

**Adult Family Care Home  
Top Ten Health Deficiency Citations  
Statewide  
August 30, 2012**

**Year Date Range: July 1, 2011 through June 30, 2012**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	F0401	99	Personnel records must include verification of freedom from communicable disease for the AFCH provider, each relief person, each adult household member, and each staff person.
2	F0203	86	Resident records shall contain the Resident Health Assessment, AHCA Form 3110-1023 (AFCH 1110) 1/08, required by Rule 58A-14.0061, 58A-14.0085(1)(a)1. and, 58A-14.007(2).
3	F0609	51	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	F0213	48	Resident records shall contain the resident's monthly weight record.
5	F0605	46	The AFCH provider, each relief person, and any person left in sole charge of residents, which may include staff, household members or volunteers, must hold a currently valid card documenting completion of courses in First Aid and CPR.
6	F0606	39	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.
7	F0204	37	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	F0602	33	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	F0216	32	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.
10	F0704	31	A list of currently prescribed medications shall be maintained for all residents who self-administer or who require supervision or assistance with medications.

**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  
August 30, 2012**

**Year Date Range: July 1, 2011 through June 30, 2012**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	K0109	83	Emergency generator maintenance and testing shall meet the standards in NFPA 110 (2002) Chapter 8.
2	K0049	68	All requirements for electrical safety shall be complied with per the NFPA 70, National Electrical Code, and NFPA 99, Health Care Facilities.
3	K0062	44	Sprinkler systems are maintained, inspected, and tested periodically.
4	K0046	38	Emergency lighting is provided for 90 minutes.
5	K0067	35	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	31	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	K0050	29	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.
8	K0077	21	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.
9	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.
10	K0130	18	OTHER LSC Standards not in compliance.
11	K0021	18	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  
Statewide  
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**Year Date Range: July 1, 2011 through June 30, 2012**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	A0030	633	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	378	As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider.
3	A0025	375	An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility.
4	A0078	373	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.
5	A0093	366	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.
6	A0081	364	Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
7	A0054	313	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.
8	A0090	307	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.
9	AZ815	301	Level 2 background screening pursuant to chapter 435 must be conducted through the agency on specific employees.
10	A0160	299	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.

Regulation Set completely revised beginning July 1, 2011.

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**Birthing Centers**  
**Top Ten Life Safety Deficiency Citations**  
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**Year Date Range: July 1, 2011 through June 30, 2012**

Rank	Tag	Count	Description
1	K0125	4	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
2	K0106	3	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.
3	K0111	3	Fire alarm, if required, shall be in accordance with NFPA 101(Life safety Code)(2003) Sections 9.6 and 39.3.4.
4	K0124	3	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.
5	K0151	3	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
6	K0119	2	Sprinkler systems are maintained, inspected, and tested periodically.
7	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.
8	K0116	2	Portable fire extinguisher staff training shall be in accordance with NFPA 101(Life safety Code)(2003)Section 39.7.2.
9	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
10	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.
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.
12	K0114	1	Heating, ventilating, and air conditioning shall be in accordance with NFPA 101(Life safety Code)(2006)Sections 9.2 and 39.5.2, and NFPA 90A..
13	K0123	1	OTHER LSC Standards not in compliance.
14	K0129	1	Oxygen is stored in a clean dry place, with no flammable materials, or machinery capable of producing sparks, in the immediate vicinity.
15	K0102	1	All means of egress shall be in accordance with NFPA 101(Life safety Code)(2006)Chapter 7 and 39.2.
16	K0118	1	Life safety features, obvious to the public, not required by the code, which has been installed, shall be maintained or removed.

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**Home Health Agency  
Top Ten Health Deficiency Citations  
Statewide  
August 30, 2012**

**Year Date Range: July 1, 2011 through June 30, 2012**

<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
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	90	Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.
3	G0236	88	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	74	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	G0337	73	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.
6	G0165	68	Drugs and treatments are administered by agency staff only as ordered by the physician.
7	H0230	61	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	H0320	52	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	G0170	52	The HHA furnishes skilled nursing services in accordance with the plan of care.
10	H0306	51	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.

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**Hospital  
Top Ten Health Deficiency Citations  
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<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	H0120	134	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	H0022	44	Each hospital shall develop and implement policies and procedures on discharge planning.
4	H0119	44	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.
5	H0190	42	Each hospital shall maintain a current and complete medical record for every patient seeking care or service.
6	H0094	29	Administration of drugs shall be undertaken only upon the orders of authorized members of the professional staff.
7	H0020	27	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	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.
9	H0199	19	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	H0116	19	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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<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	K0062	140	Sprinkler systems are maintained, inspected, and tested periodically.
2	K0049	107	All requirements for electrical safety shall be complied with per the NFPA 70, National Electrical Code, and NFPA 99, Health Care Facilities.
3	K0076	57	Non-flammable medical gas systems and equipment shall comply with NFPA 99, chapter 8. (Respiratory Therapy).
4	K0067	50	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	K0109	43	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,
6	K0069	43	The design, installation, and use of commercial cooking equipment is in accordance with NFPA 96.
7	K0018	41	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.
8	K0021	39	Fire doors complying with 7.2.1 shall be permitted.
9	K0050	39	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.
10	K0051	37	An electrically supervised fire alarm, which provides emergency forces notification, is available to warn occupants, and operate protective systems shall be provided.

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**Intermediate Care Facility for the Developmentally Disabled**  
**Top Ten Health Deficiency Citations**  
**Statewide**  
**August 30, 2012**  
**Year Date Range: July 1, 2011 through June 30, 2012**

Rank	Tag	Count	Description
1	W0369	24	The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.
2	W0249	23	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	W0154	15	The facility must have evidence that all alleged violations are thoroughly investigated.
4	W0262	13	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.
5	W0149	13	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.
6	W0159	13	Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.
7	W0102	12	The facility must ensure that specific governing body and management requirements are met.
8	W0488	12	The facility must assure that each client eats in a manner consistent with his or her developmental level.
9	W0263	11	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.
10	W0368	11	The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.
11	W0454	11	The facility must provide a sanitary environment to avoid sources and transmission of infections.

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**Intermediate Care Facility for the Developmentally Disabled**  
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Rank	Tag	Count	Description
1	K0018	6	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	5	Heating, ventilating and air conditioning equipment shall comply with the provisions of Section 7-2.
3	K0050	4	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	K0130	3	Other LSC deficiency not on 2786.
6	K0038	2	Access to all required exits shall be in accordance with Section 5-5.
7	K0047	2	Signs marking means of egress shall be in accordance with Section 5-10 and provided in all apartment buildings requiring more than one exit.
8	K0056	2	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.
9	K0064	2	Portable fire extinguishers shall be provided near hazardous areas in accordance with Section 7.7.
10	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.
11	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
12	K0029	1	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
13	K0021	1	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.
14	K0066	1	Where smoking is permitted, noncombustible safety-type ash trays or receptacles shall be provided in convenient locations.
15	K0015	1	Interior finish for rooms and spaces that are not exits or exit access shall be class A, B, or C.
16	K0014	1	Interior finish on walls and ceilings of occupied spaces shall be Class A, B, or C.
17	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.

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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	62	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	52	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	52	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	D2016	49	Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS.
5	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.
6	D5217	42	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	37	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	32	Personnel assessment. The laboratory must have an ongoing mechanism to evaluate the effectiveness of its policies and procedures for assuring employee competence.
9	D5791	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 specific systems.
10	D5403	25	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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<b>Rank</b>	<b>Tag</b>	<b>Count</b>	<b>Description</b>
1	F0371	299	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	286	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	F0282	224	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.
4	F0329	222	Each resident's drug regimen must be free from unnecessary drugs.
5	F0253	206	The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.
6	F0323	198	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	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.
8	F0514	171	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.
9	F0309	165	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	156	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	181	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2
2	K0062	131	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.
3	K0018	88	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	78	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications.
5	K0052	66	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72.
6	K0130	64	OTHER LSC DEFICIENCY NOT ON 2786
7	K0050	63	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift.
8	K0069	62	Cooking facilities are protected in accordance with 9.2.3.
9	K0076	61	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.
10	K0038	59	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1.

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