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	AL11969349	**03/05/2019**
NAME OF PROVIDER OR SUPPLIER **SERENITY LIFESTYLE PLUS II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **178 EVERGREEN ST NE** **PALM BAY, FL 32907**	

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0000 - Initial Comments

Complaint Investigation #20180126941 was conducted on . . . . . Serenity Lifestyle plus II had deficiencies at the time of the investigation.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on Medication Observation Record (MOR) review and interview, the facility failed to maintain the MOR with the complete information as required by 58A-5.0185(5) Florida Administrative Code for 1 of 7 residents (#1).

Findings:

Resident #1's handwritten MOR did not include the following required information: known . . . . , the health care provider's name and phone number, and the month and year being documented.

On at 3:30 PM, the administrator confirmed the finding.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that all centrally stored medications were locked and secured at all times for 1 of 7 residents (#1).

Findings:

During a tour of the facility, observations found 5 prescribed and labeled medications on the nightstand of resident #1. They were unsecured and visible to anyone in the room.

On . . . . . at 11 AM, resident #1, who requires assistance with self-administration of medications, stated he wanted his medications in his room. He said he did not trust anyone else to keep his pills. He also stated he does not like to take them because they make him feel "funny".

In an interview with the administrator on . . . . . at 1:30 PM, she stated resident #1 rarely takes his medication when offered. She said he doesn't trust anyone and is afraid they will switch his pills and

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poison him. She confirmed she allowed some of his pills to be in his room and stated she knew they were supposed to be secured.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on observation, record review and interview, the administrator responsible for operation of the facility, including the management of all staff and the provision of appropriate care to all residents failed to:
1. ensure the safety of all residents, and did not ensure that all centrally stored medications were locked and secured at all times as required by 58A-5.0185(6) FAC;
2. ensure that all employees submit to level 2 background rescreening as a condition of their employment prior to working with the residents and did not register and maintain the current employment status of employees within the Agency for Health Care Administration's (AHCA) Background Screening Clearinghouse for 3 of 5 sampled staff (C, D & E);
3. have one staff member complete courses in First Aid and , , ( ), and hold a currently valid card documenting completion of such courses in the facility at all times, and did not maintain a current written staff schedule covering a 24-hour staffing pattern;
4. obtain an annual statement from the health care provider for 2 of 5 sampled staff (C & D) documenting freedom from ( ), and no statement for 1 caregiver documenting freedom from communicable (B);
5. ensure that all staff had completed the minimum staff in-service training requirements within 30 days of employment for 5 of 5 staff (A, B, C, D & E), and training in assisting with self-administration of medications for 4 of 5 staff (A, B, C & E);
6. retain the complete record for 1 resident no longer residing in the facility as required in 58A-5.024(3) FAC (#7).

Findings:

1. During a tour of the facility, observations found 5 prescribed and labeled medications on the nightstand of resident #1. They were unsecured and visible to anyone in the room.
On at 11 AM, resident #1, who requires assistance with self-administration of medications, stated he wanted his medications in his room. He said he did not trust anyone else to keep his pills. He also stated he does not like to take them because they make him feel "funny".

On at 1:30 PM, the administrator stated resident #1 rarely takes his medication when offered.

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She said he doesn't trust anyone and is afraid they will switch his pills and poison him. She confirmed she allowed some of his pills to be in his room and stated she knew they were supposed to be secured.

2. Caregiver C identified herself at 9:50 AM on as a caregiver working alone with the residents. She did not have a personnel record available for review. Her hire date was unknown. She identified herself with one name, but the administrator said she had a different name. Both names were not listed on the facility clearinghouse roster.

On at 11 AM, the administrator stated she did not have a personnel record or background screen for caregiver C yet because caregiver C was waiting for her first paycheck to go get her screening. At 11:05 AM on , the administrator sent caregiver C out to get a background screen and called another staff to come in to work.

Staff D unlocked the door with a key from the inside on at 9:30 AM. She stated her name, but was unable to say what hours she worked. She did not state that anyone else was working with her at the time. After she called the administrator, she was never seen again. At 9:50 AM on , caregiver C identified staff D as "a friend of the administrator".

At 10:20 AM on , the administrator identified staff D as her aunt who was "the housekeeper", and said she also did the laundry. When asked for the personnel record and background screen for staff D, the administrator stated she did not know she had to have any of that for a housekeeper, and confirmed she did not get a background screen for staff D prior to her working in the facility with the residents. Staff D was not listed on the facility roster.

Review of the staff schedule found caregiver E scheduled to work alone for 24 hour shifts on Saturdays and Sundays, , 03, 09, 10, 23, 24, 30 and 31/19 from 7 AM-7 PM. Resident #1's Medication Observation Record (MOR) revealed caregiver E signed off for passing medication to resident #1 on , and . Caregiver E was not listed on the facility clearinghouse roster. There was no personnel record available for review. There was no level 2 background screen available for review.

On at 11:15 AM, the administrator stated she made the schedule for before she knew that caregiver E did not pass the background screening. She stated she did not hire caregiver E, but she did confirm that caregiver E had worked alone in the facility for several nights in .

3. Review of the staff schedule revealed a paper that had " " on the top. There were lines for weeks 1, 2, 3 and 4. No dates were on the schedule. The schedule did not reflect the

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entire month, but covered Friday, (week 1) through Saturday (week 4). The schedule did not cover 24-hour staffing for at least 6 days in . On , 11, 12, 13, 14 and 15/19, caregiver C was scheduled to work 7 AM-12 PM, and caregiver B was scheduled to work from 7 PM-7 AM. No one was scheduled to work from 12 PM-7 PM on the above 6 days. There was no schedule for - . (photographic evidence obtained)

On at 10:45AM, the administrator stated she did the schedule on her computer and forgot to change the year at the top. She confirmed the schedule was incorrect and did not reflect which staff was working on which days.

Caregiver B worked alone from 7 PM-7 AM on . She was also scheduled to work alone 7 PM-7 AM (Monday through Friday) the weeks of /19 and /19. There was no schedule for the dates of -31, 2019. Her personnel record did not contain any evidence of training in First Aid. There was a copy of the front side of a Heartsaver (, automated external defibrillator) certification card. The typed name of the student was crossed out and caregiver B's name was written in. The date of the training and the renewal dates were handwritten as well. There was no copy of the of the card, and no information about the trainer and their signature. Caregiver C worked alone with the residents on upon entrance to the facility on . The schedule showed she had worked alone on from 7 AM-12 PM, on from 7 AM-7 PM, and was scheduled on from 7 AM-7 PM. She was scheduled to alone throughout the month of . There was no personnel record available for review, and no evidence of training in First Aid and .

Caregiver E was scheduled to work alone from 7 AM-7 AM on and . The Medication Observation Record revealed caregiver E signed off for assisting with medications on , and . He was scheduled to work 24 hour shifts (7 AM-7AM) on Saturdays and Sundays throughout . Handwritten on the bottom was 7 AM-7 AM. There was no schedule for the dates of /19. There was no personnel record available for review, and no evidence of training in First Aid and .

Personnel records for caregivers C and E were requested but there were no records. On at 11AM, the administrator stated she had not made records for them yet. The administrator stated caregiver C had not yet obtained a background screen and caregiver E had not received an eligible status on his background screen. She said she did not hire caregiver E, but later confirmed that he had worked the previous weekend alone with the residents. There were no records to show that caregivers C and E had received any training, including training in and First Aid.

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4. There were no personnel records for caregiver C, housekeeper D, and caregiver E. There was no current annual documentation to confirm they were free from communicable and . On at 12:10 PM, the administrator confirmed that the documentation was not available.

5. Certified nursing assistant (CNA) A's personnel record did not contain any evidence of training on the facility's policies and procedures (P&Ps) regarding emergency preparedness and evacuation, including, chain of command, recognizing and reporting , neglect and , , elopement response training, and ( ).

Caregiver B's personnel record did not contain the required 2-hour pre-service orientation before providing care to the residents. The record revealed training certificates, dated and , did not indicate where the training was received. There was no evidence of training in the facility's P&Ps regarding emergency preparedness and evacuation, including, chain of command, recognizing and reporting , neglect and , , elopement response training, and ( ) within 30 days of hire. Her date of hire was unknown.

Caregiver C worked alone on . There was no record for this employee. There was no evidence of the required 2-hour pre-service orientation or any training in the facility's P&Ps.

Housekeeper D worked in the facility on . There was no record for this employee. There was no evidence of the required 2-hour pre-service orientation or any training in the facility's P&Ps regarding elopement. Her date of hire was unknown.

Caregiver E worked alone on , and . A personnel record was not found for this employee. There was no evidence of the required 2-hour pre-service orientation or any training in the facility's P&Ps. His hire date was unknown.

On at 2 PM, the administrator confirmed the training documentation was not in the record. She confirmed she did not have any records for staff C, D, and E on . She confirmed she had not provided the required in-service training for staff A, B, C, D, and E as of .

6. Review of the admission discharge log revealed resident #7 was admitted on and discharged on . On at 12:45 PM, upon request to review resident #7's, the administrator stated she was unable to find all of the record. She was unable to provide a complete record for this discharged resident. The administrator confirmed that she did not have resident #7's full record available, and stated she understood she was required to retain all resident records for 2 years after discharge, and the contracts for 5 years after discharge.

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Class II

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview, the facility failed to obtain an annual statement from the health care provider for 3 of 5 sampled staff documenting freedom from (C & D), and did not have a statement for 1 staff documenting freedom from communicable (B).

Findings:

1. Caregiver C did not have a personnel record to review. There was no current annual documentation to confirm she was free from communicable and ( ).

2. Housekeeper D did not have a personnel record to review. There was no current annual documentation to confirm she was free from communicable and .

3. Caregiver B did not have a personnel record to review. There was no current annual documentation to confirm he was free from communicable and .

On at 12:10 PM, the administrator confirmed that the documentation was not available.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, staff schedule review, personnel record review and interview, the facility failed to maintain a current written staff schedule covering a 24 hour staffing pattern for 3 of 5 sampled staff (B, C & E), and failed to have one staff member, who completed courses in First Aid and , ( ) and have a currently valid card documenting completion of such courses, in the facility at all times.

Findings:

1. Review of the staff schedule revealed a paper that had " " on the top. There were lines for weeks 1, 2, 3 and 4. No dates were on the schedule. The schedule did not reflect the entire month, but covered Friday, (week 1) through Saturday, (week 4). The schedule did not cover 24 hour staffing for at least 6 days in . On , 11, 12, 13, 14 and 15/19, staff C was

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scheduled to work 7 AM-12 PM, and staff B was scheduled to work from 7 PM-7 AM. No one was scheduled to work from 12 PM-7 PM on the above 6 days. There was no schedule for /19.

On at 10:45 AM, the administrator stated she did the schedule on her computer and forgot to change the year at the top. She confirmed the schedule was incorrect and did not reflect which staff was working on which days.

2. Caregiver B, hired on , worked alone from 7 PM-7 AM on . She was also scheduled to work alone 7 PM-7 AM, Monday through Friday, the weeks of and /19. There was no schedule for the dates of -31. Her personnel record did not contain any evidence of training in First Aid. There was a copy of the front side of a Saver certification card. The typed name of the student was crossed out and caregiver B's name was written in. The date of the training and the renewal dates were handwritten as well. There was no copy of the of the card, and no information about the trainer and their signature.

3. Caregiver C worked alone with the residents on upon entrance to the facility. The schedule showed she had worked alone on from 7 AM-12 PM, from 7 AM-7 PM, and was scheduled on from 7 AM-7 PM. She was scheduled to work alone throughout the month of . There was no personnel record available for review, and no evidence of training in First Aid and .

4. Caregiver E was scheduled to work alone from 7 AM-7 AM on and . The Medication Observation Record revealed caregiver E signed off for assisting with medications on , and . He was scheduled to work 24 hour shifts (7 AM-7 AM) on Saturdays and Sundays throughout . Handwritten on the bottom was 7 AM-7 AM. There was no schedule for the dates of /19. There was no personnel record available for review, and no evidence of training in First Aid and .

A request to review the personnel records for caregivers C and E found there were no records. The administrator stated she had not made records for them. On at 11 AM, the administrator stated caregiver C had not yet obtained a background screen, and caregiver E had not received an eligible status on his background screen. She said she did not hire caregiver E, but later confirmed that he had worked the previous weekend alone with the residents. There were no records to show that caregivers C and E had received any training, including training in and First Aid.

Photographic evidence obtained

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Class II

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on personnel record review and interview, the facility failed to ensure that all staff completed the minimum staff in-service training requirements within 30 days of employment for 5 of 5 sampled staff (A, B, C, D & E).

Findings:

1. Certified nursing assistant (CNA) A's personnel record did not reveal evidence of training in the facility's policies and procedures (P&Ps) regarding emergency preparedness and evacuation, including, chain of command, recognizing and reporting , neglect and , , elopement response training, and ( ). CNA A was hired on .

2. Caregiver B's personnel record did not reveal documentation of the required 2-hour pre-service orientation before providing care to the residents. The record revealed training certificates dated and that did not indicate where the training was received. There was no evidence of training in the facility's P&Ps regarding emergency preparedness and evacuation, including, chain of command, recognizing and reporting , neglect and , , elopement response training, and within 30 days of hire. Caregiver B was hired on .

3. Caregiver C worked alone on . There was no record for this employee. There was no evidence of the required 2-hour pre-service orientation and any training in the facility's P&Ps.

4. Housekeeper D, worked in the facility on . There was no personnel record for this employee. There was no evidence of the required 2-hour pre-service orientation and any training in the facility's P&Ps regarding elopement.

5. Caregiver E worked alone on , and . There was no personnel record for this employee. There was no evidence of the required 2-hour pre-service orientation and any training in the facility's P&Ps.

On at 2 PM, the administrator confirmed the training documentation was not in the records. She confirmed she did not have any records for staff C, D, or E on . She confirmed she had not provided the required in-service training for staff A, B, C, D, or E as of .

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Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on personnel record review, staff schedule review and interview, the facility failed to ensure that staff working alone had current training and certification in First Aid (B, C & E).

Findings:

1. Caregiver B worked alone with the residents from 7 PM until 7 AM. Her personnel record did not contain any evidence of training in First Aid. There was a copy of the front side of a Saver (, resucitation automated external defibrillator) certification card. The typed name of the student was crossed out and caregiver B's name was written in. The date of the training and the renewal dates were handwritten as well. There was no copy of the of the card, and no information about the trainer and their signature. Caregiver B was hired on .

2. Caregiver C worked alone with the residents on upon entrance to the facility. The schedule showed she had worked alone on from 7 AM-12 PM, from 7 AM-7 PM, and was scheduled on from 7 AM-7 PM. She was scheduled to alone throughout the month of . There was no personnel record available for review, and no evidence of training in First Aid and .

3. Caregiver E was scheduled to work alone from 7 AM-7 AM on and . The Medication Observation Record revealed caregiver E worked alone and signed off for assisting with medications on , and . There was no personnel record available for review and no evidence of training in First Aid and .

On at 1:30 PM, the administrator confirmed she did not have any documentation for First Aid and for staff B, C, or E.

Photographic evidence obtained

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on personnel record reviews and interview, the facility failed to ensure that 3 of 4 sampled staff received the required training and updates regarding assisting with self-administration of medications (A,

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C & E).

Finding:

1. Caregiver A's personnel file contained initial training,dated . Tere were no certificates indicating completion of any required 2-our annual updates. Caegiver A was hired on .

2. Caregiver C worked alone with the residents on upon entrance to the facility. The schedule showed she had worked alone on from 7 AM-12 PM, on from 7 AM-7 PM, and was scheduled to work on from 7 AM-7 PM. There was no personnel record available for review and no evidence of completion of a 4 or 6 hour initial class, and no certificates for the required annual 2-hour update class in assisting with self-administration of medications.

3. Caregiver E was scheduled to work alone from 7 AM-7 AM on and . The Medication Observation Record revealed caregiver E worked alone, and had signed off for assisting with medications on , and . There was no personnel record available for review, no evidence of certificates indicating completion of a 4 or 6 hour initial class, and no certificates for the required annual 2-hour update class in assisting with self-administration of medications.

On at 1:30 PM, the administrator confirmed she did not have any documentation for Assisting with Self-Administration of Medication training for caregivers A, C, and E.

Photographic Evidence Obtained

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, dietary record review and interview, the facility failed to ensure the menu was posted or accessible to the residents, did not follow the menu, and did not maintain a list of substitutions to the menu.

Findings:

Observation during a tour of the facility on at 10:30 AM did not find a menu posted in the facility. The administrator brought out a binder, which was not accessible to the residents, to show the menu provided by the dietician. The lunch menu for week 3, Tuesday was 4 ounces of stewed chicken, 1 cup

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of herbed potatoes, on-half cup of carrots, 1 cup of mixed salad, and one half cup of Jello. The lunch served to the residents was pasta with tomato sauce, meatballs, mixed vegetables, and Jello.

Request to review the substitution log for the previous 6 months found only one substitution since , when the first resident moved in. The substitution was for , the day of the investigation and was written on the of the original week 2 menu, which also included all of the dates week 2 would be served for the year.

On at 1:30 PM, the administrator confirmed they did not log every food substituted in the previous 6 months.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, personnel record review and interview, the facility failed to ensure staff records were accessible and available for review for 3 of 5 sampled staff (C, D & E).

Findings:

On at 9:30 AM, staff D unlocked and answered the door upon entrance to the facility. She wore scrubs, said she started work at 6:30 AM, and sleeps at the facility. She seemed unclear as to when she worked. She stated there were 5 residents living in the facility. She then called the administrator. About 9:50 AM, caregiver C appeared and introduced herself as the caregiver. She stated staff D was just "a friend of the administrator", and did not work there. Caregiver C said she started at 7 AM and worked until 6:30 PM, then the administrator would come in to work the night shift.

Review of the staff schedule found caregiver E scheduled to work alone for 24-hour shifts on Saturdays and Sundays, , 03, 09, 10, 23, 24, 30 and 31/19 from 7 AM-7 PMam. Resident #1's Medication Observation Record (MOR) revealed caregiver E signed off for passing medication to resident #1 on , , and . There was no personnel record available for review for caregiver E.

When asked for personnel records for the staff, the administrator said she had not created personnel records for caregivers C, D and E. The administrator stated she was waiting until after she had the background screen for caregiver C to create a record, but caregiver C hadn't gotten a background screen yet. The administrator stated she did not know she needed a record for housekeeper D. She

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stated caregiver E was not hired after his background screen was ineligible, but she did confirm he had worked alone with the resident from 7 PM-7 AM on [redacted] and [redacted].

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on resident record review and interview, the facility failed to retain the complete record for a resident no longer residing in the facility as required in 58A-5.024(3) Florida Adminstrative Code (#7).

Findings:

Review of the admission discharge log revealed resident #7 was admitted on [redacted] and discharged on [redacted].

Upon request to review the record for resident #7, the administrator stated she was unable to provide a complete record for this discharged resident.

On [redacted] at 12:45 PM, the administrator confirmed that she did not have resident #7's full record available, and stated she understood she was required to retain all resident records for 2 years after discharge, and the contracts for 5 years after discharge.

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on Agency for Health Care Administration (AHCA) background screen website review, personnel record review and interview, the facility failed to register and maintain the current employment status of employees within AHCA's Background Screening Clearinghouse for 3 of 5 sampled staff (C, D & E).

Findings:

The facility's roster on AHCA's Background Screening Clearinghouse website for 5 sampled staff revealed the following:

1. Staff C, who identified herself at 9:50 AM as a caregiver working alone with the residents on the day of the investigation, did not have a personnel record available for review. Her hire date was unknown. She identified herself with one name, but the administrator said she had a different name. Both names were not listed on the facility clearinghouse roster. On . . . . . at 11 AM, the administrator stated she did not have a personnel record or background screen for staff C, because staff C was waiting for her first paycheck to go get her screening. At 11:05 AM on . . . . . , the administrator sent staff C out to get a background screen and called another staff to come in to work.

2. Staff D had an unknown hire date and unknown status in the facility. At 10:20 AM on , the administrator identified staff D as her aunt who was "the housekeeper and she does the laundry". When asked for the personnel record and background screen for staff D, the administrator stated she did not know she had to have any of that for a housekeeper, and confirmed she did not get a background screen for staff D prior to her working in the facility with the residents.

3. Staff E was not listed on the facility clearinghouse roster. There was no personnel record available for review. There was no level 2 background screen available for review. On . . . . . at 11:15 AM, the administrator stated that staff E did not pass the background screening. She stated she did not hire staff E, but she did confirm that staff E had worked alone in the facility for several nights in . . . . . .

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on personnel record review, Agency for Health Care Administration's (AHCA) Background Clearinghouse website review and interview, the facility failed to ensure that all employees submit to level 2 background rescreening as a condition of their employment prior to working with the residents for

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969349	**03/05/2019**
NAME OF PROVIDER OR SUPPLIER **SERENITY LIFESTYLE PLUS II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **178 EVERGREEN ST NE** **PALM BAY, FL 32907**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

3 of 5 sampled staff (C, D & E).

Findings:

1. Staff C, who identified herself at 9:50 AM as a caregiver working alone with the residents on the day of the investigation, did not have a personnel record available for review. Her hire date was unknown. She identified herself with one name, but the administrator said she had a different name. Both names were not listed on the facility clearinghouse roster.

On . . . . . at 11 AM, the administrator stated she did not have a personnel record or background screen for staff C because staff C was waiting for her first paycheck to go get her screening. At 11:05AM on . . . . . , the administrator sent staff C out to get a background screen and called another staff to come in to work.

2. Staff D had an unknown hire date. She unlocked the door with a key from the inside upon the arrival on . . . . . at 9:30 AM. She stated her name, but was unable to say what hours she worked. She did not state that anyone else was working with her at the time. After she called the administrator to let her know AHCA was present, she was never seen again. At 9:50 AM on . . . . . , staff C identified staff D as "a friend of the administrator".

At 10:20 AM on , the administrator identified staff D as her aunt who was "the housekeeper" and said she also did the laundry. When asked for the personnel record and background screen for staff D, the administrator stated she did not know she had to have any of that for a housekeeper, and confirmed she did not get a background screen for staff D prior to her working in the facility with the residents.

3. Review of the . . . . . staff schedule found staff E scheduled to work alone for 24 hour shifts on Saturdays and Sundays, , 03, 09, 10, 23, 24, 30 and 31/19 from 7 AM-7 PM. Review of the Medication Observation Record (MOR) for resident #1 for . . . . . revealed staff E signed off for passing medication to resident #1 on , and . Staff E was not listed on the facility clearinghouse roster. There was no personnel record available for review. There was no level 2 background screen available for review.

On at 11:15AM, the administrator stated she had made the schedule for before she knew that staff E did not pass the background screening. She stated she did not hire staff E, but she did confirm that staff E had worked alone in the facility for several nights in .

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969349	**03/05/2019**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on personnel record review and interview, the facility failed to maintain the signed Attestation of Compliance with Background Screening Requirements (AHCA Form 3100-0008, referenced in 59A-35.090(2) Florida Administrative Code) in the employee's personnel file for 5 of 5 staff (A, B, C, D & E).

Findings:

Review of the personnel records for staff A, a caregiver hired [redacted], and staff B, a caregiver hired [redacted], found no record of Attestation of Compliance available for review.

Personnel record for staff C, a caregiver with an unknown date of hire, staff D, a housekeeper with an unknown date of hire), and staff E, a caregiver with an unknown date of hire, were requested on [redacted] at 11:30 AM but the administrator stated she did not have records for these staff.

On [redacted] at 11:30 AM, the administrator confirmed she did not have signed Attestation of Compliance with Background Screening Requirements paperwork for any of the staff.

Unclassified