

**Adult Family Care Home  
Top Ten Health Deficiency Citations  
Statewide  
August 25, 2009**

**Year Date Range: July 1, 2008 through June 30, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	F0401	197	Personnel records must include verification of freedom from communicable disease for the AFCH provider, each relief person, each adult household member, and each staff person.
2	F0203	86	Resident records shall contain the Resident Health Assessment, AHCA Form 3110-1023 (AFCH 1110) 1/08, required by Rule 58A-14.0061, 58A-14.0085(1)(a)1. and, 58A-14.007(2).
3	F0704	77	A list of currently prescribed medications shall be maintained for all residents who self-administer or who require supervision or assistance with medications.
4	F0404	75	The personnel record must include for any person left in sole charge of residents written documentation of First Aid and CPR training.
5	F0605	70	The AFCH provider, each relief person, and any person left in sole charge of residents, which may include staff, household members or volunteers, must hold a currently valid card documenting completion of courses in First Aid and CPR.
6	F0304	64	A copy of the most recent fire safety inspection shall be maintained by the provider on the premises and available for agency inspection.
7	F0303	62	A copy of the most recent county health department inspection shall be maintained by the provider on the premises and available for inspection by the agency.
8	F0216	60	Each adult family-care home (AFCH) must have written policies and procedures, which delineate the AFCH ' S position with respect to the state law and rules relative to advance directives.
9	F0213	56	Resident records shall contain the resident's monthly weight record.
10	F0609	55	The provider, all staff, each relief person, and all adult household members must meet the Level 1 background screening requirements, or have been exempted from disqualification.

**Note: The entire description of each deficiency can be found at [http://ahca.myflorida.com/MCHQ/Current\\_Regs.shtml](http://ahca.myflorida.com/MCHQ/Current_Regs.shtml)**

**Ambulatory Surgical Center  
Top Ten Life Safety Deficiency Citations  
Statewide  
October 8, 2009**

**Year Date Range: July 1, 2008 through June 30, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	K0109	51	Emergency generator maintenance and testing shall meet the standards in NFPA 110 (2002) Chapter 8.
2	K0018	49	Openings in corridor walls having a fire resistance rating shall be protected.
3	K0050	36	Quarterly fire drills are conducted on each shift to familiarize staff with signals and emergency actions required under varying conditions, which include: fire, smoke, toxic gas, victim removal, blocked exit, communication procedures, etc.
4	K0113	34	Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of the Life Safety Code
5	K0062	31	Sprinkler systems are maintained, inspected, and tested periodically.
6	K0076	27	Non-flammable medical gas systems and equipment shall comply with with NFPA 99, chapter 9.
7	K0049	26	All requirements for electrical safety shall be complied with per the NFPA 70, National Electrical Code, and NFPA 99, Health Care Facilities.
8	K0066	25	Smoking regulations are adopted and safe conditions are maintained.
9	K0046	24	Emergency lighting is provided for 90 minutes.
10	K0079	23	SYSTEM FAILURE - A fire alarm or sprinkler system failure for more than 4 hours in a 24 hour period shall initiate on the part of the facility: Agency and AHJ notification, and evacuation or firewatch.

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**Assisted Living Facility  
Top Ten Health Deficiency Citations  
Statewide  
August 25, 2009**

**Year Date Range: July 1, 2008 through June 30, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	A1103	313	Freedom from tuberculosis must be documented on an annual basis.
2	A0615	295	The facility must maintain a daily medication observation record (MOR) for each resident who receive assistance with self-administration of medications or medication administration.
3	A1101	263	Personnel records contain verification of freedom from communicable disease including tuberculosis.
4	A1115	242	Personnel records contain documentation of compliance with level 1 background screening for all staff subject to screening requirements.
5	A1104	233	New facility staff must obtain an initial training on HIV/AIDS within 30 days of employment, unless the new staff person previously completed the initial training and has maintained the biennial continuing education requirement.
6	A0514	225	All facility staff must receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.
7	A0417	221	The medical examination report shall address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations.
8	A0718	206	The facility will comply with the Resident's Bill of Rights.
9	A0223	194	The facility conducts a minimum of two resident elopement prevention and response drills per year.
10	A0509	180	All employees hired on or after October 1, 1998 who perform personal services shall be in compliance with Level 1 background screening.

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**Birthing Centers  
Top Ten Life Safety Deficiency Citations  
Statewide  
October 8, 2009**

**Year Date Range: July 1, 2008 through June 30, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	K0150	4	The birth center provides fire protection through the elimination of fire hazards, the installation of necessary safeguards, such as fire extinguisher and smoke alarms, to insure rapid and effective fire control
2	K0129	3	Oxygen is stored in a clean dry place, with no flammable materials, or machinery capable of producing sparks, in the immediate vicinity.
3	K0125	2	The birth center has developed a written disaster plan which covers internal casualty producing incidents, and is rehearsed by personnel at least twice a year
4	K0120	2	Furnishings and decorations are not highly flammable.
5	K0112	2	Portable fire extinguishers shall be in accordance with NFPA 101(Life safety Code)(2003) Sections 9.7.4.1 and 39.3.5.
6	K0106	2	Egress normal illumination and emergency lighting shall be in accordance with NFPA 101(Life safety Code)(2003) Section 7.8-.9 and 39.2.9.
7	K0153	1	Birth rooms shall be located to provide unimpeded, rapid access to an exit of the building which will accommodate emergency transportation vehicles.
8	K0152	1	New centers' carpeting must comply with the maximum flame-spread rating of seventy-five in accordance with American Society for Testing Material (ASTM) E-84-68 test applied under Title 4A, F.A.C.
9	K0151	1	The facility has a written fire control plan approved by the appropriate local fire authority containing provisions for prompt reporting of all fires, extinguishing fires, protection of personnel and guests, evacuation
10	K0121	1	Equipment, requiring periodic testing or operation to ensure it's maintenance, shall be tested as specified elsewhere in the Life Safety Code, or as directed by the authority having jurisdiction.
11	K0116	1	Portable fire extinguisher staff training shall be in accordance with NFPA 101(Life safety Code)(2003)Section 39.7.2.
12	K0111	1	Fire alarm, if required, shall be in accordance with NFPA 101(Life safety Code)(2003) Sections 9.6 and 39.3.4.
13	K0105	1	Egress capacity, number of exits, travel distance, and discharge shall be in accordance with NFPA 101(Life safety Code)(2003) 39.2.3 through 39.2.7.
14	K0102	1	All means of egress shall be in accordance with NFPA 101(Life safety Code)(2003)Chapter 7 and 39.2.

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**Home Health Agency  
Top Ten Health Deficiency Citations  
Statewide  
August 25, 2009**

**Year Date Range: July 1, 2008 through June 30, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	H0302	170	When required by the provisions of chapter 464; part I, part III, or part V of chapter 468; or chapter 486, the attending physician, physician assistant, or advanced registered nurse practitioner, acting within his or her respective scope of practice, shall establish treatment orders for a patient who is to receive skilled care.
2	G0158	104	Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.
3	H0320	100	A plan of care shall be established in consultation with the physician, physician assistant, or advanced registered nurse practitioner and the home health agency staff who are involved in providing the care.
4	H0205	90	A home health agency must provide the following staff training: (a) Upon beginning employment with the agency, each employee must receive basic written information about interacting with participants who have Alzheimer's disease or dementia-related diseases.
5	G0236	83	A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services.
6	G0165	79	Drugs and treatments are administered by agency staff only as ordered by the physician.
7	H0202	74	Personnel policies for all full and part-time employees shall include the following: (a) Requirement that, prior to contact with patients the new employee must submit a statement from a health care professional licensed that the employee is in reasonably good health and appears to be free from apparent signs or symptoms of a communicable disease.
8	H0215	72	New direct or contract personnel who enter the home in the capacity of their employment may work on probationary status.
9	G0159	70	The plan of care developed in consultation with the agency staff covers all pertinent diagnoses.
10	H0230	67	A registered nurse shall: 1. be the case manager in all cases involving nursing or both nursing and therapy care. 2. be responsible for the clinical record for each patient receiving nursing care.

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**Hospital  
Top Ten Health Deficiency Citations  
Statewide  
August 25, 2009**

**Year Date Range: July 1, 2008 through June 30, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	H0120	94	The nursing process of assessment, planning, intervention and evaluation shall be documented for each hospitalized patient from admission through discharge.
2	H0020	38	The hospital shall have policies and procedures to ensure that periodic reassessments of the patient are conducted based on changes in either the patient's condition, diagnosis, or response to treatment.
3	H0119	23	Each hospital shall develop written standards of nursing practice and related policies and procedures to define and describe the scope and conduct of patient care provided by the nursing staff.
4	H0190	21	Each hospital shall maintain a current and complete medical record for every patient seeking care or service.
5	H0022	21	Each hospital shall develop and implement policies and procedures on discharge planning.
6	H0231	18	Each hospital shall develop, implement, and maintain a written preventive maintenance plan, in conjunction with the policies and procedures developed by the infection control committee.
7	H0043	17	Every hospital offering emergency services and care shall provide emergency care available 24 hours a day within the hospital to patients presenting to the hospital.
8	H0029	15	The right to information about patient rights as set forth in section 381.026, F.S., and procedures for initiating, reviewing and resolving patient complaints.
9	H0040	15	Every hospital providing emergency services shall ensure the provision of services within the service capability of the hospital; at all times; 24 hours per day, 7 days per week.
10	H0094	14	Administration of drugs shall be undertaken only upon the orders of authorized members of the professional staff.

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**Hospital  
Top Ten Life Safety Deficiency Citations  
Statewide**

**October 8, 2009**

**Year Date Range: July 1, 2008 through June 30, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	K0062	95	Sprinkler systems are maintained, inspected, and tested periodically.
2	K0018	63	Corridor doors shall be 1 3/4 inch solid bonded wood core doors or they shall have a 20 minute fire resistive rating. If the building or smoke compartment is fully sprinklered, the door shall only resist the passage of smoke.
3	K0039	57	Exit access corridors and aisles are clear, un-obstructed, and at least 8 feet wide (existing 4 feet).
4	K0049	47	All requirements for electrical safety shall be complied with per the NFPA 70, National Electrical Code, and NFPA 99, Health Care Facilities.
5	K0051	46	An electrically supervised fire alarm, which provides emergency forces notification, is available to warn occupants, and operate protective systems shall be provided.
6	K0069	46	The design, installation, and use of commercial cooking equipment is in accordance with NFPA 96.
7	K0076	46	Non-flammable medical gas systems and equipment shall comply with with NFPA 99, chapter 8. (Respiratory Therapy).
8	K0048	31	A written, emergency fire safety plan is available. Staff are available, instructed, drilled, and are able to execute their duties in the fire safety plan.
9	K0021	30	Fire doors complying with 7.2.1 shall be permitted.
10	K0079	25	SYSTEM FAILURE - A fire alarm or sprinkler system failure for more than 4 hours in a 24 hour period shall initiate on the part of the facility: Agency and AHJ notification, and evacuation or firewatch.
11	K0031	25	Laboratories with quantities of flammables, combustibles or hazardous materials which are considered severe hazard areas shall be protected in accordance with NFPA 101 Section 8.7.1 and NFPA 99.

**Note:** The entire description of each deficiency can be found at [http://ahca.myflorida.com/MCHQ/Current\\_Regs.shtml](http://ahca.myflorida.com/MCHQ/Current_Regs.shtml)

**Intermediate Care Facility for the Developmentally Disabled**  
**Top Ten Health Deficiency Citations**  
**Statewide**  
**August 25, 2009**  
**Year Date Range: July 1, 2008 through June 30, 2009**

Rank	Tag	Count	Description
1	W0249	36	As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services.
2	W0159	26	Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.
3	W0102	24	The facility must ensure that specific governing body and management requirements are met.
4	W0454	22	The facility must provide a sanitary environment to avoid sources and transmission of infections.
5	W0242	19	The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence.
6	W0331	17	The facility must provide clients with nursing services in accordance with their needs.
7	W0154	16	The facility must have evidence that all alleged violations are thoroughly investigated.
8	W0322	16	The facility must provide or obtain preventive and general medical care.
9	W0369	16	The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.
10	W0196	15	Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services.

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**Intermediate Care Facility for the Developmentally Disabled  
Top Ten Life Safety Deficiency Citations**

**Statewide**

**October 8, 2009**

**Year Date Range: July 1, 2008 through June 30, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	K0056	14	Where an automatic sprinkler system is installed for total or partial coverage, the system shall be in accordance with Section 7-7 and 7-6.
2	K0130	13	Other LSC deficiency not on 2786.
3	K0018	9	All sleeping room doors shall be provided with latches or other mechanisms suitable for keeping the doors closed. Doors shall be self closing or automatic closing upon detection of smoke.
4	K0067	8	Heating, ventilating and air conditioning equipment shall comply with the provisions of Section 7-2.
5	K0048	7	There is a written plan for the protection of all persons and for their evacuation in the event of an emergency. All employees shall be instructed and reviewed as to their duties and responsibilities under the plan.
6	K0050	5	Fire exit drills shall be conducted twelve times per year, quarterly on each shift. Drills shall involve actual evacuation to a selected assembly point and provide experience in exiting through all exits.
7	K0064	4	Portable fire extinguishers shall be provided near hazardous areas in accordance with Section 7.7.
8	K0021	4	Any door in a vertical opening shall have a minimum 20 minute fire rating, be operated by self closers or shall be automatic closing on smoke detection.
9	K0029	4	Hazardous areas on the same floor as, and in or abutting a primary means of escape or a sleeping room shall be protected by an enclosure of at least one hour fire rating with self closing or smoke-operated automatic closing fire door
10	K0046	3	Any apartment building with more than twelve living units or greater than three stories shall have emergency lighting in accordance with Section 5-9.
11	K0051	3	A manual fire alarm system shall be provided in accordance with Section 7-6.
12	K0066	3	Where smoking is permitted, noncombustible safety-type ash trays or receptacles shall be provided in convenient locations.

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**Laboratory  
Top Ten Health Deficiency Citations  
Statewide**

**August 25, 2009**

**Year Date Range: July 1, 2008 through June 30, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	D2016	64	Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS.
2	L2527	61	Each laboratory must successfully participate in a proficiency testing program that meets the criteria of Rule 59A-7.026 for each specialty, subspecialty, and analyte or test in which the laboratory is licensed.
3	D6000	61	The laboratory must have a director who meets the qualification requirements of §493.1405 of this subpart and provides overall management and direction in accordance with §493.1407 of this subpart.
4	L3503	45	Laboratory director responsibilities. The director is responsible for the technical and scientific oversight of the laboratory and must be available to the laboratory to provide supervision as specified in this Rule.
5	L2901	41	The laboratory shall establish and follow written quality control procedures for monitoring and evaluating the quality of the testing process of each method to assure the accuracy and reliability of patient test results and reports in accordance with CLIA regulations.
6	D5217	36	At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.
7	L3101	36	Each laboratory must establish and follow written policies and procedures for a comprehensive quality assurance program which is designed to monitor and evaluate the ongoing and overall quality of the total testing process.
8	L3111	35	If a laboratory performs tests for which proficiency programs are not available, the laboratory must have a system for verifying the accuracy of its test results at least every six months.
9	L2909	34	All equipment and supplies shall be in good working order, checked and calibrated for the proper performance of tests and services offered in accordance with this rule and CLIA requirements.
10	D5291	26	The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements.

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**Nursing Home  
Top Ten Health Deficiency Citations  
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**Year Date Range: July 1, 2008 through June 30, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	F0281	460	The services provided or arranged by the facility must meet professional standards of quality.
2	F0371	339	The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions
3	F0279	283	A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.
4	F0329	240	Each resident's drug regimen must be free from unnecessary drugs.
5	F0253	239	The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.
6	F0280	223	The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.
7	F0323	203	The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.
8	F0431	196	The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation.
9	F0156	192	The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility.
10	F0241	189	The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

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**Nursing Home  
Top Ten Life Safety Deficiency Citations  
Statewide  
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**Year Date Range: July 1, 2008 through June 30, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	K0147	106	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2
2	K0025	78	Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall.
3	K0018	77	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes.
4	K0069	75	Cooking facilities are protected in accordance with 9.2.3.
5	K0062	64	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.
6	K0130	58	OTHER LSC DEFICIENCY NOT ON 2786
7	K0076	57	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.
8	K0067	52	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications.
9	K0072	46	Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits.
10	K0144	45	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.

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