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
	AL11965431	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERPIN CARE CORP	7521 WEST 30TH LANE HIALEAH, FL 33018

(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 A Complaint (2012010341) Investigation Survey was completed at Herpin Care Corp with Limited Nursing Services (LNS) and Limited Mental Health (LMH) on .	A 000		
A 010 SS=G	58A-5.0181(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 the assisted living facility failed to have a completed health assessments for 1 out of 9 (#1) sampled residents after a decline in activities of daily living (ADLs) levels. The facility failed to discharge 1 out of 9 (#1) sampled residents who did not meet the continued residency criteria and whose , did not improve within 30 days. Findings include: Nursing observations on at 10:45 a.m. found resident #1 lying in a hospital type bed in a small resembled a closet or a hallway. Caretaker (staff #3) had to turn the resident side to side as the resident could not turn independently. The administrator who was present and stated that resident #1 "probably cannot walk." Observations on at 10:49 a.m. of resident #1 revealed she could not move her legs without the caretaker moving them for her. The caretaker got the walker for the resident to use, but the resident did not get out of bed. Observations found that resident #1 was unable to perform any activities of daily living without receiving total care from the facility. Interview on at 10: 47 a.m. with resident #1 revealed she resided at the facility for a "few months" and says that she "can walk". Interview on at 10:46 a.m. with the administrator revealed resident #1 was "daycare" however she now "lives here." Record review found that resident #1's last completed health assessment at the facility was dated . The health assessment dated listed the following diagnoses: ( ), , ( ),	A 010		

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A 010	Continued From page 3 incontinence, and Resident #1's health assessment documented that she was but the facility did not provide any information regarding whether resident #1 was ordered by a health care provider to receive administration. The health assessment documented that she needed assistance with activities of daily living. Limitations are listed as difficulty in ambulation, forgetfulness, walker, poor vision. Record review found that the facility last documented progress notes for resident #1 on . The facility failed to document changes in resident #1's health condition, skin condition, and decline of her activities of daily living (ADLs). There were no records that she was on hospice or that she was receiving any services from a third party agency. Interview with the administrator on at 2:18 p.m. revealed that the last health assessment that the facility had for resident #1 was from last year. She confirmed that the facility did not have an updated health assessment with resident #1's changes in condition documented. She also confirmed that the last written documentation regarding resident #1 was dated (almost over a year ago). Documentation received on from resident #1's case manager revealed that she was receiving care by a home health agency named South Florida. The case manager documented on that the administrator told her that resident #1 " had 3 bedsores, two on the back and one on the foot, she is receiving care & from South Florida Home Health Agency ". Record review found that resident #1's notes and file at the facility did not have any documentation that resident #1 was receiving	A 010		

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A 010	Continued From page 4 care, there was not documentation regarding the size of the , and no documentation regarding the home health agency that provided care. The case manager's notes revealed that resident #1 had wounds from to over at least 90 days, the facility is required to discharge a resident within 30 days if the is not improving. Class II	A 010		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which	A 025		

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A 025	Continued From page 5 resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed to ensure 1 out of 9 (#8) sampled residents health care provider was contacted when the resident refused to take his medications and that the facility documented the instances. Finding include: Record review found that resident #8's last completed health assessment was dated and he was diagnosed with . Record review found that facility's last note regarding resident #8 was dated , over one year ago. The facility did not have any documentation regarding resident #8 leaving the facility and returning days later, the facility does not have any documentation that resident #8 refused to take his medications, and the facility did not have any documentation that resident #8's doctor was contacted when he refused to take his daily medications. Interview with the administrator on at 2:48 p.m. He didn ' t want to take medication. List of medication, could not be provided by the facility. Staff #2 called, Doctor called regarding resident #8 refusing to take medications. Doctor does not have documentation that he has not taken medication. She confirmed his last note for resident #8 was dated at the time of survey.	A 025		

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A 025	Continued From page 6 Class III	A 025		
A 030 SS=J	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 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)96- 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	A 030		

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A 030	Continued From page 7 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 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	A 030		

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A 030	Continued From page 8 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 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	A 030		

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A 030	Continued From page 9 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 provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) 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.	A 030		

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A 030	Continued From page 10	A 030		

This Statute or Rule is not met as evidenced by:
Based on observations, record review, and interview the assisted living facility failed to honor resident rights. The facility failed to ensure that 1 out of 9 (#1) sampled residents lived in safe and decent living environment, free from and neglect. The assisted living facility failed to treat 1 out of 9 (#1) sampled residents with consideration, respect, and provide access to adequate and appropriate health care.

Findings include:

Arrived to the facility on at 9:05 a.m., found staff #3 alone in the facility caring for residents. The first tour was completed with her, we toured 3 resident areas plus the employee had a male resident. The beds for residents #2, #3, #4, #5, #6, #7, and #8 were observed during the tour.

On at 9:25 a.m. as the surveyor was reviewing the medication book to match up the resident names with the medications in the cabinet. Surveyor found that resident #8 did not have a medication observation record (MOR) and he did not have medications in the kitchen cabinet. Staff #2 was notified regarding the discrepancy and she went into the was labeled " employee " to take get his medications. The surveyor followed her into the , went into the , and to the left of the an elderly woman who laying on her back on the bed who appeared to bedbound. The to be a closet or small hallway that had two beds inside of it. The woman was resident #1. Staff #2 stated that resident #1 was a day care client, despite her lying in a bed in the facility in the morning.

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A 030	Continued From page 11 Observations found that the area where resident #1 was living did not have any windows, there was a glass door but it was blocked and the only way to exit this area was through the . There was an air vent but observations could not determine if there was any . Telephone interview with the administrator on at 9:30 a.m. She said that resident #1 was a friend of the family. She had been there for a few months and that she was not on hospice. She takes a few steps but does not walk. She had no wounds. Interview with staff #2 on 11:20 a.m. at 9:35 a.m. She stated that resident #1 had been there for 6 months. At 9:42 a.m. she stated that resident #1 and staff shared the area (closet/ hallway). And resident #4 only was in the main for employees. Nursing observation on at 10:47a.m. revealed resident #1's right hand and were when compared to the resident's left hand. Resident #1 could not flex her right hand fingers when instructed to squeeze the surveyor's hand. Interview with resident #1 at this time at 10:48 a.m. revealed she could not state what happened to her right hand and arm. The Administrator was present and stated that she is on medication for the . Nursing observation on at 10:49 a.m. revealed resident #1 was inside a small was approximately four (16 inch) tiles wide. There was no air in the . There was a standing fan by the resident #1's bed but the fan was not on. There was another bed (size) joining resident #1's bed at the head of the bed area. There were no windows in the . At the end of the other sized bed was a sliding glass door which was covered by a	A 030		

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A 030	Continued From page 12 curtain. The sliding glass door opened, the opening was very narrow, into the facility's dining . The walkway from resident #1's bed was very narrow approximately less than 2 feet wide. The very small and difficult to exit as there was not open egress. There was a sign posted on the sliding glass door which read "Employees only". There was another narrow doorway, approximately less than 2 feet wide which led into a a shower, toilet and sink. This directly connected to another had two beds on either side of the . The had a sliding lock latch on the inside of the . There was a futon type bed lying on its side which was blocking the exit to the . Interview on at 10:50 a.m. with caretaker (staff #3) who previously identified herself and was identified previously as "staff #2 " revealed resident #1 "walks by herself sometimes." Staff #3 said regarding resident #1, "she has much difficulty getting up, I am the only person here now; when the other person is not here then I can't take her (resident #1) out of bed." Phone interview on at 12:15 p.m. with resident #1's doctor office revealed they last saw the resident on . Patient is bedbound and is very difficult to transfer her. On at 12:53 p.m. Fire Rescue (911) arrived and paramedics to assessed resident #1. The paramedics assessed resident #1 and told the administrator that she had a with temperature of 101. The paramedic said it could be an and was talking to the Administrator who said she had a history of a	A 030		

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A 030	Continued From page 13	A 030		

. The paramedics also observed that resident #1's right arm was . Observation on at 1:05 p.m. another unit came to remove resident #1 from the area in the facility. It took three paramedics to remove resident #1 from the was in. They had resident #1 wrapped in a bedsheet and was carried her inside it to lift her onto the gurney in the dining . . The paramedics could not fit the gurney to get the resident #1 from inside the .

On at 2:00 p.m. the area where resident #1 was found lying on the bed was measured at 64 inches wide and 182 inches length (from the wall to her bed was 100 inches length). This area was the outside the the as employee . Resident #1 ' s bed was 35 inches wide and 76 inches long.

Record review found that the facility did not did not have a current medical assessment for resident #1. The facility did not have a medication observation record for resident #1 which listed the medications that she was taking or documented that she was receiving her medications. The facility did not have any documentation that resident #1 had a right hand, no documentation of any care, no doctor's orders for nursing services or medications.

Interview with the administrator on at 10:01 a.m. revealed that resident #1 "has been here for 6 months, she has been here before, she sleeps here on and off. She was able to use a walker but it has been a little while". The exit interview included the administrator and the person who claimed to be resident #1's power of attorney on at 2:18 p.m. Resident

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	AL11965431	A. BUILDING _____ B. WING _____	

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A 030	Continued From page 14 #1's friend stated "since or unable to walk". The administrator stated at 2:29 p.m. no health assessment for resident #1, she is a full time resident, and she has power of attorney but not at the facility. No medication observation- because of her not being her all the time because she was daycare. No medication observation records since . Class I	A 030		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical , the facility shall, pursuant to Section	A 054		

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A 054	Continued From page 15 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed to maintain medication observation records for 1 out of 9 (#4) sampled residents. The facility failed to have a medication observation record for 2 out of 9 (#1 and #8) sampled residents. Findings include: Record review on at 1:55 p.m. of resident #4's MOR revealed the resident Medication Observation Record (MOR) was already initialed with "M" as being given on at 7PM but it did not occur yet. Interview on at 1:55 p.m. with the caretaker, staff #2, confirmed it was her initial documented for for 7PM for the , yet it was only 1:55PM on . The caretaker confirmed it was a error and she should not have initialed that the resident had received it. Interview on at 1:55 p.m. with staff #2 confirmed it was her initial for the 20 milligrams at 7PM, but it was only 1:55PM for today . The care taker confirmed she made a mistake by signing for the being given at 7PM on . Record review found that the facility did not have medication observation records for residents #1 and #8. Record review found that at the time of survey the facility could not provide the last three months of MORs for residents #1 and #8. Interview with the administrator on at	A 054		

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A 054	Continued From page 16 2:20 p.m. revealed the facility had no medication observation records since for resident #1. The administrator provided only one MOR for resident #8 and it was for the month of . The MOR was blank not completed by the facility for resident #8 for the month of . The administrator confirmed during the exit she could not find any other MOR for resident #8. Class III	A 054		
A 077 SS=J	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least ; 2. If employed on or after , 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a	A 077		

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A 077	Continued From page 17 combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must: 1. Be at least , ; and 2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility's administrator failed to ensure 8 of 8 (resident #1, #2, #3, #4, #5, #6, #7, #8) residents were supervised by adequately trained staff who were able to provide adequate care. Findings Include: Arrived to the facility on at 9:05 a.m. found only staff #3 caring for eight residents {licensed for 6 beds}. One of the eight residents that staff #3 was caring for was a female resident who was observed in a bed in an area in the	A 077		

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A 077	Continued From page 18	A 077		

facility that appeared to be a closet or small hallway.

Personnel record review for staff #3 and staff #4 lacked documentation of completed background screenings per statutes, lacked documentation of being free from communicable including , and lacked the following training's:

- First Aid, , ADL and Behavior Needs, Control, Medication Training, Nutrition and Safe Food Handling, Elopement, Emergency Preparedness and Evacuation, Incident Reports, Resident Rights, Recognizing and Reporting and Neglect, and Limited Mental Health Training.

Staff #3 originally stated that her name was "Pastora" but the residents called her "Susanna" on at 11:10 a.m. She gave us the date of birth but the date of birth of the background screening for the name that she gave. Staff #3 was unable to provide the social security number which was listed on the background screening. Surveyors found a sheet of paper which had a date of birth and social security number written down. That paper had the same information that was written on the background screening.

On at 11:40 a.m. the administrator asked if the surveyor was going called Medicaid Fraud. The administrator then admitted the name for staff #3. She stated she is only helping out. She knows she is here alone because staff #2 went out to the store. She is not back because she asked her to go get something for her. She was here but she left when she got back. She stated that was the whole issue and "yeah we lied". She stated she has been there a month.

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A 077	Continued From page 19	A 077		

Maybe two. She stated that she consented to her working here but she stated that she did not hire her.

On at 11:45 a.m. staff #2 stated that staff #3 and #4 are sisters; Victoria is Susanna ' s sister. Staff #3 gave us a date of birth. They stated she was not a resident of the U.S. and that she does not have residency to work.

In an interview with a resident on at approximately 12:25 p.m., he stated the administrator works here, staff #2 works here, and the cleaning lady, staff #3, and she cooks too. He stated staff #3 also passes out medications. She stated staff #2 sometimes passes medications. He stated staff #4 works here too and she does same thing staff #3 does here. He stated he does not know when staff #3 started working here. He stated they all switch shifts. He stated staff #4 worked last week.

In an interview with a resident on at approximately 1:18 p.m., he stated staff #3 cooks really good. He stated that staff #3 and staff #4 both work here. He stated they both cook really good and its not very good for his diet. He stated staff #4 works on the weekends and she was here this weekend. He stated staff #3 started after he got here but he is not good with time. He doesn ' t know about staff #4. He stated they both give out medications. He stated staff #2 is the manager or something and he only sees her once in a while. He stated staff #3 is here day and night during the week and staff #4 works the weekend day and night.

In an interview with the administrator on at approximately 2:17 p.m., she acknowledged the findings but stated staff #4 only visits. She

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A 077	Continued From page 20 stated if anything, she started the same time as staff #3. Class I	A 077		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (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. (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. (c) All staff must comply with the training	A 078		

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A 078	Continued From page 21 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 the assisted living facility failed to ensure that 2 out of 5 (staff #3, staff #4) sampled staff members have a freedom communicable including ( ) statement with 30 days of employment and/or documented on an annual basis. Findings Include: Observations on at approximately 9:05 AM found only staff #3 present at the facility upon entrance caring for eight residents. Personnel record review found that staff #3 did not have an application or employee file. The facility staffing schedule did not list staff #3 as an employee. Record review found that staff #3 did not have any documentation of having a freedom communicable including statement.	A 078		

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A 078	Continued From page 22 Personnel record review found that staff #4 did not have an application or employee file. The facility staffing schedule did not list staff #4 as an employee. Record review found that staff #4 did not have any documentation of having a freedom communicable including statement. In an interview with the administrator on at approximately 11:40 AM, she admitted that staff #3 was at the facility. She stated she is only helping out. She knows she is here alone because staff #2 went out to the store. She stated she is not back because she asked her to go get something for her. She stated was here but she left when she got back. She stated that was the whole issue and yeah we lied. She stated she has been there a month, maybe two. She stated that she consented to her working here but she stated that she did not hire her. In an interview with the administrator on at approximately 2:17 PM, she acknowledged the findings but stated staff #4 only visits. She stated if anything, she started the same time as staff #3. Class III	A 078		
A 079 SS=D	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294	A 079		

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A 079	Continued From page 23	A 079		

36-45 335
46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 residents over 95 add 42 staff hours per week.

2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.

4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.

5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.

6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.

7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.

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A 079	Continued From page 24 8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C. (c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care. (d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required. 1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the	A 079		

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A 079	Continued From page 25	A 079		

plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview the facility failed to ensure that staffing standards were met.

Findings Include:

Observations on : at approximately 9:05 AM found only staff #3 present at the facility upon entrance with a census of 8 {licensed for 6 beds}.

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A 079	Continued From page 26 Record review of the facility's staffing schedule for 2012 reflected staff #2 was on schedule on from 7 AM- 7 PM. Personnel record review found that staff #3 did not have an application or employee file. The facility staffing schedule did not list staff #3 as an employee. Record review found that staff #3 lacked training's related to { } and First Aid. In an interview with the administrator on at approximately 11:40 AM, she admitted that staff #3 was at the facility. She stated she is only helping out. She knows she is here alone because staff #2 went out to the store. She stated she is not back because she asked her to go get something for her. She stated was here but she left when she got back. She stated that was the whole issue and yeah we lied. She stated she has been there a month, maybe two. She stated that she consented to her working here but she stated that she did not hire her. Class III	A 079		
A 080 SS=D	58A-5.0191(1) FAC Training - Core & Competency Test Staff Training Requirements and Competency Test. (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (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	A 080		

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A 080	Continued From page 27 competency test. (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 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. (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. (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: 1. Retake the assisted living facility core training; and 2. Retake and pass the competency test. (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.	A 080		

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A 080	Continued From page 28 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that its administrator had 12 hours of continued education in the topics related to assisted living every two years. Findings Include: Personnel record review of the administrator's file revealed she had only completed the following training's within the last two years; two hours of medication update training on ', two hours of food service update on , and three hours of limited mental health continuing education on - '. Record review revealed the administrator failed to complete 5 out of 12 hours of training to satisfy the requirement of 12 hours every two years. In an interview with the administrator on ' at approximately 2:12 PM, she stated she knows she is deficient in her hours. Class III	A 080		
A 081 SS=G	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (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 29 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	A 081		

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A 081	Continued From page 30 regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on observation, personnel record review, and interview the facility failed to ensure that 2 out of 5 (staff #3, staff #4) sampled staff members have the required in-service training within 30 days of employment. Findings Include: Observations on : at approximately 9:05 AM found only staff #3 present at the facility upon entrance providing care to 8 residents {licensed for 6 beds}. Personnel record review found that staff #3 did not have an application or employee file. The facility staffing schedule did not list staff #3 as an employee. Record review revealed that staff #3 did not have any documentation of having the following in-service training: 1 hour in-service training within 30 days of employment that covers the following subjects: - Incident Reporting - Emergency Preparedness and Evacuation	A 081		

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A 081	Continued From page 31 - Elopement Response - Resident Rights - Recognizing and reporting resident neglect, and - Safe Food Handling 3 hours of in-service training within 30 days of employment that covers the following subjects: - Resident behavior and needs. - Providing assistance with the activities of daily living. Personnel record review found that staff #4 did not have an application or employee file. The facility staffing schedule did not list staff #4 as an employee. Record review revealed that staff #4 did not have any documentation of having the following in-service training: 1 hour in-service training within 30 days of employment that covers the following subjects: - Incident Reporting - Emergency Preparedness and Evacuation - Elopement Response - Resident Rights - Recognizing and reporting resident neglect, and - Safe Food Handling 3 hours of in-service training within 30 days of employment that covers the following subjects: - Resident behavior and needs. - Providing assistance with the activities of daily living. Staff #3 originally stated that her name was	A 081		

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A 081	Continued From page 32	A 081		

"Pastora" but the residents called her "Susanna" on : at 11:10 a.m. She gave us the date of birth but the date of birth of the background screening for the name that she gave. Staff #3 was unable to provide the social security number which was listed on the background screening. Surveyors found a sheet of paper which had a date of birth and social security number written down. That paper had the same information that was written on the background screening.

On : at 11:40 a.m. the administrator asked if the surveyor was going called Medicaid Fraud. The administrator then admitted the name for staff #3. She stated she is only helping out. She knows she is here alone because staff #2 went out to the store. She is not back because she asked her to go get something for her. She was here but she left when she got back. She stated that was the whole issue and "yeah we lied". She stated she has been there a month. Maybe two. She stated that she consented to her working here but she stated that she did not hire her.

On at 11:45 a.m. staff #2 stated that staff #3 and #4 are sisters; Victoria is Susanna ' s sister. Staff #3 gave us a date of birth. They stated she was not a resident of the U.S. and that she does not have residency to work.

In an interview with a resident on : at approximately 12:25 p.m., he stated the administrator works here, staff #2 works here, and the cleaning lady, staff #3, and she cooks too. He stated staff #3 also passes out medications. She stated staff #2 sometimes passes medications. He stated staff #4 works here too and she does same thing staff #3 does

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A 081	Continued From page 33 here. He stated he does not know when staff #3 started working here. He stated they all switch shifts. He stated staff #4 worked last week. In an interview with a resident on : at approximately 1:18 p.m., he stated staff #3 cooks really good. He stated that staff #3 and staff #4 both work here. He stated they both cook really good and its not very good for his diet. He stated staff #4 works on the weekends and she was here this weekend. He stated staff #3 started after he got here but he is not good with time. He doesn ' t ' t know about staff #4. He stated they both give out medications. He stated staff #2 is the manager or something and he only sees her once in a while. He stated staff #3 is here day and night during the week and staff #4 works the weekend day and night. In an interview with the administrator on at approximately 2:17 p.m., she acknowledged the findings but stated staff #4 only visits. She stated if anything, she started the same time as staff #3. Class II	A 081		
A 083 SS=D	58A-5.0191(4) FAC Training - First Aid and (4) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American	A 083		

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A 083	Continued From page 34 Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (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 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure a staff member who has completed courses in First Aid and ( ) be in the facility at all times. Findings Include: Observations on at approximately 9:05 AM found only staff #3 present at the facility upon entrance caring for 8 residents {licensed for 6 beds}. Personnel record review found that staff #3 did not have an application or employee file. The facility staffing schedule did not list staff #3 as an employee. Record review found that staff #3 lacked training's related to { } and First Aid. Personnel record review found that staff #4 did not have an application or employee file. The facility staffing schedule did not list staff #4 as an employee. Record review found that staff #4 lacked training's related to and First Aid. Personnel record review found staff #2, whose	A 083		

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A 083	Continued From page 35 application was dated , had training which expired but lacked First Aid training. Record review of the facility's 2012 staffing schedule revealed staff #2 was scheduled to work at the facility without any other staff present. In an interview with resident #7 on at approximately 1:18 PM, he stated staff #3 cooks really good. He stated that staff #3 and staff #4 both work here. He stated they both cook really good and its not very good for his diet. He stated staff #4 works on the weekends and she was here this weekend. He stated staff #3 started after he got here but he is not good with time. He doesn ' t ' t know about staff #4. He stated they both give out medications. He stated staff #2 is the manager or something and he only sees her once in a while. He stated staff #3 is here day and night during the week and staff #4 works the weekend day and night. In an interview with the administrator on at approximately 2:15 PM, she acknowledged the findings. Class III	A 083		
A 125 SS=D	58A-5.021(6) FAC Fiscal - Surety Bonds (6) SURETY BONDS. Pursuant to the requirements of Section 429.27(2), F.S.: (a) A facility whose owner, administrator, or staff, or representative thereof, serves as the representative payee or attorney-in-fact for facility residents, must maintain a surety bond, a copy of which shall be filed with the agency. For corporations which own more than one facility in the state, one surety bond may be purchased to	A 125		

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A 125	Continued From page 36 cover the needs of all residents served by the corporation. 1. If serving as representative payee: a. The minimum bond proceeds must equal twice the average monthly aggregate income or personal funds due to residents, or expendable for their account which are held by the facility; or b. For residents who receive , the minimum bond proceeds shall equal twice the supplemental security income or social security income plus the payments including the personal needs allowance. 2. If holding a power of attorney: a. The minimum bond proceeds shall equal twice the average monthly income of the resident, plus the value of any resident property under the control of the attorney in fact; or b. For residents who receive , the minimum bond proceeds shall equal twice the supplemental security income or social security income and the payments including the personal allowance, plus the value of any resident property held at the facility. (b) Upon the annual issuance of a new bond or continuation bond the facility shall file a copy of the bond with the AHCA central office. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility who served as 1 out of 9 (#8) sampled residents representative payee failed to maintain a surety bond. Findings include: Record review found that the facility's income and expense record did not have resident #8 listed. Record review found that resident #8' s contract	A 125		

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A 125	Continued From page 37 dated had a rate of $950 monthly. Record review found that the facility did not have any receipts for resident #8' income and expense documented. The facility ' s financial agreement section stated that the resident will receive 30 days in advance of any rate change. The facility failed to ensure that resident #8 received a 30 day notice of any rate change. Record review found that the facility did not have any receipts for resident #8 social security check. Record review found that the facility did not have a surety bond. Interview with resident #8 on at 3:00 p.m. Rent- I don ' t know what my social security is, its about $1215. The check come to them, they give me $54 every month. You pay whole amount (social security payment to the facility) but I get home sick and I go to my sisters sometimes. The Administrator said on at 3:15 p.m. resident #8's check is $1300. The Administrator said she gives him $60 to $150. She stated they do not document the income they get from him. she pays for the dentist, glasses and they do not document and they get income from him. The administrator said I pay Wellcare for him. The administrator says she is not sure of the amount she pays for him. The administrator says I don't give him receipts. I buy him hygiene supplies and I give him cash, but no receipts. Class III	A 125		
A 160 SS=D	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written	A 160		

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A 160	Continued From page 38 records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a ... pressure ; and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of ... . Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the	A 160		

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A 160	Continued From page 39 incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns. (e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured. (f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.; (g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.; (h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C. (j) If the facility advertises that it provides special care for persons with ' ' or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate. (m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.	A 160		

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A 160	Continued From page 40 (n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. (q) The facility ' s resident elopement response policies and procedures. (r) The facility ' s documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based on observations, record review, and interview the assisted living facility failed to have an up to date admission log. The facility failed to list 2 out of 9 (#1 and #8) sampled residents on the log. Findings include: Arrived to the facility on at 9:05 a.m. found only staff #3 caring for eight residents {licensed for 6 beds}. One of the eight residents that staff #3 was caring for was a female resident who was observed in a bed in an area in the facility that appeared to be a closet or small hallway. Facility tour revealed that resident #8 lived in #. Record review found that residents #1 and #8	A 160		

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	AL11965431	A. BUILDING _____ B. WING _____	

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A 160	Continued From page 41 were not listed on the facility's admission and discharge log. Interview with the administrator on : at 10:01 a.m. revealed that resident #1 "has been here for 6 months". The administrator confirmed that she did not have records for residents #1 and #8. Class III	A 160		
A 161 SS=D	58A-5.024(2) FAC Records - Staff (2) STAFF RECORDS. (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: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification; 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.; 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 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. (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	A 161		

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A 161	Continued From page 42 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. (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. This Statute or Rule is not met as evidenced by: Based on observation, personnel record review, and interview the facility failed to maintain proper staff records for 3 out of 5 (staff #1, #3, and #4) staff members. Findings Include: Observations on at approximately 9:05 AM found only staff #3 present at the facility upon entrance. Personnel record review of staff #1, whose application was dated - , revealed her application failed to include references. Personnel record review found that staff #3 did not have an application or employee file. The facility staffing schedule did not list staff #3 as an employee. Record review found that staff #3 did not have any documentation of having a freedom communicable including statement. Personnel record review found that staff #4 did not have an application or employee file. The	A 161		

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A 161	Continued From page 43 facility staffing schedule did not list staff #4 as an employee. Record review found that staff #4 did not have any documentation of having a freedom communicable including statement. In an interview with the administrator on at approximately 11:40 AM, she admitted that staff #3 was at the facility. She stated she is only helping out. She knows she is here alone because staff #2 went out to the store. She stated she is not back because she asked her to go get something for her. She stated was here but she left when she got back. She stated that was the whole issue and yeah we lied. She stated she has been there a month, maybe two. She stated that she consented to her working here but she stated that she did not hire her. In an interview with the administrator on at approximately 2:17 PM, she acknowledged the findings but stated staff #4 only visits. She stated if anything, she started the same time as staff #3. Class III	A 161		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ;	A 162		

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A 162	Continued From page 44 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or	A 162		

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A 162	Continued From page 45 staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for ( ) Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection;	A 162		

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A 162	Continued From page 46 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed have weights documented for 1 out of 9 (#1) sampled residents. The facility failed to have evidence of a power of attorney for 1 out of 9 (#1) sampled residents. Findings include: Record review found that the last recorded weight for resident #1 was dated for 107 pounds. Record review found that resident #1's last health assessment which was dated had assistance listed for all her activities of daily living. Record review found that the facility did	A 162		

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A 162	Continued From page 47 not have a copy of resident #1's evidence that resident #1 had a power of attorney. Interview with the administrator on at 2:29 p.m. confirmed that the facility did not have any weight records for resident #1 after . The administrator stated that she did not have the power of attorney for resident #1's friend at the facility. Class III	A 162		
AZ806 SS=D	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	AZ806		

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AZ806	Continued From page 48 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 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	AZ806		

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AZ806	Continued From page 49 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.; 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 observations and interview the assisted living facility failed to submit to the Agency 60 to 120 days in advance a request modify the	AZ806		

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AZ806	Continued From page 50 licensed capacity. The facility exceeded the licensed capacity of 6 beds. Findings include: Arrived to the facility on at 9:05 a.m. found staff #3 caring for the residents. One of the residents stated that there were 7 residents. First went into the " Employee " there were 2 beds and male clothing was observed near one of the beds. Resident #4 came in and stated it was his turned the light on in the . At 9:10 a.m. # two male residents both observed in their beds, residents #5 and #6 # resident #2 observed in his the bed. He stated that his was resident #8 but he did not know where he was. # residents #3 and #7. Resident #7 stated that he was out. The initial census was of 7 male residents. At 9:25 a.m. a female resident who was observed in a bed in an area in the facility that appeared to be a closet or small hallway next to the employee . Observations found that the facility had 8 residents at the time of survey, the facility is only licensed to have 6 residents. Medication review found that the facility physically had medications for eight residents at the facility. Interview on at 10:46 a.m. with the administrator revealed she has six residents and resident #1 makes the seventh resident. Interview with staff #3 on at 11:10 a.m. revealed that there were 8 residents at the facility. Class III	AZ806		

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AZ815	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 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	AZ815		

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AZ815	Continued From page 52 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 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	AZ815		

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AZ815	Continued From page 53 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. (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.	AZ815		

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	AL11965431	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERPIN CARE CORP	7521 WEST 30TH LANE HIALEAH, FL 33018

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AZ815	Continued From page 54 (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 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	AZ815		

Agency for Health Care Administration

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AZ815	Continued From page 55	AZ815		

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 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

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AZ815	Continued From page 56 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 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	AZ815		

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AZ815	Continued From page 57	AZ815		

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 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.

Agency for Health Care Administration

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AZ815	Continued From page 58 435.02(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 observations, personnel record review, and staff interviews the assisted living facility failed to ensure that 2 out of 5 (staff #3 and staff #4) sampled staff members have a completed proper background screening prior to providing care to residents. Findings Include: Arrived to the facility on at 9:05 a.m. found only staff #3 caring for eight residents {licensed for 6 beds}. One of the eight residents that staff #3 was caring for was a female resident who was observed in a bed in an area in the facility that appeared to be a closet or small hallway. Personnel record review found that staff #3 did not have an application or employee file. The facility staffing schedule did not list staff #3 as an employee. Record review revealed that staff #3 did not have any documentation of a completed background screening. Personnel record review found that staff #4 did not have an application or employee file. The facility staffing schedule did not list staff #4 as an employee. Record review revealed that staff #4 did not have any documentation of a completed background screening. In an interview with the administrator on at approximately 11:40 AM, she admitted that staff #3 was at the facility. She stated she is only	AZ815		

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AZ815	Continued From page 59	AZ815		

helping out. She knows she is here alone because staff #2 went out to the store. She stated she is not back because she asked her to go get something for her. She stated was here but she left when she got back. She stated that was the whole issue and yeah we lied. She stated she has been there a month, maybe two. She stated that she consented to her working here but she stated that she did not hire her.

On : at 11:45 a.m. staff #2 stated that staff #3 and #4 are sisters; Victoria is Susanna ' s sister. Staff #3 gave us a date of birth. They stated she was not a resident of the U.S. and that she does not have residency to work.

In an interview with a resident on : at approximately 12:25 PM, he stated the administrator works here, staff #2 works here, and the cleaning lady, staff #3, and she cooks too. He stated staff #3 also passes out medications. She stated staff #2 sometimes passes medications. He stated staff #4 works here too and she does same thing staff #3 does here. He stated he does not know when staff #3 started working here. He stated they all switch shifts. He stated staff #4 worked last week.

In an interview with a resident on : at approximately 1:18 PM, he stated staff #3 cooks really good. He stated that staff #3 and staff #4 both work here. He stated they both cook really good and its not very good for his diet. He stated staff #4 works on the weekends and she was here this weekend. He stated staff #3 started after he got here but he is not good with time. He doesn ' t ' t know about staff #4. He stated they both give out medications. He stated staff #2 is the manager or something and he only sees her once in a while. He stated staff #3 is here day

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AZ815	Continued From page 60 and night during the week and staff #4 works the weekend day and night. In an interview with the administrator on at approximately 2:17 PM, she acknowledged the findings but stated staff #4 only visits. She stated if anything, she started the same time as staff #3.	AZ815		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Herpin Care Corp
7521 West 30th Lane
Hialeah, FL 33018

Re: CCR #2012010341

Dear Administrator:

This letter reports the findings of a state complaint 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 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton

/s/ Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121