

**Adult Family Care Home
Top Ten Health Deficiency Citations
Statewide
August 17, 2010**

Year Date Range: July 1, 2009 through June 30, 2010

Rank	Tag	Count	Description
1	F0401	178	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	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	F0605	73	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.
5	F0213	64	Resident records shall contain the resident's monthly weight record.
6	F0609	62	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.
7	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.
8	F0404	59	The personnel record must include for any person left in sole charge of residents written documentation of First Aid and CPR training.
9	F0602	54	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.
10	F0204	52	Resident records shall contain a copy of the residency agreement, including a copy of any notices of rate increases sent to the resident or the resident's representative and any addendum.

Note: The entire description of each deficiency can be found at http://ahca.myflorida.com/MCHQ/Current_Regs.shtml

**Ambulatory Surgical Center
Top Ten Life Safety Deficiency Citations
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Year Date Range: July 1, 2009 through June 30, 2010

Rank	Tag	Count	Description
1	K0050	61	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.
2	K0109	53	Emergency generator maintenance and testing shall meet the standards in NFPA 110 (2002) Chapter 8.
3	K0049	48	All requirements for electrical safety shall be complied with per the NFPA 70, National Electrical Code, and NFPA 99, Health Care Facilities.
4	K0067	43	Air conditioning and ventilation has been installed and maintained to all manufacturers specifications, in accordance with NFPA 101 Life Safety Code (2006) 9.2, 20.5.2, or 21.5.2 & NFPA 90A.
5	K0062	40	Sprinkler systems are maintained, inspected, and tested periodically.
6	K0046	35	Emergency lighting is provided for 90 minutes.
7	K0116	34	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.
8	K0130	32	OTHER LSC Standards not in compliance.
9	K0076	29	Non-flammable medical gas systems and equipment shall comply with with NFPA 99, chapter 9.
10	K0021	28	Doors in fire walls, hazardous areas (except boiler, heater & mechanical equipment rooms) horizontal exits or smoke barrier doors may be held open only by devices arranged to automatically close the doors.

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**Assisted Living Facility
Top Ten Health Deficiency Citations
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August 17, 2010**

Year Date Range: July 1, 2009 through June 30, 2010

Rank	Tag	Count	Description
1	A0615	474	The facility must maintain a daily medication observation record (MOR) for each resident who receive assistance with self-administration of medications or medication administration.
2	A1103	408	Freedom from tuberculosis must be documented on an annual basis.
3	A0417	341	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.
4	A1101	335	Personnel records contain verification of freedom from communicable disease including tuberculosis.
5	A1115	303	Personnel records contain documentation of compliance with level 1 background screening for all staff subject to screening requirements.
6	A0718	275	The facility will comply with the Resident's Bill of Rights.
7	A0514	274	All facility staff must receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.
8	A0511	272	Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: (1) Reporting of major incidents and (2) Reporting adverse incidents.
9	A0509	254	All employees hired on or after October 1, 1998 who perform personal services shall be in compliance with Level 1 background screening.
10	A1003	254	Peeling paint or wallpaper, missing ceiling or floor tiles, or torn carpeting shall be repaired or replaced.

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Birthing Centers
Top Ten Life Safety Deficiency Citations
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Rank	Tag	Count	Description
1	K0150	2	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	K0126	2	Equipment is clean and free from safety hazards.
3	K0121	2	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.
4	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.
5	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.
6	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
7	K0129	1	Oxygen is stored in a clean dry place, with no flammable materials, or machinery capable of producing sparks, in the immediate vicinity.
8	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.

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**Home Health Agency
Top Ten Health Deficiency Citations
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Rank	Tag	Count	Description
1	H0302	190	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	99	Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.
3	G0165	84	Drugs and treatments are administered by agency staff only as ordered by the physician.
4	H0205	80	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	H0320	78	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.
6	H0202	75	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.
7	H0230	74	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.
8	H0304	68	400.487(1) Services provided by a home health agency must be covered by an agreement between the home health agency and the patient or the patient's legal representative specifying the home health services to be provided.
9	G0337	63	The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions.
10	H0215	62	New direct or contract personnel who enter the home in the capacity of their employment may work on probationary status.

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**Hospital
Top Ten Health Deficiency Citations
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Year Date Range: July 1, 2009 through June 30, 2010

Rank	Tag	Count	Description
1	H0120	93	The nursing process of assessment, planning, intervention and evaluation shall be documented for each hospitalized patient from admission through discharge.
2	H0029	34	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.
3	H0020	32	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.
4	H0190	25	Each hospital shall maintain a current and complete medical record for every patient seeking care or service.
5	H0231	21	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.
6	H0022	19	Each hospital shall develop and implement policies and procedures on discharge planning.
7	H0208	19	(1) The licensee shall have a governing body responsible for the conduct of the hospital as a functioning institution.
8	H0084	14	(c) All drugs shall be prepared and stored under proper conditions of sanitation, temperature, light, moisture, ventilation, security and segregation to promote patient safety and proper utilization and efficacy.
9	H0119	14	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.
10	H0116	14	(a) Each hospital shall document the relationship of the nursing department to other units of the hospital by an organizational chart, and each nursing department shall have a written organizational plan that delineates lines of authority and accountability.

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Hospital
Top Ten Life Safety Deficiency Citations
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Rank	Tag	Count	Description
1	K0062	119	Sprinkler systems are maintained, inspected, and tested periodically.
2	K0049	90	All requirements for electrical safety shall be complied with per the NFPA 70, National Electrical Code, and NFPA 99, Health Care Facilities.
3	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.
4	K0051	66	An electrically supervised fire alarm, which provides emergency forces notification, is available to warn occupants, and operate protective systems shall be provided.
5	K0067	66	Air conditioning and ventilation has been installed and maintained to all manufacturers specifications, in accordance with NFPA 101 Life Safety Code (2006) 9.2; 18.5.2, 19.5.2 & NFPA 90A (2002).
6	K0076	64	Non-flammable medical gas systems and equipment shall comply with with NFPA 99, chapter 8. (Respiratory Therapy).
7	K0039	57	Exit access corridors and aisles are clear, un-obstructed, and at least 8 feet wide (existing 4 feet).
8	K0021	55	Fire doors complying with 7.2.1 shall be permitted.
9	K0069	48	The design, installation, and use of commercial cooking equipment is in accordance with NFPA 96.
10	K0029	45	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.

Note: The entire description of each deficiency can be found at http://ahca.myflorida.com/MCHQ/Current_Regs.shtml

Intermediate Care Facility for the Developmentally Disabled
Top Ten Health Deficiency Citations
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Year Date Range: July 1, 2009 through June 30, 2010

Rank	Tag	Count	Description
1	W0249	38	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	W0102	24	The facility must ensure that specific governing body and management requirements are met.
3	W0159	22	Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.
4	W0242	19	The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence.
5	W0120	17	The facility must assure that outside services meet the needs of each client.
6	W0130	16	The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.
7	W0369	16	The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.
8	W0454	16	The facility must provide a sanitary environment to avoid sources and transmission of infections.
9	W0194	15	Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.
10	W0322	14	The facility must provide or obtain preventive and general medical care.

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**Intermediate Care Facility for the Developmentally Disabled
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Rank	Tag	Count	Description
1	K0130	14	Other LSC deficiency not on 2786.
2	K0056	11	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.
3	K0050	10	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.
4	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
5	K0067	5	Heating, ventilating and air conditioning equipment shall comply with the provisions of Section 7-2.
6	K0046	4	Any apartment building with more than twelve living units or greater than three stories shall have emergency lighting in accordance with Section 5-9.
7	K0064	4	Portable fire extinguishers shall be provided near hazardous areas in accordance with Section 7.7.
8	K0021	3	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	K0018	3	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.
10	K0048	3	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.

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**Laboratory
Top Ten Health Deficiency Citations
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August 17, 2010**

Year Date Range: July 1, 2009 through June 30, 2010

Rank	Tag	Count	Description
1	D2016	67	Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS.
2	L2527	65	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	L2901	57	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.
5	D5217	48	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.
6	L3111	44	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.
7	L3101	44	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	L3503	43	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.
9	L2909	32	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	L3125	28	(7) Personnel assessment. The laboratory must have an ongoing mechanism to evaluate the effectiveness of its policies and procedures for assuring employee competence.
11	D5403	28	The procedure manual must include the following when applicable to the test procedure: (1) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for specimen.

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**Nursing Home
Top Ten Health Deficiency Citations
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Rank	Tag	Count	Description
1	F0281	454	The services provided or arranged by the facility must meet professional standards of quality.
2	F0371	328	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	291	A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.
4	F0329	260	Each resident's drug regimen must be free from unnecessary drugs.
5	F0441	250	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.
6	F0253	231	The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.
7	F0280	221	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.
8	F0323	213	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.
9	F0241	200	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.
10	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.

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**Nursing Home
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Rank	Tag	Count	Description
1	K0147	103	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2
2	K0062	97	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.
3	K0025	74	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.
4	K0144	70	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.
5	K0038	69	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1.
6	K0069	69	Cooking facilities are protected in accordance with 9.2.3.
7	K0052	62	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72.
8	K0067	58	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications.
9	K0018	54	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.
10	K0130	50	OTHER LSC DEFICIENCY NOT ON 2786

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