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
	AL11966747	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE ON EARTH ASSISTED LIVING FACILIT'	8501 NW 35TH STREET CORAL SPRINGS, FL 33065

(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 #2012010651 Survey was conducted on . Peace on Earth Assisted Living Facility had deficiencies issued on the day of the survey.	A 000		
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least . trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.	A 052		

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(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or 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;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration 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.

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(c) Administration of medications through intermittent positive pressure breathing machines or a [illegible]
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of [illegible] preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) [illegible] or [illegible] preparations.
(h) 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 at the request of a competent resident.
(i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to follow assistance with self-administration standards for 1 out of 2 sampled residents (Resident #1).

The findings are:

Review of Resident #1's record indicated that she was admitted to the facility on [illegible] with diagnoses including [illegible] and [illegible]. Review of the resident's medication observation record (MOR) dated [illegible] to [illegible] indicated that the resident received one to two tablets of [illegible] 325 mg every 4 hours "as needed" for breakthrough pain without specificity of the amount given to the resident on [illegible] and 1 tablet on [illegible]

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and . Further review of the MOR dated from to indicated that the resident must receive 30 ml of milk of magnesia suspension every 3 days "as needed" for no bowel movement and it was recorded that the resident received it on , and , with no indication describing the the reason why the resident received the milk of magnesia 2 days apart from to .

In an interview with the administrator on at 11:45 am, she stated that none of the two staff members who assisted and recorded medication assistance in resident #1's 2012 MOR, were licensed nurses nor were they given specific parameters to preclude their independent judgement with their assistance of the resident's self-administration of 'as needed' medications.

Class III

A 190 SS=G	58A-5.033 FAC Administrative Enforcement	A 190	

Administrative Enforcement.
Facility staff shall cooperate with Agency personnel during surveys, complaint investigations, monitoring visits, implementation of correction plans, license application and renewal procedures and other activities necessary to ensure compliance with Part I of Chapter 429, F.S., and this rule chapter.
(1) INSPECTIONS.
(a) Pursuant to Section 429.34, F.S., the agency shall conduct a survey, investigation, or appraisal of a facility:
1. Prior to issuance of a license;
2. Prior to biennial renewal of a license;
3. When there is a change of ownership;
4. To monitor facilities licensed to provide limited nursing or extended congregate care services, or

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who were cited in the previous year for a Class I or Class II, or 4 or more uncorrected Class III violations;
5. Upon receipt of an oral or written complaint of practices that threaten the health, safety, or welfare of residents;
6. If the agency has reason to believe a facility is violating a provision of Part III of Chapter 429, F.S., or this rule chapter;
7. To determine if cited deficiencies have been corrected; and
8. To determine if a facility is operating without a license.
(b) The inspection shall consist of full access to and examination of the facility ' s physical premises and facility records and accounts, and staff and resident records.
(c) Agency personnel shall interview facility staff and residents in order to determine whether the facility is respecting resident rights and to determine compliance with resident care standards. Interviews shall be conducted privately.
(d) Agency personnel shall respect the private possessions of residents and staff while conducting facility inspections.
(2) ABBREVIATED SURVEY.
(a) An applicant for license renewal who does not have any class I or class II violations or uncorrected class III violations, confirmed long-term care ombudsman council complaints reported to the agency by the LTCOC, or confirmed licensing complaints within the two licensing periods immediately preceding the current renewal date shall be eligible for an abbreviated biennial survey by the agency. Facilities that do not have two survey reports on file with the agency under current ownership are not eligible for an abbreviated inspection. Upon arrival at the facility, the agency shall inform the

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facility that it is eligible for and that an abbreviated survey will be conducted.
(b) Compliance with key quality of care standards described in the following statutes and rules will be used by the agency during its abbreviated survey of eligible facilities:
1. Section 429.26, F.S., and Rule 58A-5.0181, F.A.C., relating to residency criteria;
2. Section 429.27, F.S., and Rule 58A-5.021, F.A.C., relating to proper management of resident funds and property;
3. Section 429.28, F.S., and Rule 58A-5.0182, F.A.C., relating to respect for resident rights;
4. Section 429.41, F.S., and Rule 58A-5.0182, F.A.C., relating to the provision of supervision, assistance with ADLs, and arrangement for appointments and transportation to appointments;
5. Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., relating to assistance with or administration of medications;
6. Section 429.41, F.S., and Rule 58A-5.019, F.A.C., relating to the provision of sufficient staffing to meet resident needs;
7. Section 429.41, F.S., and Rule 58A-5.0191, F.A.C., relating to minimum dietary requirements and proper food hygiene;
8. Section 429.075,.F.S., and Rule 58A-5.029, F.A.C., relating to mental health residents ' community support living plan;
9. Section 429.07, F.S., and Rule 58A-5.030, F.A.C., relating to meeting the environmental standards and residency criteria in a facility with an extended congregate care license; and
10. Section 429.07, F.S., and Rule 58A-5.031, F.A.C., relating to the provision of care and staffing in a facility with a limited nursing license.
(c) The agency will expand the abbreviated survey or conduct a full survey if violations which threaten or potentially threaten the health, safety, or security of residents are identified during the

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abbreviated survey. The facility shall be informed that a full survey will be conducted. If one or more of the following serious problems are identified during an abbreviated survey, a full biennial survey will be immediately conducted:
1. Violations of Rule Chapter 69A-40, F.A.C., relating to firesafety, that threaten the life or safety of a resident;
2. Violations relating to staffing standards or resident care standards that adversely affect the health or safety of a resident;
3. Violations relating to facility staff rendering services for which the facility is not licensed; or
4. Violations relating to facility medication practices that are a threat to the health or safety of a resident.
(3) SURVEY DEFICIENCY.
(a) Prior to or in conjunction with a notice of violation issued pursuant to Section 429.19 and Chapter 120, F.S., the agency shall issue a statement of deficiency for Class I, II, III, and violations which are observed by Agency personnel during any inspection of the facility. The deficiency statement shall be issued within ten (10) working days of the Agency ' s inspection and shall include:
1. A description of the deficiency;
2. A citation to the statute or rule violated;
3. A time frame for the correction of the deficiency;
4. A request for a plan of correction which shall include time frame for correction of the deficiency; and
5. A description of the administrative sanction that may be imposed if the facility fails to correct the deficiency within the established time frame.
(b) Additional time may be granted to correct specific deficiencies if a written request is received by the agency prior to the time frame included in the agency ' s statement.

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(c) The facility ' s plan of correction must be received by the agency within 10 working days of receipt of the deficiency statement and is subject to approval by the agency.
(4) EMPLOYMENT OF A CONSULTANT.
(b) Dietary Deficiencies.
1. If a Class I, Class II, or uncorrected Class III deficiency directly related to dietary standards as established in Rule 58A-5.020, F.A.C., is documented by agency personnel pursuant to an inspection of the facility, the agency shall notify the facility in writing that the facility must employ, on staff or by contract, the services of a registered dietitian or licensed dietitian/nutritionist.
2. The initial on site consultant visit shall take place within 7 working days of the identification of a Class I or Class II deficiency and within 14 working days of the identification of an uncorrected Class III deficiency. The facility shall have available for review by the agency a copy of the dietitian ' s license or registration card and a signed and dated dietary consultant ' s recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.
3. The facility shall provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the dietary consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper dietary standards are followed and that such consultant services are no longer required. The agency shall provide the facility with written notification of such determination.
(5) ADMINISTRATIVE SANCTIONS.
Administrative fines shall be imposed for Class I and Class II violations, or Class III or ... violations which are not corrected within the time frame set

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by the Agency, and for repeat Class III violations, as set forth in Section 429.19, F.S.
(a) The Agency shall notify facilities of the imposition of sanctions, their right to appeal the sanctions, the remedies available, and the time limit for requesting such remedies as provided under Chapter 120, F.S., and Part II of Chapter 59-1, F.A.C.
(b) When an administrative fine payment is returned from the applicant ' s bank for whatever reason, the agency shall add to the amount due a service fee of $20 or 5 percent of the face amount of the check, whichever is greater, up to a maximum charge of $200. Proceeds from this fee shall be deposited in the same agency account as the fine.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, the facility did not cooperate with Agency personnel to conduct a complaint inspection with allegations related to the facility operating over capacity.

The findings are:

In an observation on : outside the facility at approximately 10:25am it was noted that the facility was located on the corner of NW 85th Avenue and NW 35th Street in Coral Springs, FL, with the only marked street numbers (8501) on the property were by the door facing NW 35th Street and the door facing NW 85th Avenue did not have any numbers by it. In an observation on : at approximately 10:30am, the administrator opened the front door of the facility facing NW 85th Avenue.

In an interview with the administrator on at 10:30am, she stated that although the licensed

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facility's address of record is 8501 NW 35th Street, its front door faces NW 85th Avenue since the single, contiguous property is classified as a duplex, with the licensed facility on the NW 85th Avenue side (East), a private residence on the NW 35th Street side (West) and both sides sharing a courtyard in the front and a garage in the rear of the property. In an observation on ... at 10:40am in the garage, there was a locked door leading to the west side of the property and the garage door was halfway opened.

In an observation on ... at approximately 10:40am on the yard on the west side of the property, accompanied by the police detective, it was noted in plain sight through a ... that a male individual was by himself sitting inside a ... television. In an interview with the administrator on ... at 10:45am, she stated that the west side of the property is a private residential area in which she lives there with her 'boyfriend', that her boyfriend was not present in the property at this time and no one else lived on the west side of the property.

Review of the administrator's valid State identification indicated that her residential address was located in Pompano Beach, FL. In an interview with the administrator on ... at 10:50am, she stated she understood that a gentleman was identified to be inside a ... the west side of the property, that said gentleman was not her boyfriend and he was a private 'renter' of ... The administrator also stated at this time that the facility's census was at capacity with 6 residents, the 'renter' living on the west side of the property was not a resident of the facility and that he was not to be interviewed by any official conducting

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this inspection.

In an interview with the administrator on at 10:55am, she agreed to allow access to the west side of the property entrance area to interview the 'renter' on her terms and that she will later provide the renter's rental agreement which identifies his status as an independent resident living in her private residence. In an interview with the renter on at 10:55am in the west side of the property's entrance area accompanied by the administrator and the police detective, he identified himself by name, that he had lived in the property for approximately 3 years and that he receives medications and assistance with his meals. In an observation on at 10:55am in the west side of the property, the renter presented to be independent with ambulation, alert, responsive and approximately In an interview with the renter on at 11:00am, he stated that he did receive medications and at the moment in which he was going to describe the form and manner in which he received those medications, the administrator abruptly halted the interview by stating that 'it was over' and ordered the renter to not answer any further inquiries. In an observation on at 11:00am in the west side of the property, the administrator walked the renter back to his I she ordered all others outside of the west side of the property.

In an interview with the administrator on at 11:55am, she stated that she will not provide a copy of the renter's residential rental agreement for review.

The completeness of this inspection, the assurance for safety and welfare of one resident, identified by the administrator as a renter, on

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A 190	Continued From page 11 was not achieved due to the administrator's interruption and dereliction of the inspection process. Class II	A 190		
AZ806 SS=G	59A-35.040, FAC Change of Address (2) Any request to amend a license must be received by the Agency in advance of the requested effective date as detailed below. Requests to amend a license are not authorized until the license is issued. (a) Requests to change the address of record must be received by the Agency 60 to 120 days in advance of the requested effective date for the following provider types: 1. Birth Centers, as provided under Chapter 383, F.S.; 2. Abortion Clinics, as provided under Chapter 390, F.S.; 3. Crisis Stabilization Units, as provided under Parts I and of Chapter 394, F.S.; 4. Short Term Residential Treatment Units, as provided under Parts I and of Chapter 394, F.S. 5. Residential Treatment Facilities, as provided under Part of Chapter 394, F.S.; 6. Residential Treatment Centers for Children and Adolescents, as provided under Part of Chapter 394, F.S.; 7. Hospitals, as provided under Part I of Chapter 395, F.S.; 8. Ambulatory Surgical Centers, as provided under Part I of Chapter 395, F.S.; 9. Nursing Homes, as provided under Part II of Chapter 400, F.S.; 10. Hospices, as provided under Part of Chapter 400, F.S.; 11. Homes for Special Services as provided	AZ806		

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under Part V of Chapter 400, F.S.;
12. Transitional Living Facilities, as provided under Part V of Chapter 400, F.S.;
13. Prescribed Extended Care Centers, as provided under Part VI of Chapter 400, F.S.;
14. Intermediate Care Facilities for the as provided under Part VIII of Chapter 400, F.S.;
15. Assisted Living Facilities, as provided under Part I of Chapter 429, F.S.;
16. Adult Family-Care Homes, as provided under Part II of Chapter 429, F.S.;
17. Adult Day Care Centers, as provided under Part III of Chapter 429, F.S.
(b) Requests to change the address of record must be received by the Agency 21 to 120 days in advance of the requested effective date for the following provider types:
1. Drug Free Workplace Laboratories as provided under Sections 112.0455 and 440.102, F.S.;
2. Mobile Surgical Facilities, as provided under Part I of Chapter 395, F.S.;
3. Health Care Risk Managers, as provided under Part I of Chapter 395, F.S.;
4. Home Health Agencies, as provided under Part III of Chapter 400, F.S.;
5. Nurse Registries, as provided under Part III of Chapter 400, F.S.;
6. Companion Services or Homemaker Services Providers, as provided under Part III of Chapter 400, F.S.;
7. Home Medical Equipment Providers, as provided under Part VII of Chapter 400, F.S.;
8. Health Care Services Pools, as provided under Part IX of Chapter 400, F.S.;
9. Health Care Clinics, as provided under Part X of Chapter 400, F.S., including certificate of exemption;
10. Clinical Laboratories, as provided under Part I of Chapter 483, F.S.;

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	AL11966747	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE ON EARTH ASSISTED LIVING FACILIT'	8501 NW 35TH STREET CORAL SPRINGS, FL 33065

(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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11. Health Testing Centers, as provided under Part II of Chapter 483, F.S.;
12. Organ and Tissue Procurement Agencies, as provided under Chapter 381, F.S.
(c) All other requests to amend a license including but not limited to services, licensed capacity, and other specifications which are required to be displayed on the license by authorizing statutes or applicable rules must be received by the Agency 60 to 120 days in advance of the requested effective date. This deadline does not apply to a request to amend hospital emergency services defined in Section 395.1041(2), F.S.

(3) Failure to submit a timely request shall result in a $500 fine.

(4) A licensee is not authorized to operate in a new location until a license is obtained which specifies the new location. Failure to amend a license prior to a change of the address of record constitutes unlicensed activity.

(5) The licensee shall return the license certificate to the Agency upon the rendition of a final order revoking, cancelling or denying a license, and upon the voluntary discontinuance of operation.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, the facility did not request to amend its licensed capacity to accommodate 1 additional resident above its licensed capacity of 6 residents.

The findings are:

In an observation on _____ outside the facility at

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approximately 10:25am it was noted that the facility was located on the corner of NW 85th Avenue and NW 35th Street in Coral Springs, FL, with the only marked street numbers (8501) on the property were by the door facing NW 35th Street and the door facing NW 85th Avenue did not have any numbers by it. In an observation on [redacted] at approximately 10:30am, the administrator opened the front door of the facility facing NW 85th Avenue.

In an interview with the administrator on [redacted] at 10:30am, she stated that although the licensed facility's address of record is 8501 NW 35th Street, its front door faces NW 85th Avenue since the single, contiguous property is classified as a duplex, with the licensed facility on the NW 85th Avenue side (East), a private residence on the NW 35th Street side (West) and both sides sharing a courtyard in the front and a garage in the rear of the property. In an observation on [redacted] at 10:40am in the garage, there was a locked door leading to the west side of the property and the garage door was halfway opened.

In an observation on [redacted] at approximately 10:40am on the yard on the west side of the property, accompanied by the police detective, it was noted in plain sight through a [redacted] that a male individual was by himself sitting inside a [redacted] television. In an interview with the administrator on [redacted] at 10:45am, she stated that the west side of the property is a private residential area in which she lives there with her 'boyfriend', that her boyfriend was not present in the property at this time and no one else lived on the west side of the property.

Review of the administrator's valid State

Agency for Health Care Administration

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identification indicated that her residential address was located in Pompano Beach, FL. In an interview with the administrator on at 10:50am, she stated she understood that a gentleman was identified to be inside a the west side of the property, that said gentleman was not her boyfriend and he was a private 'renter' of The administrator also stated at this time that the facility's census was at capacity with 6 residents, the 'renter' living on the west side of the property was not a resident of the facility and that he was not to be interviewed by any official conducting this inspection.

In an interview with the administrator on at 10:55am, she agreed to allow access to the west side of the property entrance area to interview the 'renter' on her terms and that she will later provide the renter's rental agreement which identifies his status as an independent resident living in her private residence. In an interview with the renter on at 10:55am in the west side of the property's entrance area accompanied by the administrator and the police detective, he identified himself by name, that he had lived in the property for approximately 3 years and that he receives medications and assistance with his meals. In an observation on at 10:55am in the west side of the property, the renter presented to be independent with ambulation, alert, responsive and approximately In an interview with the renter on at 11:00am, he stated that he did receive medications and at the moment in which he was going to describe the form and manner in which he received those medications, the administrator abruptly halted the interview by stating that 'it was over' and ordered the renter to not answer any further inquiries. In

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an observation on [redacted] at 11:00am in the west side of the property, the administrator walked the renter back to his [redacted] she ordered all others outside of the west side of the property.

In an interview with the administrator on [redacted] at 11:55am, she stated that she will not provide a copy of the renter's residential rental agreement for review. Review of the admit discharge log indicated that the facility had a total of 6 residents, excluding the count of the identified renter living in the west side of the property.

Review of the facility's county property records indicated that the property the facility is in, is a single contiguous residential home, with 2 units in a single address of 8501 NW 35th Street, Coral Springs, FL and differentiation of the 2 units cannot be ascertained from these records. In observations during this inspection on [redacted] it was determined that access from east-west sides within the residential unit can be made from the courtyard located on the street side of the property and through the garage located in the [redacted] of the property.

Class II

AZ815 SS=G — 408.809, 435.02(2), 435.06 Background Screening; Prohibited Offenses — AZ815

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

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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 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

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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 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

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be posted on a secure website for retrieval by the licensee or designated agent on the licensee ' s behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 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.

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(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 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

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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 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

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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 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

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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 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 record review and interview, the facility failed to comply with the background screening (BGS) requirements for 1 out of 3 employees (Employee #1).

Agency for Health Care Administration

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The findings are:

Review of the Employee #1's record indicated she had been employed in the facility for approximately 2 weeks prior to the complaint inspection. Further review of the record revealed there was no BGS results to confirm eligibility for employment in the facility for Employee #1. In an interview with the employee on [redacted] at 11:15 am, she stated that she had been hired by the facility directly out of technical school about "2 weeks ago", that she assisted residents with activities of daily living and had access to their living area and records.

In an interview with the administrator on [redacted] at 11:25 am, she stated that she did not have Employee #1's BGS results available for review.

Review employee #1's BGS results, sent by facsimile on [redacted] from the facility, indicated that the employee underwent the screening process on [redacted] after being hired by the facility in her capacity, as a resident caregiver.

Unclassified

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Peace On Earth Assisted Living Facility
8501 NW 35th Street
Coral Springs, FL 33065

RE: CCR #2012010651

Dear Administrator:

This letter reports the findings of a complaint 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,

Monica Thurman-Smith

for Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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

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