

**Adult Family Care Home  
Top Ten Health Deficiency Citations  
Statewide  
January 28, 2010**

**Year Date Range: January 1, 2009 through December 31, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	F0401	208	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	116	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	F0605	82	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.
4	F0704	82	A list of currently prescribed medications shall be maintained for all residents who self-administer or who require supervision or assistance with medications
5	F0216	71	Each adult family-care home (AFCH) must have written policies and procedures
6	F0404	67	The personnel record must include for any person left in sole charge of residents written documentation of First Aid and CPR training.
7	F0213	63	Resident records shall contain the resident's monthly weight record.
8	F0602	60	The AFCH provider shall annually obtain three (3) hours of continuing education in topics related to the care and treatment of frail elders or disabled adults, or the management and administration of an AFCH.
9	F0304	57	A copy of the most recent fire safety inspection shall be maintained by the provider on the premises and available for agency inspection.
10	F0609	57	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  
January 28, 2010**

**Year Date Range: January 1, 2009 through December 31, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	K0050	57	Quarterly fire drills are conducted on each shift to familiarize staff with signals and emergency actions required under varying conditions
2	K0018	44	Openings in corridor walls having a fire resistance rating shall be protected. (NEW) NFPA 101 Life Safety Code (2006) 38.3.6.2 & 8.3
3	K0109	40	Emergency generator maintenance and testing shall meet the standards in NFPA 101 Life Safety Code (2006) 4.6.12.4 & NFPA 110 (2005) Chapter 8.
4	K0049	40	All requirements for electrical safety shall be complied with per the NFPA 70, National Electrical Code, and NFPA 99, Health Care Facilities. NFPA 101 Life Safety Code (2006) 9.1.2; 20..5.1 or 21.5.1 (exception)
5	K0046	33	Emergency lighting is provided for 90 minutes. NFPA 101 Life Safety Code (2006) 7-9; 20.2.9 or 21.2.9 & NFPA 99
6	K0062	32	Sprinkler systems are maintained, inspected, and tested periodically. NFPA 101 Life Safety Code (2006) 9.7.5; NFPA 13; NFPA 25
7	K0113	31	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
8	K0067	30	Air conditioning and ventilation has been installed and maintained to all manufacturers specifications, in accordance with NFPA
9	K0076	30	Non-flammable medical gas systems and equipment shall comply with with NFPA 101 Life Safety Code (2006) 20.3.2.3 or 21.3.2.3, NFPA 99, Chapter 9 (Respiratory Therapy).
10	K0116	28	A written, comprehensive emergency management plan for emergency care during an internal or external disaster or emergency, which is reviewed and updated annually, shall be maintained.

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**Assisted Living Facility  
Top Ten Health Deficiency Citations  
Statewide  
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**Year Date Range: January 1, 2009 through December 31, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	A1103	397	Freedom from tuberculosis must be documented on an annual basis. A person with a false positive tuberculosis test must submit a health care provider's statement that the person does not constitute a risk of communicating tuberculosis.
2	A0615	374	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	349	Personnel records contain verification of freedom from communicable disease including tuberculosis.
4	A0417	299	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
5	A1115	299	Personnel records contain documentation of compliance with level 1 background screening for all staff subject to screening requirements.
6	A0514	261	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	A1104	259	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.
8	A0718	258	The facility will comply with the Resident's Bill of Rights.
9	A0509	240	All employees hired on or after October 1, 1998 who perform personal services shall be in compliance with Level 1 background screening.
10	A0511	240	Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment

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**Birthing Centers**  
**Top Ten Life Safety Deficiency Citations**  
**Statewide**  
**January 28, 2010**

**Year Date Range: January 1, 2009 through December 31, 2009**

Rank	Tag	Count	Description
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. 59A-11.028(4)
3	K0151	2	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, and cooperation with fire fighting
4	K0120	2	Furnishings and decorations are not highly flammable. (Life Safety Code) (2006) 10.3.5
5	K0153	1	Birth rooms shall be located to provide unimpeded, rapid access to an exit of the building which will accommodate emergency transportation vehicles.
6	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.
7	K0125	1	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.
8	K0116	1	Portable fire extinguisher staff training shall be in accordance with NFPA 101(Life safety Code)(2006)Section 39.7.2.
9	K0112	1	Portable fire extinguishers shall be in accordance with NFPA 101(Life safety Code)(2006) Sections 9.7.4.1 and 39.3.5 and NFPA 10.
10	K0106	1	Egress normal illumination and emergency lighting shall be in accordance with NFPA 101(Life safety Code)(2006) Section 7.8-.9 and 39.2.9.

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**Home Health Agency  
Top Ten Health Deficiency Citations  
Statewide  
January 28, 2010**

**Year Date Range: January 1, 2009 through December 31, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	H0302	204	400.487(2), F.S. 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
2	G0158	123	Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.
3	H0320	116	59A-8.0215(1) A plan of care shall be established in consultation with the physician, physician assistant, or advanced registered nurse practitioner, pursuant to Section 400.487, F.S., and the home health agency staff who are involved in providing the care
4	H0205	107	400.4785(1), F.S. (1)A home health agency must provide training upon beginning employment regarding the interaction with participation who have Alzheimer's disease or dementia-related disorders.
5	H0202	92	59A-8.0185(2) Personnel policies for all full and part-time employees shall include the following: (a) Requirement that the employee is in reasonably good health.
6	G0165	91	Drugs and treatments are administered by agency staff only as ordered by the physician.
7	H0215	86	59A-8.004(8) New direct or contract personnel who enter the home in the capacity of their employment need level 1 screening.
8	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.
9	H0230	78	59A-8.0095(3)(a) A registered nurse shall be responsible for the clinical record for each patient receiving nursing care.
10	H0304	78	400.487(1) Services provided by a home health agency must be covered by an agreement between the home health agency and the patient.
11	H0302	204	400.487(2), F.S. 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

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**Hospital  
Top Ten Health Deficiency Citations  
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**Year Date Range: January 1, 2009 through December 31, 2009**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	H0120	81	(e)The nursing process of assessment, planning, intervention and evaluation shall be documented for each hospitalized patient from admission through discharge.
2	H0020	40	(c) 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	H0190	24	(3) Each hospital shall maintain a current and complete medical record for every patient seeking care or service.
4	H0029	23	(c) 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
5	H0022	21	(2) Coordination of Care. Each hospital shall develop and implement policies and procedures on discharge planning which address (a) Identification of patients requiring discharge planning; (b) Initiation of discharge planning on a timely basis
6	H0231	20	(1) 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	H0040	17	Emergency Services/Exemptions. (4) Exemptions (a) Every hospital providing emergency services shall ensure the provision of services within the service capability of the hospital at all times.
8	H0116	16	(a) Each hospital shall document the relationship of the nursing department to other units of the hospital by an organizational chart
9	H0094	14	(m) Administration of drugs shall be undertaken only upon the orders of authorized members of the professional staff, where the orders are verified before administration, the patient is identified, and the dosage and medication is noted in the patient's chart
10	H0208	13	(1) The licensee shall have a governing body responsible for the conduct of the hospital as a functioning institution

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**Hospital**  
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**Year Date Range: January 1, 2009 through December 31, 2009**

Rank	Tag	Count	Description
1	K0062	105	Sprinkler systems are maintained, inspected, and tested periodically. NFPA 101 Life Safety Code (2006) 4.6.1.2; 9.7; 18.3.5 & 19.3.5; NFPA 13 (2002); NFPA 25 (2002)
2	K0018	80	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	K0049	70	All requirements for electrical safety shall be complied with per the NFPA 70 (2005) National Electrical Code, and NFPA 99 (2005) Health Care Facilities, NFPA 101 Life Safety Code (2006) 9.1; 18.5.1 & 19.5.1 (exception)
4	K0051	60	An electrically supervised fire alarm, which provides emergency forces notification, is available to warn occupants, and operate protective systems shall be provided. NFPA 101 Life Safety Code (2006) 9.6; 18.3.4 & 19.3.4
5	K0039	59	Exit access corridors and aisles are clear, un-obstructed, and at least 8 feet wide (Existing 4 feet). NFPA 101 Life Safety Code (2006) 7.3.4; 18.2.3.3, 18.2.3.4 & 19.2.3.3, 19.2.3.4.
6	K0076	58	Non-flammable medical gas systems and equipment shall comply with with NFPA 101 Life Safety Code (2006) 18.3.2.4 & 19.3.2.4. NFPA 99 (2005) Chap. 8. (Respiratory Therapy)
7	K0069	45	The design, installation, and use of commercial cooking equipment is in accordance with. NFPA 101 Life Safety Code (2006) 9.2.3; 18.3.2.5; 19.3.2.5 & NFPA 96 (2004)
8	K0067	36	Air conditioning and ventilation has been installed and maintained to all manufacturers specifications, in accordance with NFPA
9	K0029	35	Hazardous areas shall be enclosed with one hour fire rated construction or be sprinkler protected. Doors assemblies shall be 45 minute fire rated without vision panels.
10	K0031	33	Laboratories with quantities of flammables, combustibles or hazardous materials which are considered severe hazard areas shall be protected in accordance with NFPA 101 Life Safety Code (2006) Section 8.7.1; 18.3.2.2 & 19.3.2.2. (Also see table, 18.3.2.1)

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**Intermediate Care Facility for the Developmentally Disabled  
Top Ten Health Deficiency Citations  
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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 in sufficient number and frequency
2	W0159	24	Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.
3	W0102	20	The facility must ensure that specific governing body and management requirements are met.
4	W0331	20	The facility must provide clients with nursing services in accordance with their needs.
5	W0454	20	The facility must provide a sanitary environment to avoid sources and transmission of infections.
6	W0130	19	The facility must ensure the rights of all clients.
7	W0242	19	The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence
8	W0322	18	The facility must provide or obtain preventive and general medical care.
9	W0120	17	The facility must assure that outside services meet the needs of each client.
10	W0369	17	The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.

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

**Statewide**

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<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	K0056	17	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	17	Other LSC deficiency not on 2786.
3	K0067	10	Heating, ventilating and air conditioning equipment shall comply with the provisions of Section 7-2.
4	K0050	8	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.
5	K0018	7	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.
6	K0048	6	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.
7	K0029	6	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
8	K0064	5	Portable fire extinguishers shall be provided near hazardous areas in accordance with Section 7.7.
9	K0021	4	Any door in a vertical opening shall have a minimum 20 minute fire rating.
10	K0051	4	A manual fire alarm system shall be provided in accordance with Section 7-6.

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**Laboratory  
Top Ten Health Deficiency Citations  
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<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	D2016	89	Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS
2	L2527	82	(3) Successful participation. (a) 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	79	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	56	(a) 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	55	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
6	L3101	51	(1) 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
7	D5217	44	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.
8	L3111	44	(5) Comparison of test results. (b) 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	41	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	31	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 specified at §§493.1231 through 493.1236.

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**Nursing Home  
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<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	F0281	455	The services provided or arranged by the facility must meet professional standards of quality.
2	F0371	350	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	300	A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.
4	F0329	280	Each resident's drug regimen must be free from unnecessary drugs.
5	F0280	245	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.
6	F0253	243	The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.
7	F0323	217	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	F0241	199	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.
9	F0441	193	The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection.
10	F0431	184	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

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1	K0147	107	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2
2	K0069	80	Cooking facilities are protected in accordance with 9.2.3.
3	K0025	77	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. Windows are protected by fire-rated glazing or by wired glass panels and steel frames.
4	K0062	71	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.
5	K0018	67	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.
6	K0130	65	OTHER LSC DEFICIENCY NOT ON 2786
7	K0067	60	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications.
8	K0038	54	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1.
9	K0052	52	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA
10	K0144	51	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99.

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