

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969280	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/06/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A COMPASSIONATE CARE ASSISTED LIVING RESIDE

**2646 YARMOUTH
WELLINGTON, FL 33414**

(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 relicensure survey was conducted at A Compassionate Care Assisted Living Residence LLC on . There were deficiencies at the time of the survey.	A 000		
A 083 SS=D	58A-5.0191(5) FAC Training - First Aid and (5) 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 that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies 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 chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure one staff member who has a currently valid () and First Aid certifications on file, was in the facility at all times.	A 083		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 083	Continued From page 1 The findings included: On, upon arrival at 8:50 AM, Staff A (Administrator) was observed caring for the residents. At this time, there were no other staff members present. Further review of Staff A's employee record revealed Staff A completed . . . and First Aid Training on . . . which expired on The Administrator was provided an opportunity to locate updated documentation. During an interview with the Administrator on at approximately 1:25 PM, she acknowledged the findings and provided no additional documentation for review. Class III	A 083		

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CZ814 SS=D	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the _____ are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff were registered in the Agency for Health Care Administration Background Screening Clearinghouse Employee Roster within 10 days of hire for 1 of 3 sampled staff (Staff B).	CZ814		

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CZ814	Continued From page 1 The findings included: On _____ at approximately 9:00 AM, the facility background screening clearinghouse employee roster was reviewed and revealed Staff B whose hire date was _____, was not registered in the clearinghouse. Review of the current facility staffing schedule, and interview with the Administrator, confirmed Staff B works in the facility for several hours per week. During an interview with the Administrator on _____ at approximately 1:30 PM, she acknowledged the findings and provided no additional documentation for review. Unclassified	CZ814		