

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

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

Rank	Tag	Count	Description
1	F0401	51	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	48	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	30	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	F0204	24	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.
5	F0213	24	Resident records shall contain the resident's monthly weight record.
6	F0605	23	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.
7	F0606	23	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.
8	F0216	22	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	F0200	19	The resident record must include documentation that the resident's bill of rights and the procedure for lodging complaints has been discussed with the resident or resident's representative.
10	F0301	19	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.

**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 18, 2012**

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

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	K0109	55	Emergency generator maintenance and testing shall meet the standards in NFPA 110 (2002) Chapter 8.
2	K0049	44	All requirements for electrical safety shall be complied with per the NFPA 70, National Electrical Code, and NFPA 99, Health Care Facilities.
3	K0046	30	Emergency lighting is provided for 90 minutes.
4	K0062	24	Sprinkler systems are maintained, inspected, and tested periodically.
5	K0067	22	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.
6	K0052	21	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.
7	K0077	19	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	17	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	K0116	13	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.
10	K0076	11	Non-flammable medical gas systems and equipment shall comply with with NFPA 99, chapter 9.

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

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

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
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](http://ahca.myflorida.com/MCHQ/Current_Regs.shtml)

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

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

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	K0129	1	Oxygen is stored in a clean dry place, with no flammable materials, or machinery capable of producing sparks, in the immediate vicinity.
2	K0124	1	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	K0119	1	Sprinkler systems are maintained, inspected, and tested periodically.
4	K0111	1	Fire alarm, if required, shall be in accordance with NFPA 101(Life safety Code)(2003) Sections 9.6 and 39.3.4.
5	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.
6	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  
January 18, 2012**

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

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	H0302	74	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	49	Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.
3	G0236	39	A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services.
4	H0350	37	400.491(1) 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.
5	G0165	37	Drugs and treatments are administered by agency staff only as ordered by the physician.
6	H0230	36	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	G0337	36	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.
8	G0170	30	The HHA furnishes skilled nursing services in accordance with the plan of care.
9	G0159	27	The plan of care developed in consultation with the agency staff covers all pertinent diagnoses.
10	G0229	26	The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks.
11	H0320	26	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.

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

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

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	H0120	83	The nursing process of assessment, planning, intervention and evaluation shall be documented for each hospitalized patient from admission through discharge.
2	H0029	30	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	28	Each hospital shall maintain a current and complete medical record for every patient seeking care or service.
4	H0022	27	Each hospital shall develop and implement policies and procedures on discharge planning.
5	H0119	22	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	16	Administration of drugs shall be undertaken only upon the orders of authorized members of the professional staff.
7	H0020	15	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	13	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	H0199	12	(1) Each hospital shall establish an infection control program involving members of the organized medical staff, the nursing staff, other professional staff as appropriate, and administration.
10	H0092	11	The hospital shall ensure that the administration of drugs shall take place in accordance with written policies, approved by the professional staff and designed to ensure that all medications are administered safely and efficiently.

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**Hospital**  
**Top Ten Life Safety Deficiency Citations**  
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<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	K0062	80	Sprinkler systems are maintained, inspected, and tested periodically.
2	K0049	65	All requirements for electrical safety shall be complied with per the NFPA 70, National Electrical Code, and NFPA 99, Health Care Facilities.
3	K0067	31	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).
4	K0018	30	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.
5	K0076	29	Non-flammable medical gas systems and equipment shall comply with with NFPA 99, chapter 8. (Respiratory Therapy).
6	K0069	27	The design, installation, and use of commercial cooking equipment is in accordance with NFPA 96.
7	K0051	25	An electrically supervised fire alarm, which provides emergency forces notification, is available to warn occupants, and operate protective systems shall be provided.
8	K0021	24	Fire doors complying with 7.2.1 shall be permitted.
9	K0130	22	OTHER LSC Standards not in compliance.
10	K0109	22	Emergency generator maintenance and testing shall meet the standards in NFPA 101 Life Safety Code (2006) 4.6.12; 9.1.3. NFPA 110 (2005) Chap. 8. 8.3.8,

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**Intermediate Care Facility for the Developmentally Disabled  
Top Ten Health Deficiency Citations  
Statewide  
January 18, 2012  
Year Date Range: July 1, 2011 through December 31, 2011**

Rank	Tag	Count	Description
1	W0369	15	The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.
2	W0249	10	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.
3	W0368	9	The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.
4	W0454	8	The facility must provide a sanitary environment to avoid sources and transmission of infections.
5	W0263	8	The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.
6	W0154	8	The facility must have evidence that all alleged violations are thoroughly investigated.
7	W0262	7	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	W0159	7	Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.
9	W0102	6	The facility must ensure that specific governing body and management requirements are met.
10	W0488	6	The facility must assure that each client eats in a manner consistent with his or her developmental level.
11	W0153	6	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.

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**Intermediate Care Facility for the Developmentally Disabled  
Top Ten Life Safety Deficiency Citations  
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Rank	Tag	Count	Description
1	K0018	5	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	3	Heating, ventilating and air conditioning equipment shall comply with the provisions of Section 7-2.
3	K0050	3	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	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.
5	K0064	2	Portable fire extinguishers shall be provided near hazardous areas in accordance with Section 7.7.
6	K0038	2	Access to all required exits shall be in accordance with Section 5-5.
7	K0130	1	Other LSC deficiency not on 2786.
8	K0066	1	Where smoking is permitted, noncombustible safety-type ash trays or receptacles shall be provided in convenient locations.
9	K0056	1	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.
10	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.
11	K0015	1	Interior finish for rooms and spaces that are not exits or exit access shall be class A, B, or C.
12	K0014	1	Interior finish on walls and ceilings of occupied spaces shall be Class A, B, or C.

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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	L3101	37	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	32	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	D2016	30	Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS.
4	L2901	26	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	L3111	23	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.
6	D5217	21	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	L3503	21	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	L3125	18	(7) Personnel assessment. The laboratory must have an ongoing mechanism to evaluate the effectiveness of its policies and procedures for assuring employee competence.
9	D5413	16	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	L2563	16	The minimum satisfactory score for an analyte test, specialty or subspecialty for any testing event is 80 percent.

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**Nursing Home  
Top Ten Health Deficiency Citations  
Statewide**

**January 18, 2012**

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

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	F0371	163	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	149	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	122	Each resident's drug regimen must be free from unnecessary drugs.
4	F0282	111	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.
5	F0253	110	The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.
6	F0323	104	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.
7	F0514	100	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.
8	F0431	96	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	F0309	82	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.
10	F0279	82	A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.

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1	K0147	98	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2
2	K0062	71	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.
3	K0018	48	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	K0067	37	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications.
5	K0076	37	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.
6	K0021	34	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.
7	K0052	33	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	K0050	32	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift.
9	K0130	31	OTHER LSC DEFICIENCY NOT ON 2786
10	K0038	31	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1.

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