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
	AL11968107	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINT COMMUNITY RESIDENTIAL FA(	1937 COLLEGE CIR N JACKSONVILLE, FL 32209

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint survey, CCR# 2013003972, was conducted at North Point Community Residential Facility, Inc. in Jacksonville, Florida on , 2013. Licensure deficiencies were identified as a result of the survey.	A 000		
A 051	58A-5.0185(2) FAC Medication - Pill Organizers (2) PILL ORGANIZERS. (a) A " pill organizer " means a container which is designed to hold solid doses of medication and is divided according to day and time increments. (b) A resident who self-administers medications may use a pill organizer. (c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse shall manage the pill organizer in the following manner: 1. Obtain the labeled medication container from the storage area or the resident; 2. Transfer the medication from the original container into a pill organizer, labeled with the resident ' s name, according to the day and time increments as prescribed; 3. Return the medication container to the storage area or resident; and 4. Document the date and time the pill organizer was filled in the resident ' s record. (d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it shall be noted in the resident ' s record and the facility shall consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility shall contact the	A 051		

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A 051	Continued From page 1 resident ' s health care provider regarding questions, concerns, or observations relating to the resident ' s medications. Such communication shall be documented in the resident ' s record. This Statute or Rule is not met as evidenced by: Based upon observation, staff and resident interviews, the facility failed to ensure that only residents who self-administered medications used pill organizers for five of five residents (#1, #2, #3, #4, and #5). The findings include: Observation of the facility's metal tool box, which was serving as a medication storage unit, on [redacted] at approximately 12:55 pm revealed that it contained pill organizers for Residents #1, #2, #3, #4, and #5. An interview with Employee #1 on [redacted] at 12:23 pm revealed that she and other unlicensed staff members assisted residents #1, #2, #3, #4, and #5 with self-administration of medications, and that the administrator filled the pill organizers. An interview with the Administrator, also a registered nurse, on [redacted] at 1:30 pm revealed that she filled the pill organizers for the residents and had her unlicensed staff members provide the medications to the residents. An interview with Resident #2 on [redacted] at 2 pm revealed that staff issued her her medications from a pill organizer from the medication cart (metal tool box) daily. An interview with Resident #3 on [redacted] at 2:20 pm revealed that staff issued her	A 051		

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A 051	Continued From page 2 medications to her daily from a pill organizer. An interview with Resident #1 on [redacted] at 2:20 pm revealed that staff gave him his medications daily from a pill organizer. Class III	A 051		
A 053	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label. (b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record. (c) Medication administration includes the conducting of any examination or testing such as [redacted] glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff. (d) A facility which performs clinical laboratory tests for residents, including [redacted] glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in	A 053		

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A 053	Continued From page 3 performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109. This Statute or Rule is not met as evidenced by: Based on resident and staff interviews, the facility failed to ensure only licensed staff performed glucose testing for one of five residents (#2). The findings include: An interview with Employee #1 on at 12:23 pm revealed that she and other staff (who were not licensed nurses) assisted Resident #2 with her glucose testing). An interview with the Administrator on at 1:30 pm revealed that her staff assisted Resident #2 with her because the resident had use of only one arm due to her An interview with Resident #2 on at 2:00 pm revealed that the unlicensed staff assisted her with her each day. Class III	A 053		

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A 056	Continued From page 4	A 056		
A 056	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist. (d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied	A 056		

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A 056	Continued From page 5	A 056		

by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S.,

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A 056	Continued From page 6 before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based upon review of another state agency's report, and staff and resident interview, the facility failed to ensure that medications were not transferred into another storage container by anyone other than a licensed pharmacist for one of five residents (#2). The findings include: A review of the Florida's Long Term Care Ombudsman Program's Administrative Assessment Planning Guide, dated and timed from 10:54 am to 12:10 pm, revealed that the Ombudsman had observed 3 pre-filled syringes of stored in a lock box in the facility's refrigerator. The first syringe contained 5 ccs (cubic centimeters) of . The second syringe contained 5 ccs of , and the third syringe contained 15 ccs of . Interview with Employee #1 on at 12:23 pm revealed that the administrator came to the facility each day to administer the to Resident #2. Interview with the Administrator on at 1:30 pm revealed that she came to the facility daily to inject Resident #2 with . Interview with Resident #2 on at 2 pm revealed that the Administrator injected her every day. Class III	A 056		

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A 078	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 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	A 078		

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A 078	Continued From page 8 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 personnel record review and staff interviews, the facility failed to ensure 3 of 4 staff (Employees #1, #2, and #3) obtained freedom from communicable disease statements from their physician. The findings include: Personnel record review revealed Employee #1, hired as a caregiver/medication technician on , was missing documentation of freedom from communicable disease statements from her physician. Personnel record review revealed Employee #2, hired as a caregiver/medication technician on , was missing documentation of freedom from communicable disease statements from her physician. Personnel record review revealed Employee #3, hired as a food service aide in 2013, was missing documentation of freedom from communicable disease statements from her physician.	A 078		

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A 078	Continued From page 9 An interview with Employee #1 on ... at 12:23 pm revealed she had not obtained a health statement from her physician stating she was free from communicable ... because she thought all she needed was a ... screening test. An interview with Employee #3 on ... at 12:50 pm revealed she did not have a completed health statement by her physician stating she was free from communicable ... An interview with Employee #2 on ... at 1:10 pm revealed she had not obtained a health statement from her physician stating she was free from communicable ... On ... at 1:30 pm in an interview with the administrator, she acknowledged Employees #1, #2, and #3 still needed health statements from their physicians. Class III	A 078		
A 081	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 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	A 081		

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A 081	Continued From page 10	A 081		

, 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 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.

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A 081	Continued From page 11 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 personnel record reviews and staff interviews, the facility failed to ensure 3 of 4 staff (Employees #1, #2, and #3) completed required in-service trainings in ..... control, reporting major incidents, reporting adverse incidents, facility emergency procedures, resident elopement response policy and procedures. The findings include: Personnel record review revealed Employee #1, hired as a caregiver/medication technician on , was missing documentation of completed training in ..... control, reporting major incidents, reporting adverse incidents, facility emergency procedures, and resident elopement response policy and procedures. Personnel record review revealed Employee #2, hired as a caregiver/medication technician on , was missing documentation of completed training in ..... control, reporting major incidents, reporting adverse incidents, facility emergency procedures, and resident elopement response policy and procedures. Personnel record review revealed Employee #3, hired as a food service aide in 2013, was missing documentation of completed training in control, reporting major incidents,	A 081		

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A 081	Continued From page 12 reporting adverse incidents, facility emergency procedures, resident elopement response policy and procedures. An interview with Employee #1 on [redacted] at 12:23 pm revealed she had completed some in-service training, but was unsure what she was missing. An interview with Employee #3 on [redacted] at 12:50 pm revealed she did not have all required trainings and was unsure of what trainings she needed. An interview with Employee #2 on [redacted] at 1:10 pm revealed she was unsure of what in-service trainings she still needed. An interview with the Administrator on [redacted] at 1:30 pm revealed she had had her staff complete in-service trainings and just had to print them off her computer. She stated she was unsure of what other trainings staff needed, but would ensure they received them. Class III	A 081		
A 082	58A-5.0191(3) FAC Training - [redacted] (3) [redacted] [redacted] Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on [redacted] and [redacted] including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment.	A 082		

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A 082	Continued From page 13 Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on staff interviews and personnel record reviews, the facility failed to ensure 3 of 4 staff (Employees #1, #2, and #3) completed a one-time education course in ... cquired topics. The findings include: Personnel record review revealed Employee #1, hired as a caregiver/medication technician on , was missing documentation of completed training in ... topics. Personnel record review revealed Employee #2, hired as a caregiver/medication technician on , was missing documentation of completed training in ... topics. Personnel record review revealed Employee #3, hired as a food service aide in 2013, was missing documentation of completed training in ... topics. An interview with Employee #1 on at 12:23 pm revealed she had completed some in-service training, but was unsure what she was missing. An interview with Employee #3 on at 12:50 pm revealed she did not have all required trainings and was unsure of what trainings she	A 082		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 082	Continued From page 14 needed. An interview with Employee #2 on [redacted] at 1:10 pm revealed she was unsure of what in-service trainings she still needed. An interview with the Administrator on [redacted] at 1:30 pm revealed she had had her staff complete in-service trainings and just had to print them off her computer. She stated she was unsure of what other trainings staff needed, but would ensure they received them. Class III	A 082		
A 083	58A-5.0191(4) FAC Training - First Aid and [redacted] (4) FIRST AID AND [redacted] A staff member who has completed courses in First Aid and [redacted] and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or [redacted] course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American [redacted] 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 [redacted] This Statute or Rule is not met as evidenced by:	A 083		

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	AL11968107	A. BUILDING: _____ B. WING _____	

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A 083	Continued From page 15 Based on personnel record review and staff interviews, the facility failed to ensure at least one staff member qualified in [redacted] and First Aid was at the facility at all times for 2 of 4 sampled staff employees (#1 and #3). The findings include: Personnel record reviews revealed Employee #1, hired [redacted] as a caregiver/medication technician, and Employee #3, hired [redacted] 2013 as a food service aide were missing were current certifications in [redacted] and First Aid. On [redacted] at 12:23 pm in an interview with Employee # 1, she stated she had completed some in-service training, but was unsure what she was missing. She stated she had not completed [redacted] or First Aid and had been left alone with the residents. On [redacted] at 12:50 pm in an interview with Employee # 3, she stated she did not have all the required trainings and was unsure of what trainings she needed. On [redacted] at 1:30 pm in an interview with the administrator, she stated she had her staff complete in-service trainings and just had to print them off her computer. She stated she was unsure of what other trainings staff needed, but would ensure they received them. She acknowledged Employees #1 and #3 had not completed [redacted] and First Aid trainings. Class III	A 083		
AZ815	408.809, 435.02(2), 435.06 Background Screening; Prohibited Offenses	AZ815		

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AZ815	Continued From page 16	AZ815		

408.809, F.S.

(1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435:
(a) The licensee, if an individual.
(b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider.
(c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.
(d) Any person who is a controlling interest if the agency has reason to believe that such person has been convicted of any offense prohibited by s. 435.04. For each controlling interest who has been convicted of any such offense, the licensee shall submit to the agency a description and explanation of the conviction at the time of license application.
(e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, contracting with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients. Evidence of contractor screening may be retained by the contractor ' s employer or the licensee.

(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2

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AZ815	Continued From page 17	AZ815		

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 and this section using forms provided by the

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AZ815	Continued From page 18 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. (h) Section 817.505, relating to patient	AZ815		

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AZ815	Continued From page 19	AZ815		

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 decision on the application for exemption if the

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AZ815	Continued From page 20	AZ815		

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 relating to retaining fingerprints pursuant to s.

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AZ815	Continued From page 21 943.05(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 employee in a role that requires background	AZ815		

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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.

435.02(2), F.S.

Agency for Health Care Administration

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AZ815	Continued From page 23 " 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 staff interviews and personnel record reviews, the facility failed to obtain required level 2 background screens for 2 of 4 employees (Employees # 1 and # 3). The findings include: Personnel record revealed Employee #1, hired [redacted] as a caregiver/medication technician, and Employee #3, hired [redacted] 2013 as a food service aide, had not obtained required level 2 background screens. An interview with Employee # 1 on [redacted] at 12:23 pm revealed she had not obtained a level 2 background screen. An interview with food service aide, Employee # 3, on [redacted] at 12:50 pm revealed she had not gotten a level 2 background screen. On [redacted] at 1:30 pm in an interview with the administrator, she acknowledged 2 of her staff had not obtained their required level 2 background screening. Unclassified	AZ815		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
North Point Community Residential Facility, Inc.
1937 College Circle, North
Jacksonville, FL 32209

Re: CCR #2013003972

Dear Administrator:

This letter reports the findings of a state licensure complant survey that was conducted on 2013 by a representative 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 **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey. **A recommendation for sanction has been forwarded to the Central Office in Tallahassee for the unclassified deficiency. This action, if taken, will be a matter of separate correspondence from the Central Office in Tallahassee.**

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. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JL/KW/sm
Enclosure

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