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
	AL11968205	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALMAR ALF INC	2120 NW 18 TERRACE MIAMI, FL 33125

(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 (CCR #2013000628) Investigation Survey was completed on , 2013. Almar Assisted Living Facility had the following deficiencies	A 000		
A 004 SS=D	58A-5.016 FAC Licensure - Requirements License Requirements. (1) SERVICE PROHIBITION. An ALF may not hold itself out to the public as providing any service other than a service for which it is licensed to provide. (2) LICENSE TRANSFER PROHIBITION. Licenses are not transferable. Whenever a facility is sold or ownership is transferred, including leasing, the transferor and transferee must comply with the provisions of Section 429.41, F.S., and the transferee must submit a change of ownership license application pursuant to Rule 58A-5.014, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility ' s capacity shall not be made without prior approval from the Agency Central Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation requirements as referenced in Rule 58A-5.0161, F.A.C. (4) CHANGE IN USE OF SPACE REQUIRING FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, shall not be made without prior approval from the Agency Field Office. Approval shall be based on the compliance with the physical plant standards provided in Rule	A 004		

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A 004	Continued From page 1	A 004		

58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation standards as referenced in Rule 58A-5.0161, F.A.C.
(5) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. " Contiguous property " means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part I, Chapter 429, F.S., and this rule chapter.
(6) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., shall be submitted annually to the Agency Central Office. The annual inspections shall be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Section 429.14, F.S., and Rule 58A-5.033, F.A.C.
(7) MEDICAID WAIVER RESIDENTS. Upon request, the facility administrator or designee must identify Medicaid waiver residents to the agency and the department for monitoring purposes authorized by state and federal laws.
(8) THIRD PARTY SERVICES.
(a) In instances when residents require services from a third party provider, the facility administrator or designee must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals, unless residents or their representatives decline the assistance. The declination of assistance must be reviewed at least annually. These actions must be

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A 004	Continued From page 2	A 004		

documented in the resident ' s record.
(b) In instances when residents or their representatives arrange for third party services, the facility administrator or designee, when requested by residents or representatives, must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals. These actions must be documented in the resident ' s record.
(c) The facility ' s facilitation and coordination as described under this subsection does not represent a guarantee that residents will receive party services. If the facility ' s efforts at facilitation and coordination are unsuccessful, the facility should include this documentation in the resident ' s record, explaining the reason or reasons its efforts were unsuccessful, which will serve to demonstrate its compliance with this subsection.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the assisted living facility failed to have an annual fire inspection.

Findings include:

Record review found that the facility's last fire inspection was completed on and expired on . Record review found that the facility did not have any annual fire inspection available for review at the time of survey.

Interview with the owner on at 12:30 p.m. confirmed that the facility's last fire inspection was dated .

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A 025	Continued From page 3	A 025		
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 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 observations, record review, and interview the assisted living facility failed to provide care and services to meet the needs for 3 out of 6 (#2, #3, and #4) sampled residents. The	A 025		

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A 025	Continued From page 4	A 025		

facility failed to provide personal supervision as appropriate for each resident and have awareness of the general health and safety for 3 out of 6 (#2, #3, and #4) sampled residents. The facility failed to written record for 3 out of 6 (#2, #3, and #5) sampled residents who have changes in behavior and had major incidents.

Findings include:

Record review for resident #2 found that he was admitted to the facility on . His health assessment has that he has been diagnosed with , Chronic Type. Record review found that the facility had no notes regarding the resident #2's behavior and did not have documentation on issues that resident #2 has had with other residents at the facility. Record review found that the facility did not have any documentation that resident #2's doctor was not contacted when he would have fights with other residents in the facility.

Interview with the owner on , at 10:40 a.m. revealed that resident #2 had issues with resident #3, I know that for a fact he said. He stated there were no fights inside the house, but outside resident #2 fights. He is very aggressive. The owner stated on at 11:03 a.m. that resident #2 and resident #4 had problems, something went missing. Kind of an altercation not a fight, happened outside. Outside on the streets and he heard about it, it did not happen in the ALF. No one got hurt physically.

Interview with resident #2 on at 11:10 a.m. revealed that he was court ordered to be at the facility. Resident #2 has had fights with two residents at the facility. He stated he fought one of the male residents at a gas station near the

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A 025	Continued From page 5 facility over allegedly stolen items. He stated that the male resident called the police on him and that the police came to the facility to have him sign some paper work. Resident #2 stated that he had another fight at the facility with resident #4. He alleged that resident #4 threaten him and resident #2 punched him and resident #4 to the ground. He stated that staff #1 was present at the facility and that the police were not called out. Resident #2 stated he was recently kicked out of his day program because he punched a hole in the wall. Record review found that the facility did not have a copy of resident #3's health assessment. Record review found that without the health assessment for resident #3, it is unclear if his needs could be met at an assisted living facility. Resident #3's demographic sheet shows that he was admitted on to the facility. The facility did not have an admission and discharge log at the time of survey so resident #3's discharge date is unknown. Record review found that the facility did not have any written notes regarding resident #3. The facility did not document that he allegedly threatened staff #1, they did not document that he punched holes in the wall, they did not document that he had problems with other residents, and the facility did not document that his doctor was notified when he had changes in his behavior. Record review found that the was no documentation regarding resident #3 going to the hospital. Interview with the owner on at 10:37 a.m. revealed that the holes in the wall were done by resident #3. He went away because he threaten the lady, staff #1, so staff #4 was working there that day that ombudsman came.	A 025		

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A 025	Continued From page 6	A 025		

Resident #3 was going to the hospital and then he was moved to Kenneth home. Kenneth homes another facility of the owner. Resident #3 is an and drug abuser. He always has altercations with other residents.

Record review found that resident #4 was admitted to the facility on . On his health assessment he is diagnosed with Major and ( ). Record review found that the facility did not have documentation on when resident #4 discharged. Record review found that the facility did not have any written notes regarding resident #4, they had no documentation regarding resident #4's fight with resident #2, and they had no documentation that the doctor was notified when resident #4 had changes in his behavior.

Exit interview with the owner on at 12:10 p.m. regarding supervision revealed that the listed administrator has two facilities that she supervises (Florida Health Finder.gov shows that the administrator supervises three facilities). Staff schedule was not completed for . He stated that his wife has three and I have three (meaning facilities that they supervise). We have two people here, staff #4 and the other lady (staff #1). At 12:19 p.m. the owner confirmed that the facility did not have any written notes and other documentation for residents #2, #3, and #4. He also stated that the facility did not have a completed record for resident #3 because his health assessment for example was taken to the other facility.

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A 074	Continued From page 7	A 074		
A 074 SS=D	58A-5.019(3)(b) Staffing Standards - Personnel File (BGS) (3) BACKGROUND SCREENING. (b) The results of employee screening conducted by the agency shall be maintained in the employee ' s personnel file. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed to have a copy of the owner's level 2 background screening at the facility. Findings include: Record review found that the owner's (staff #2) last background screening was dated . The owner's level 2 background screening needed to be completed every five years. Record review found that the facility did not have the owner's current level 2 background screening at the facility. Interview with the owner on at 10:05 a.m. revealed that he completed his background screening in but did not have a copy of the screening at the facility. Class III	A 074		
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	A 078		

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A 078	Continued From page 8	A 078		

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 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

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A 078	Continued From page 9 to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed to ensure that 1 out of 4 (#1) sampled staff members have an annual freedom from statement. Findings include: Record review found that staff #1's last freedom from statements were dated and expired Interview with the owner on at 12:00 p.m. confirmed that staff #1's last freedom from statement was dated . Class III	A 078		
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 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	A 083		

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A 083	Continued From page 10 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 observations, record review, and interview the assisted living facility failed to ensure that at least one staff who has completed First Aid and . . . is at the facility at all times. Findings include: Entered the facility on at 8:27 a.m., found staff #1 alone in the facility caring for the residents. Personnel record review found that staff #1 completed First Aid and . . on / and the training expired on . Record review found that the facility did not have any documentation that staff #1 had current First Aid and training. Interview with the owner and staff #1 on at 12:00 p.m. confirmed that the facility did not have current First Aid and training for staff #1. Class III	A 083		
A 085 SS=D	58A-5.0191(6) FAC Training - Nutrition & Food Service (6) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in	A 085		

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A 085	Continued From page 11	A 085		

topics pertinent to nutrition and food service in an assisted living facility. A certified food manager, licensed dietician, registered dietary technician or health department sanitarians are qualified to train assisted living facility staff in nutrition and food service.

This Statute or Rule is not met as evidenced by:
Based on observations, record review, and interview the assisted living facility failed to ensure that 1 out of 4 (#1) sampled employees have a minimum of 2 hours of continuing education in nutrition and food service annually by an approved provider.

Findings include:

Observation on [redacted] at 11:52 a.m. found that staff #1 was preparing lunch for the residents at the facility which included boiled meat with potatoes and rice.

Record review revealed that staff #1 did not have documentation of having a minimum of 2 hours continuing education in nutrition by a certified food manager, licensed dietician, registered dietary technician or health department sanitarians.

Interview with the owner on [redacted] at 12:00 p.m. revealed that staff #1 is the person in charge of the cooking for the facility. He confirmed that the training for staff #1 was not completed by a licensed dietician.

Class III

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A 121	Continued From page 12	A 121		
A 121 SS=D	58A-5.021(2) FAC Fiscal - Accounting Procedures (2) ACCOUNTING PROCEDURES. The facility shall maintain written business records using generally accepted accounting principles as defined in Rule 61H1-20.007, F.A.C., which accurately reflect the facility ' s assets and liabilities and income and expenses. Income from residents shall be identified by resident name in supporting documents, and income and expenses from other sources, such as from day care or interest on facility funds, shall be separately identified. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed document resident income from monthly Optional State Supplementation (. .) for 2 out of 6 (#5 and #6) sampled residents. Findings include: Record review found that the facility's account logs for residents #5 and #6 were not documented for income that the facility received on for for both residents. The facility did not log that resident #5 received $78.40 and resident #6 received $58.40. Interview with the owner and staff #1 who provided copies of the . . . checked on at 12:24 p.m. confirmed that the facility did not log residents #5 and #6's payments. Class III	A 121		

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A 161	Continued From page 13	A 161		
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 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.	A 161		

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	AL11968205	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALMAR ALF INC	2120 NW 18 TERRACE MIAMI, FL 33125

(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 161	Continued From page 14	A 161		

This Statute or Rule is not met as evidenced by:
Based on observations, record review, and interview the assisted living facility failed to ensure that 1 out of 4 (#4) sampled staff members had a personnel record. The facility failed to ensure that 3 out of 4 (#1, #2, and #3) sampled staff members had completed applications.

Findings include:

Record review found that the facility did not have a personal record for staff #4 which included a completed application, training documentation, and copy of a completed background screening.

Interview with staff #4 on at 8:52 a.m. as she and another woman were walking off the property. She stated that she lives here and to a building not sure where it was. She stated that she works here for 2 days a week.

During the survey on at 11:30 a.m. the owner's wife provided three certificates and stated that the certificates belonged to staff #4. The name on the certificates did not match the name on staff #4's state of Florida identification card which was provided by staff #4.

Interview with the owner on at 12:08 p.m. confirmed that the facility did not have a record for staff #4.

Record review found that staff #1's employment application did not have references listed. Record review found that staff #2 and #3 did not

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A 161	Continued From page 15 have completed employment applications at the facility. Interview with the owner on at 12:00 p.m. confirmed that staff members did not have completed applications at the facility. Class III	A 161		
AZ815 SS=C	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	AZ815		

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AZ815	Continued From page 16	AZ815		

living areas; and any person, as required by authorizing statutes, contracting with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients. Evidence of contractor screening may be retained by the contractor ' s employer or the licensee.

(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person ' s fingerprints to the Federal Bureau of Investigation for a national criminal history record check. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g), the person must file a complete set of fingerprints with the agency and the agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints may be retained by the Department of Law Enforcement under s. 943.05(2)(g). The cost of the state and national criminal history records checks required by level 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 [illegible], the Department of

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

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

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and 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

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provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(g) Section 817.234, relating to false and fraudulent insurance claims.
(h) Section 817.505, relating to patient brokering.
(i) Section 817.568, relating to criminal use of personal identification information.
(j) Section 817.60, relating to obtaining a credit card through fraudulent means.
(k) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
(l) Section 831.01, relating to forgery.
(m) Section 831.02, relating to uttering forged instruments.
(n) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
(o) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
(p) Section 831.30, relating to fraud in obtaining medicinal drugs.
(q) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.
A person who serves as a controlling interest of, 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

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the 5-year period, beginning , 2010, through , 2015. If, upon rescreening, such person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 30 days after receipt of the rescreening results by the person.

(5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.

(6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who:
1. Does not have an active professional license or certification from the Department of Health; or
2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that 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

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from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.

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

(8) There is no unemployment compensation or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency.

435.06, F.S.

(1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of 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

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any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.

(b) If an employer becomes aware that an employee has been ' ' for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.

(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.

(3) Any employee who refuses to cooperate in 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

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other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was regardless of whether or not that person has filed for an exemption pursuant to this chapter.

435.02(2), F.S.

" Employee " means any person required by law to be screened pursuant to this chapter.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the assisted living facility failed to ensure that 1 out of 4 (#4) sampled staff members had a completed level 2 background screening prior to providing care to residents.

Findings include:

Record review found that the facility did not have a personal record for staff #4 which included a completed level 2 background screening.

Interview with staff #4 on at 8:52 a.m. as she and another woman were walking off the property. She stated that she lives here and pointed to a building not sure where it was. She stated that she works here for 2 days a week.

Interview with the owner on at 10:37 a.m. revealed that staff #4 was working in the facility to cover for staff #1 because resident #3 allegedly threatened staff #1. He stated that staff #4 was present at the facility the day the state Ombudsman visited which was

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AZ815	Continued From page 23 Interview with the owner on at 12:08 p.m. confirmed that the facility did not have a record for staff #4. Interview with a staff member from the Ombudsman on at 3:58 p.m. confirmed that staff #4 was at the facility at the time of their visit caring for residents. Staff #4 was unable to provide them her record.	AZ815		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Almar Alf Inc
2120 Nw 18 Terrace
Miami, FL 33125

Re: CCR #2013000628

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2013 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

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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