of 5 sampled employees (Employee #1, #2, #4 and #5).<br><br>The findings include:<br><br>1). Record review completed on revealed employee #1, #2 and #4 have all been | A 090 | | |

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| A 090 | Continued From page 11<br>employed for more than 30 days and they all provide direct care for the residents. Review of employee #1, #2 and #4's personnel records revealed the files lacked documentation the employees received at least one hour of training in the facility ' s policies and procedures regarding , as required.<br><br>2). In a telephone call to the facility on at approximately 5:05 PM Employee #5 answered the the phone and stated she has been working in the facility for at least the past three months. She stated there was no other employee in the facility and that the administrator had gone shopping. She provided an alternate phone number for the administrator.<br><br>During a telephone interview with the administrator on at approximately 5:10 PM, she stated that Employee #5 was a member of her church and was there just to help out for the day. She admitted that she had no employee file for the staff member including verification that the employee completed the required training in regards to<br><br>Class III | A 090 | | |
| A 161 SS=D | 58A-5.024(2) FAC Records - Staff<br><br>(2) STAFF RECORDS.<br>(a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable including In addition, records shall contain the following, as applicable:<br>1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; | A 161 | | |

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| A 161 | Continued From page 12<br>2. Copies of all licenses or certifications for all staff providing services which require licensing or certification;<br>3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.;<br>4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and<br>5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C.<br>(b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C.<br>(c) The facility shall maintain the facility ' s written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months.<br><br>This Statute or Rule is not met as evidenced by:<br>Based upon observation interview and record reivew, it ws determined that the facility failed to maintain peronnel records for 1 out of 5 smapled employees (Employee #5).<br><br>The findings include: | A 161 | | |

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| A 161 | Continued From page 13<br><br>In a telephone call to the facility on at approximately 5:05 PM a staff member (Employee #5) answered the phone and stated she has been working in the facility for at least the past three months. She stated there was no other employee in the facility and that the administrator had gone shopping. She provided an alternate phone number for the administrator.<br><br>During a telephone interview conducted with the administrator on at approximately 5:10 PM she stated that Employee #5 was a member of her church and was there just to help out for the day. She admitted that she did not have an employee file for this employee, as required. | A 161 | | |
| AZ815 | 408.809, 435.02(2), 435.06 Background Screening, Prohibited Offenses<br><br>408.809, F.S.<br><br>(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:<br>(a) The licensee, if an individual.<br>(b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider.<br>(c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.<br>(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 | 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 |
|---|---|---|---|
| | AL11966739 | A. BUILDING _____ B. WING _____ | |

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| AZ815 | Continued From page 14 | AZ815 | | |

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 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

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| AZ815 | Continued From page 15 | AZ815 | | |

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 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

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| AZ815 | Continued From page 16 | AZ815 | | |

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 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,

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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 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

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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 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

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| AZ815 | Continued From page 19 | AZ815 | | |

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 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.

(3) Any employee who refuses to cooperate in

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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 [redacted] for a disqualifying offense listed under this chapter, 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(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 observation, record review and interview, it was determined that the facility failed to ensure that background screening was completed for 1 out of 5 sampled employees (Employee #5).

The findings include:

In a telephone call to the facility on [redacted] at approximately 5:05 PM a staff member (Employee #5) answered the phone and stated she has been working in the facility for at least the past three months. She stated there was no other employee in the facility and that the administrator had gone shopping. She provided an alternate phone number for the administrator. During a telephone interview conducted with the

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| AZ815 | Continued From page 21<br>administrator on 9/18/... approximately 5:10 PM she stated that Employee #5 was a member of her church and was there just to help out for the day. She admitted that she did not have an employee file for this staff member, including a background screening, as required.<br><br>Unclassified | AZ815 | | |

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Open _____ Retirement Home, Inc
342 SW 34th Terace
Deerfield Beach, FL 33442

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative from 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 representative. 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/jw
Enclosure

XG90

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Tallahassee, FL 32308
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