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
	AL11969295	A. BUILDING: _____ B. WING _____	10/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW DIMENSION FAMILY CARE INC	849 SW HAMBERLAND AVE PORT SAINT LUCIE, FL 34953

(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
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 [illegible] 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 [illegible] 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; [illegible]; 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 staff interview, the facility failed to maintain the employment status of 1 of 3 employees reviewed (Staff B) within the clearing house within 10 days of initial employment status and termination.	CZ814		

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CZ814	Continued From page 1 The findings included: On . . . . . , a review of Staff B's personnel file revealed that Staff B was a certified Home Health Aide. A letter found in Staff B's personnel file, dated , , confirmed Staff B was residing at the facility's address. On . . . . . at 12:16 PM, an interview was conducted with Staff A, a Certified Nursing Assistant who began working at the facility on . Staff A confirmed, "[Staff B] has been working here; she started working here before me. She and I work 12 hour shifts, and occassionally we work 24 hour shifts." Staff A stated she was unaware that Staff B had quit working at the facility. On . . . . . at 12:52 PM, the Administrator verified Staff B was a former employee at the facility. He stated, "[Staff B] is no longer working here, she just left in , . . She started working in , of this year [2019]". On . . . . . , a review of the clearinghouse employee roster for this facility showed no employment status had been entered and maintained for Staff B. This concern was discussed with the Administrator, via email, on at 5:34 PM, and he acknowledged the findings. Unclassified	CZ814		
CZ815 SS=D	408.809; 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.-	CZ815		

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CZ815	Continued From page 2 (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. (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, [illegible] with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or [illegible] with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All [illegible] 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	CZ815		

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CZ815	Continued From page 3 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 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (h) Section 817.234, relating to false and fraudulent insurance claims. (i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (k) Section 817.505, relating to patient brokering. (l) Section 817.568, relating to criminal use of personal identification information. (m) Section 817.60, relating to obtaining a credit card through fraudulent means. (n) Section 817.61, relating to fraudulent use of	CZ815		

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CZ815	Continued From page 4 credit cards, if the offense was a felony. (o) Section 831.01, relating to forgery. (p) Section 831.02, relating to uttering forged instruments. (q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (s) Section 831.30, relating to fraud in obtaining medicinal drugs. (t) 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. (u) Section 895.03, relating to racketeering and collection of unlawful debts. (v) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or . . . . . with a licensee as of . , and was screened and qualified under ss. 435.03 and 435.04, 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 no later than 30 days after receipt of the rescreening results by the person. (5) A person who serves as a controlling interest of, is employed by, or contracts with a licensee on , . , who has been screened and qualified according to standards specified in s.	CZ815		

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CZ815	Continued From page 5 435.03 or s. 435.04 must be rescreened by [redacted], in compliance with the following schedule. 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. The rescreening schedule shall be: (a) Individuals for whom the last screening was conducted on or before [redacted], must be rescreened by [redacted]. (b) Individuals for whom the last screening conducted was between [redacted], and [redacted], must be rescreened by [redacted]. (c) Individuals for whom the last screening conducted was between [redacted], through [redacted], must be rescreened by [redacted]. (6) 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. (7)(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:	CZ815		

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CZ815	Continued From page 6 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. (8) 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 , pursuant to s. 943.05(2). (9) There is no reemployment assistance 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 Exclusion from employment.- (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	CZ815		

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CZ815	Continued From page 7 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 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. (d) An employer may hire an employee to a	CZ815		

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CZ815	Continued From page 8 position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance 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 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to conduct a Level II Background Screening for 1 of 3 employees who provide	CZ815		

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CZ815	Continued From page 9 personal care or services directly to residents, or who have access to client funds, personal property and/or living areas (Staff B). The findings included: On . . . . , a review of Staff B's personnel file revealed that Staff B was a certified Home Health Aide. A letter found in Staff B's personnel file, dated , , confirmed Staff B was residing at the facility's address. No verification of a Level II Background Screening was found within Staff B's personnel file. On . . . . at 12:16 PM, an interview was conducted with Staff A, a Certified Nursing Assistant who began working at the facility on . Staff A confirmed, "[Staff B] has been working here; she started working here before me. She and I work 12 hour shifts, and occasionally we work 24 hour shifts." Staff A stated she was unaware that Staff B had quit working at the facility. On . . . . . at 12:52 PM, the Administrator verified Staff B was a former employee at the facility. He stated, "[Staff B] is no longer working here, she just left in , . . She started working in , of this year [2019]". On . . . . . , a search for the results of a Level II BGS was conducted on the Agency Background Screening website using Staff B's full name and date of birth. No results were found of a Level II BGS being completed for Staff B. This concern was discussed with the Administrator, via email, on . . . . . at 5:34 PM, and acknowledged the findings. Unclassified	CZ815		

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CZ816 SS=D	408.809(2)(a-c); 59A-35.090(2)(d)-(3) Background Screening-Compliance Attestation 408.809 (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 ◡ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ◡ , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ◡ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ◡ , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ◡ , to the Federal Bureau of Investigation for a national criminal history record check. The ◡ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. 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 ◡ , . Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance	CZ816		

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CZ816	Continued From page 11 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 Department of Elderly Affairs, the Agency for Persons with , the Department of Children and Families, 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, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 59A-35.090(2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the	CZ816		

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CZ816	Continued From page 12 employer immediately if . . . . . for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , . to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the . . report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure for 1 of 3 employees who provide personal care or services directly to residents, or who have access to client funds, personal property and/or living areas, signed an Attestation of Compliance with Chapter 435	CZ816		

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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
CZ816	Continued From page 13 (AHCA Form 3100-0008, ,). This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense (Staff B). The findings included: On , a review of Staff B's personnel file revealed that Staff B was a certified Home Health Aide. A letter found in Staff B's personnel file, dated , , confirmed Staff B was residing at the facility's address. No signed Attestation of Compliance (AHCA Form 3100-0008, ,) was found within Staff B's personnel file. On at 12:52 PM, the Administrator verified Staff B was a former employee at the facility. He stated, "[Staff B] is no longer working here, she just left in , . She started working in , of this year [2019]". The Administrator was notified of the missing Attestation of Compliance, via email, on at 5:34 PM, and he acknowledged the findings.. No documentation showing compliance was provided at the time of the survey. Unclassified	CZ816		

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	AL11969295	A. BUILDING: _____ B. WING _____	10/04/2019

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A 000	Initial Comments An unannounced relicensure survey was conducted on [redacted] at New Dimension Family Care, Inc., License #13107. The facility had deficiencies at the time of the survey.	A 000		
A 004 SS=D	58A-5.016 FAC Licensure - Requirements (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must 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 inspection requirements referenced in Rule 58A-5.0161, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY 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, must not be made without prior approval from the Agency Field Office. Approval must be based on 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 inspection standards referenced in Rule 58A-5.0161, F.A.C. (4) 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	A 004		

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A 004	Continued From page 1 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 II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Part II, Chapter 408, F.S., Section 429.14, F.S., and Rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on facility record review and staff interview, the facility failed to provide proof of the annual fire safety inspections. The findings included: On , during tour of the facility, a previous satisfactory fire inspection was posted on the wall near the entry door of the facility. The date on the inspection was . On at 5:34 PM, the Administrator was notified, via email, that no documentation could	A 004		

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A 004	Continued From page 2 be found confirming that an annual fire safety inspection for 2018 and 2019 had been completed, and he acknnowledged the findings. No documentation was provided by the Administrator to show that the annual fire safety inspections had been completed for 2018 and 2019 prior to the completion of the survey. Class III	A 004		
A 008 SS=D	429.26( ) FS; 58A-5.0181(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical	A 008		

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A 008	Continued From page 3	A 008		

examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request.
(6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the

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A 008	Continued From page 4 administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of , require such assistance. 58A-5.0181 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that,	A 008		

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A 008	Continued From page 5 in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's	A 008		

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A 008	Continued From page 6 admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission. (d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.	A 008		

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A 008	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on resident record review and interviews, the facility failed to ensure an accurate and complete health assessment was submitted for 1 of 4 residents whose health assessments (AHCA Form 1823) were reviewed (Resident #3). The findings included: 1) On . . . . ., a review of the Health Assessment (AHCA Form 1823) for Resident #3 revealed the following: a) No data contained in the Section for FACILITY INFORMATION. b) In Section 2-B, part B, the Assessment indicates Resident #3 does not need help taking his or her medications, but it is also indicated in the same section that the Resident "Needs Assistance with Self-Administration." This documentation is contradictory and needs clarification. Per interview with Resident #3 on at 11:00 AM, she stated she is currently self-administrating her own medications without assistance. This was confirmed by Staff A at this time. The Administrator was notified of the concerns, via email, regarding Resident #2 and #3's health assessments on at 5:34 PM, and he acknowledged the findings. Class III	A 008		
A 032 SS=D	58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(i) Resident Care - Elopement Standards	A 032		

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A 032	Continued From page 8 58A-5.0182 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 58A-5.0181(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 58A-5.0191(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response	A 032		

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A 032	Continued From page 9 Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(l), F.S. 429.41(1)(a)3 & 3(l),FS 3. Resident elopement requirements.-Facilities are required to conduct a minimum of two resident elopement prevention and response drills per year. All administrators and direct care staff must participate in the drills which shall include a review of procedures to address resident elopement. Facilities must document the implementation of the drills and ensure that the drills are conducted in a manner consistent with the facility's resident elopement policies and procedures. (l) The establishment of specific policies and procedures on resident elopement. Facilities shall conduct a minimum of two resident elopement drills each year. All administrators and direct care	A 032		

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A 032	Continued From page 10 staff shall participate in the drills. Facilities shall document the drills. This Statute or Rule is not met as evidenced by: Based on facility record review and staff interview, the facility failed to provide documentation showing a minimum of 2 resident elopement prevention and response drills per year, in which 3 of 3 direct care staff participated. The findings included: On . . . . . , a review of facility records and training records for direct care staff (Staff A and B) and the Administrator failed to produce any documentation of showing participation in facility-conducted elopement drills. On . . . . at 2:22 PM, Staff A stated that she participated in an elopement drill when she was first hired, but she could provide no documentation as to the date of the drill. The Administrator was notified of the concerns, via email, regarding the missing documentation for the elopement drills on at 5:34 PM, and he acknowledged the findings. No documentation showing compliance was provided at the time of the survey. Class III	A 032		
A 052 SS=D	429.256( ); 58A-5.0185 (3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes:	A 052		

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A 052	Continued From page 11 (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not	A 052		

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A 052	Continued From page 12 include: (a) Mixing, [illegible], converting, or [illegible] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a [illegible] of the body. (d) Administration of [illegible] preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) [illegible], [illegible], or [illegible] preparations. (g) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. 58A-5.0185 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of rule 58A-5.0191, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S.	A 052		

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A 052	Continued From page 13 and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and	A 052		

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A 052	Continued From page 14 dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure that unlicensed staff (Staff A), who provided assistance with the self-administration of medications, failed to follow procedures described in Section 429.256, F.S. specifically related to failure to inform 1 of 1 sampled resident of what medications they are being provided and failure to monitor 1 of 1 resident while taking medications (Resident #1). The Findings included: On at 12:40 PM, Staff A, an unlicensed staff member, provided assistance with the self-administration of medications to Resident #1. At this time, the following actions were observed: 1) Staff A obtained the following Over-The-Counter (OTC) supplement from its labeled container: 1 tablet of PreserVision Areds	A 052		

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A 052	Continued From page 15 2. 2) Staff A placed the supplement tablet in small cup and placed the cup on a small plastic tray. She set the tray, with the cup containing the supplement ,on the dining room table next to Resident #1's lunch meal. Resident #1 had not yet come to the table for her meal. 3) Staff A proceeded to exit the dining room, leaving the supplement tablet on the table, unattended. 4) Resident #1 arrived at the table at approximately 12:45 PM. She took the tablet without Staff A informing her of the medication, and without Staff A observing her take the medication. The Administrator was notified of the concerns, via email, regarding the failure of Staff A to follow regulatory procedure/protocol regarding the assistance with self-administered medications for Resident #1 on . . . . . at 5:34 PM. The administrator acknowledged the findings. Class III	A 052		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who	A 054		

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A 054	Continued From page 16 receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain a complete and accurate daily medication observation record for 1 of 1 sampled resident who receives assistance with self-administration of medications (Resident #1). The findings included: On [illegible], the Medication Observation Record (MOR) for Resident #1 was reviewed. The following issues were found: 1) There was no information related to known [illegible] the resident may have or does have; 2) The name of the health care provider and their telephone number was missing; 3) There is no dosage or directions documented for the use of [illegible], PreserVision Areds2 or [illegible]; 	A 054		

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A 054	Continued From page 17 4) A place on the medication chart for recording each time every medication is taken, any missed dosages, refusals to take medication as prescribed, and/or medication errors. It was noted on the MOR that names of some of the medications were listed, and some of these medications were grouped with 2 medications together in 1 medication spot (i.e. /PreserVision Areds2 and Metroprolol/ ,). Also, it was not recorded on the MOR when a medication was given more than 1 time a day (i.e. was to be given twice daily, but only signed off once a day). The Administrator was notified of the concerns, via email, regarding the accuracy of the MOR for Resident #1 on at 5:34 PM. The administrator acknowledged the findings.	A 054		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The	A 055		

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A 055	Continued From page 18 facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 58A-5.0181, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate,	A 055		

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A 055	Continued From page 19 or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure self-administered medications were stored in a secure place out of sight of other residents for 3 of 3 sampled residents who self-administer their medications (Residents #2, #3, and #4). The findings included:	A 055		

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A 055	Continued From page 20 On [redacted], interviews were conducted with Resident #2 at 10:27 AM, Resident #3 at 11:00 AM, and Resident #4 at 1:15 PM. Each resident stated that they are able to self-administer their own medications and are allowed to do such. Resident #2 stated she uses a monthly pill organizer and fills it when she receives her medications. All 3 residents stated they keep their own medications in their possession, in their room. On [redacted] at 3:38 PM, observations were made of how medications were stored by each resident. Resident #2, an alert and oriented resident, kept her medications in an unlocked nightstand. At the time of observation, she had 2 loose pills laying on the top of the nightstand, unattended. Resident #2 had left the medications unattended to leave to get something to drink in order to take the pills. Resident #2's roommate has a diagnoses of [redacted] and receives assistance with self-administered medications. Resident #2 was not in the room at the time. On [redacted] at 3:45 PM, Resident #3 stated that she kept her medications in a zippered toiletry/cosmetic bag, which she normally kept in a tote bag. Resident #4 stated she kept her medications in her unlocked nightstand. Residents #3 and #4 are roommates, and both residents are alert and oriented with no [redacted]. Interview with Staff A on [redacted] at 3:40 PM revealed that residents usually keep their medications in their nightstands, which she confirmed do not have locks. Staff A stated that residents who self-administer their medications can keep their medications out of sight of other residents by placing them in their night stands or	A 055		

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A 055	Continued From page 21 dresser drawers, but the medications are not secured. The Administrator was notified of the concerns, via email, regarding the failure to keep self-administered medications secured from other residents on . . . . . at 5:34 PM. The administrator acknowledged the findings. Class III	A 055		
A 077 SS=D	429.176 FS; 429.52( ),58A-5.019(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52( ), FS (4) A new facility administrator must complete the required training and education, including the competency test, within 90 days after date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years.	A 077		

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A 077	Continued From page 22 58A-5.019 Staffing Standards. (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.; and 4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before , are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule. 5. Satisfy the continuing education requirements pursuant to Rule 58A-5.0191, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the	A 077		

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A 077	Continued From page 23 agency may permit an individual who otherwise has not satisfied the training requirements of subparagraphs (1)(a)4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C.; and 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility.	A 077		

Agency for Health Care Administration

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A 077	Continued From page 24 (e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04002. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the Administrator 1) completed CORE Training and passed the CORE competency test within 90 days after date of employment as an administrator, and 2) participated in a minimum of 12 contact hours every 2 years, for 1 of 1 sampled employees (Staff C). The findings included: During the review of the Administrator's personnel record on , the following concerns were found: 1a) Per Agency Clearinghouse Employee Roster, the current administrator's date of hire is . 1b) CORE Training was completed on ; however, the CORE competency exam has not been passed. Per regulation, the CORE exam and passing of the CORE competency exam must be completed within 90 days after date of employment as an administrator. The ninety days expired on . 2) There was no training documentation found to	A 077		

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A 077	Continued From page 25 satisfy the 12 hours of continuing education requirements to be completed every 2 years (2017-2019), per Rule 58A-5.0191 F.A.C. Administrators not in compliance with these requirements must retake the CORE training and CORE competency exam in effect on the date the non-compliance is discovered. On . . . . . at 5:34 PM, the Administrator was notified of the concerns, via email, regarding the failure to pass CORE exam within the timeframe set about in state regulations, and the failure to maintain 12 hours of continuing education requirements every 2 years. The administrator acknowledged the findings. Class III	A 077		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual	A 078		

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	AL11969295	A. BUILDING: _____ B. WING _____	10/04/2019

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NEW DIMENSION FAMILY CARE INC	849 SW HAMBERLAND AVE PORT SAINT LUCIE, FL 34953

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A 078	Continued From page 26 . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must 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) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,	A 078		

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A 078	Continued From page 27 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 1 of 2 current staff submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . , ... g . . . . . (. .) within 30 days after beginning employment (Staff A); and 1 of 2 current staff provided written documentation of a negative examination on an annual basis (Staff C). The findings included: 1) On . . . . . during employee record review for Staff A, whose hire date is , no written statement from a health care provider documenting freedom from any communicable . . . . . , including . . , could be found within Staff A's employment record. 2) On during employee record review for Staff C, whose hire date is , a written statement from a health care provider declaring Staff C was free from any communicable . . . . . , including , was found with the date of . There was no further written documentation within Staff C's employment record which provided evidence of an annual negative examination conducted in 2018 or 2019. On at 5:34 PM, the Administrator was notified of the concerns, via email, regarding the missing health statement for Staff A and the	A 078		

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A 078	Continued From page 28 missing negative status for Staff C. The administrator acknowledged the findings. No further documentation was provided for Staff A or Staff C at the time of the survey.	A 078		
A 082 SS=D	58A-5.0191(4) FAC Training - / (4) / (/). 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 and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. 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 record review and staff interview, the Facility failed to ensure 1 of 3 sampled staff (Staff C) completed a one-time education course on / , (/) within 30 days of employment. Documentation of compliance must be maintained in the employee's file in accordance with 381.0035(12) F.S. The findings included: On , during personnel record review for Staff C, no documentation was found showing completion of an / education course. A review of the agenda for Core Training completed by Staff C on did not include /	A 082		

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A 082	Continued From page 29 training in the curriculum. Personnel record confirmed Staff C is not a Registered Nurse, therefore, he is not exempt from this requirement. The Administrator was notified of the concerns, via email, regarding missing documentation showing completion of / Training on at 5:34 PM. A request for the provision of the missing documentation was requested at this time. The administrator acknowledged the findings, but failed to provided any evidence showing completion of this training. Class III	A 082		
A 085 SS=D	58A-5.0191(7) FAC Training - Nutrition & Food Service (7) 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 topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 58A-5.020(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the Facility failed to ensure the person responsible for the facility's food service and the day to day supervision of food service staff (Staff C)	A 085		

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A 085	Continued From page 30 obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. The findings included: On , during personnel record review for Staff C, who is the person designated as the person responsible for the overall facility's food service and day to day supervision of staff, no documentation was found showing completion of an annual 2 hour Food and Nutrition Training provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarian who is qualified to train assisted living facility staff in nutrition and food service. The last certificate found within Staff C's personnel file was dated . The Administrator was notified of the concerns, via email, regarding missing documentation showing completion of the Food and Nutrition Training on at 5:34 PM. A request for the provision of the missing documentation was requested at this time. The administrator acknowledged the findings, but failed to provided any evidence showing completion of this training. Class III	A 085		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and	A 152		

Agency for Health Care Administration

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A 152	Continued From page 31 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide a dresser in good working order in 1 of 3 resident rooms (photo evidence available).	A 152		

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A 152	Continued From page 32 The findings included: On . . . . at 10:27 AM, during an interview with Resident #3, she stated, "My dresser drawers are broken. I would like them repaired. Right now my clothes are in cardboard boxes." Resident #3 indicated that she had notified the Administrator about the broken dresser drawers, but he hadn't gotten around to fixing them because "he's a busy man." On at 3:32 PM, an inspection was made of the broken drawer on the dresser in Residents #1 and #2's bedroom, and photographic evidence was obtained at this time. The Administrator was notified of the concerns, via email, regarding the broken dresser drawer on . . . . . at 5:34 PM. The Administrator acknowledged the findings. During a later conversation, via telephone, on . . . . . at 2:57 PM, the Administrator stated that he could not afford to replace the dresser for Resident #2 at this time. Class III	A 152		