

**Adult Family Care Home
Top Ten Health Deficiency Citations
Statewide
January 18, 2012**

Year Date Range: January 1, 2011 through December 31, 2011

Rank	Tag	Count	Description
1	F0401	118	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	89	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	F0609	67	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.
4	F0605	48	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	F0606	46	Prior to assuming responsibility for the care of residents or within 30 days of employment, the AFCH provider shall ensure that each relief person and all staff receive training in areas that are relevant to the person's job duties.
6	F0213	46	The provider shall at all times maintain first aid and emergency supplies including a 3-day supply of non-perishable food based on the number of residents and household members currently residing in the home, and 2 gallons of drinking water per current resident.
7	F0204	43	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.
8	F0704	41	A list of currently prescribed medications shall be maintained for all residents who self-administer or who require supervision or assistance with medications.
9	F0301	40	AFCH providers shall maintain on the premises available for agency inspection an up-to-date log listing all residents, and each resident's: a. Date of admission and b. Date of discharge.
10	F0216	38	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.

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
Statewide
January 18, 2012**

Year Date Range: January 1, 2011 through December 31, 2011

Rank	Tag	Count	Description
1	K0109	78	Emergency generator maintenance and testing shall meet the standards in NFPA 110 (2002) Chapter 8.
2	K0049	62	All requirements for electrical safety shall be complied with per the NFPA 70, National Electrical Code, and NFPA 99, Health Care Facilities.
3	K0046	42	Emergency lighting is provided for 90 minutes.
4	K0062	41	Sprinkler systems are maintained, inspected, and tested periodically.
5	K0052	35	The fire alarm system is tested annually. NFPA 101 Life Safety Code (2006) 9.6.1.3; NFPA 72 (National Fire Alarm Code) (2002) Chapter 10.
6	K0067	33	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.
7	K0077	27	Piped-in medical gas systems shall comply with NFPA 101 Life Safety Code (2006) 20.3.2.3 or 21.3.2.3 (Non-flammable Medical Gases) NFPA 99, Chapter 4.
8	K0050	26	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.
9	K0130	22	OTHER LSC Standards not in compliance.
10	K0076	21	Non-flammable medical gas systems and equipment shall comply with with NFPA 99, chapter 9.
11	K0116	21	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.

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

**Assisted Living Facility
Top Ten Health Deficiency Citations
Statewide
January 18, 2012**

Year Date Range: January 1, 2011 through June 30, 2011

Rank	Tag	Count	Description
1	A0615	216	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	212	Freedom from tuberculosis must be documented on an annual basis.
3	A0417	180	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	A0724	173	The use of physical restraints shall be limited to half-bed rails, and only upon the written order of the resident's physician, who shall review the order biannually, and the consent of the resident or the resident's representative.
5	A0700	170	An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility.
6	A0718	169	The facility will comply with the Resident's Bill of Rights.
7	A1122	159	Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding DNROs within 60 days after the effective date of this rule.
8	A1115	142	Personnel records contain documentation of compliance with level 1 background screening for all staff subject to screening requirements.
9	A0309	138	The resident's record must include a copy of the resident's contract with the facility, executed at or prior to admission, including any addendums to the contract.
10	A0514	134	All facility staff must receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

Regulation Set completely revised beginning July 1, 2011.

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

**Assisted Living Facility
Top Ten Health Deficiency Citations
Statewide
January 18, 2012**

Year Date Range: July 1, 2011 through December 31, 2011

Rank	Tag	Count	Description
1	A0030	289	A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area.
2	A0008	194	As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider.
3	A0081	193	Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
4	A0093	185	The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, sex and activity, shall be the nutritional standard used to evaluate meals.
5	A0160	172	The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff.
6	A0025	171	An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility.
7	A0078	168	Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable disease.
8	A0054	158	For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the individual.
9	A0162	157	Resident records shall be maintained on the premises.
10	A0090	155	Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding do not resuscitate orders.

Regulation Set completely revised beginning July 1, 2011.

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

Birthing Centers
Top Ten Life Safety Deficiency Citations
Statewide
January 18, 2012

Year Date Range: January 1, 2011 through December 31, 2011

Rank	Tag	Count	Description
1	K0129	3	Oxygen is stored in a clean dry place, with no flammable materials, or machinery capable of producing sparks, in the immediate vicinity.
2	K0124	2	Electrical, gas, and vacuum systems conform to Code requirements. Electrical and gas equipment conform to Code requirements. NFPA 99 (2002), Chapters 4, 5, 7, & 8, as applicable.
3	K0111	2	Fire alarm, if required, shall be in accordance with NFPA 101(Life safety Code)(2003) Sections 9.6 and 39.3.4.
4	K0150	1	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
5	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
6	K0122	1	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, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously be maintained in accordance with applicable NFPA requirements.
7	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.
8	K0119	1	Sprinkler systems are maintained, inspected, and tested periodically.
9	K0106	1	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.
10	K0102	1	All means of egress shall be in accordance with NFPA 101(Life safety Code)(2006)Chapter 7 and 39.2.
11	K0101	1	Mixed occupancies comply with NFPA 101(Life Safety Code)(2006 edition) 6.1.14 & 39.1.2. Combined business occupancy and parking structure shall comply with 39.1.2.2.

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

**Home Health Agency
Top Ten Health Deficiency Citations
Statewide
January 18, 2012**

Year Date Range: January 1, 2011 through December 31, 2011

Rank	Tag	Count	Description
1	H0302	133	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	97	Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.
3	G0337	78	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.
4	G0236	68	A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services.
5	H0350	59	The home health agency must maintain for each patient who receives skilled care a clinical record that includes pertinent past and current medical, nursing, social and other therapeutic information, the treatment orders, and other such information.
6	H0230	57	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.
7	G0165	55	Drugs and treatments are administered by agency staff only as ordered by the physician.
8	H0320	55	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.
9	H0306	54	The skilled care services provided by a home health agency, directly or under contract must be supervised and coordinated in accordance with the plan of care.
10	G0159	54	The plan of care developed in consultation with the agency staff covers all pertinent diagnoses.

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

**Hospital
Top Ten Health Deficiency Citations
Statewide
January 18, 2012**

Year Date Range: January 1, 2011 through December 31, 2011

Rank	Tag	Count	Description
1	H0120	164	The nursing process of assessment, planning, intervention and evaluation shall be documented for each hospitalized patient from admission through discharge.
2	H0029	50	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	H0190	44	Each hospital shall maintain a current and complete medical record for every patient seeking care or service.
4	H0022	42	Each hospital shall develop and implement policies and procedures on discharge planning.
5	H0119	34	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.
6	H0094	31	Administration of drugs shall be undertaken only upon the orders of authorized members of the professional staff.
7	H0020	30	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.
8	H0231	27	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.
9	H0116	23	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.
10	H0076	19	The dietetic department is designed and equipped to facilitate the safe, sanitary, and timely provision of food service to meet the nutritional needs of patients.

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

**Hospital
Top Ten Life Safety Deficiency Citations
Statewide
January 18, 2012**

Year Date Range: January 1, 2011 through December 31, 2011

Rank	Tag	Count	Description
1	K0062	116	Sprinkler systems are maintained, inspected, and tested periodically.
2	K0049	94	All requirements for electrical safety shall be complied with per the NFPA 70, National Electrical Code, and NFPA 99, Health Care Facilities.
3	K0076	62	Non-flammable medical gas systems and equipment shall comply with NFPA 99, chapter 8. (Respiratory Therapy).
4	K0067	57	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).
5	K0069	49	The design, installation, and use of commercial cooking equipment is in accordance with NFPA 96.
6	K0018	44	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.
7	K0021	43	Fire doors complying with 7.2.1 shall be permitted.
8	K0051	40	An electrically supervised fire alarm, which provides emergency forces notification, is available to warn occupants, and operate protective systems shall be provided.
9	K0130	34	OTHER LSC Standards not in compliance.
10	K0052	33	The fire alarm system is tested annually. NFPA 101 Life Safety Code (2006) 9.6.1.3; NFPA 72 (2002) (National Fire Alarm Code) 7-3.2

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
Statewide
January 18, 2012
Year Date Range: January 1, 2011 through December 31, 2011

Rank	Tag	Count	Description
1	W0249	28	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	W0369	27	The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.
3	W0454	16	The facility must provide a sanitary environment to avoid sources and transmission of infections.
4	W0159	16	Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.
5	W0368	15	The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.
6	W0102	14	The facility must ensure that specific governing body and management requirements are met.
7	W0262	14	The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.
8	W0153	12	The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.
9	W0154	12	The facility must have evidence that all alleged violations are thoroughly investigated.
10	W0488	12	The facility must assure that each client eats in a manner consistent with his or her developmental level.

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 Life Safety Deficiency Citations
Statewide
January 18, 2012
Year Date Range: January 1, 2011 through December 31, 2011**

Rank	Tag	Count	Description
1	K0018	8	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.
2	K0067	7	Heating, ventilating and air conditioning equipment shall comply with the provisions of Section 7-2.
3	K0050	6	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	K0046	6	Any apartment building with more than twelve living units or greater than three stories shall have emergency lighting in accordance with Section 5-9.
5	K0064	3	Portable fire extinguishers shall be provided near hazardous areas in accordance with Section 7.7.
6	K0056	3	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.
7	K0130	2	Other LSC deficiency not on 2786.
8	K0051	2	A manual fire alarm system shall be provided in accordance with Section 7-6.
9	K0038	2	Access to all required exits shall be in accordance with Section 5-5.
10	K0066	1	Where smoking is permitted, noncombustible safety-type ash trays or receptacles shall be provided in convenient locations.
11	K0048	1	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.
12	K0041	1	Every sleeping room shall have access to a primary means of escape located to provide a path to the exterior, without exposure to unprotected vertical openings.
13	K0015	1	Interior finish for rooms and spaces that are not exits or exit access shall be class A, B, or C.
14	K0014	1	Interior finish on walls and ceilings of occupied spaces shall be Class A, B, or C.
15	K0012	1	Minimum construction requirements: Buildings may be of any of the following types when in accordance with section 6-2; any Type I or II (222), Type II (111), Type III (211) or Type IV (2HH) construction. 21-2.2.4.2

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

**Laboratory
Top Ten Health Deficiency Citations
Statewide
January 18, 2012**

Year Date Range: January 1, 2011 through December 31, 2011

Rank	Tag	Count	Description
1	L3101	51	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.
2	D6000	51	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.
3	L2901	50	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.
4	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.
5	D2016	47	Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS.
6	L3111	46	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	L3503	44	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.
8	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.
9	D5413	29	The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting.
10	L3125	28	Personnel assessment. The laboratory must have an ongoing mechanism to evaluate the effectiveness of its policies and procedures for assuring employee competence.

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

**Nursing Home
Top Ten Health Deficiency Citations
Statewide
January 18, 2012**

Year Date Range: January 1, 2011 through December 31, 2011

Rank	Tag	Count	Description
1	F0371	311	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
2	F0441	291	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.
3	F0329	226	Each resident's drug regimen must be free from unnecessary drugs.
4	F0514	226	The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.
5	F0323	205	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.
6	F0253	205	The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.
7	F0282	197	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.
8	F0431	190	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	F0279	164	A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.
10	F0309	156	Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.
11	F0241	156	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
January 18, 2012**

Year Date Range: January 1, 2011 through December 31, 2011

Rank	Tag	Count	Description
1	K0147	158	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2
2	K0062	150	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.
3	K0018	86	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	K0076	78	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.
5	K0067	77	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications.
6	K0050	69	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift.
7	K0038	65	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1.
8	K0021	62	Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation.
9	K0052	61	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72.
10	K0069	57	Cooking facilities are protected in accordance with 9.2.3.

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