Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968261	A. BUILDING: _____ B. WING _____	12/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY ASSISTED LIVING	415 N WILDER RD PLANT CITY, FL 33563

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the employment status of staff members within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), within 10 business days of initial employment, for 16 (The Administrator,	CZ814		

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CZ814	Continued From page 1 Staff A, Staff B, Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, Staff I, Staff K, Staff L, Staff M, Staff N, Staff O and Staff P) of 16 employee records sampled. Findings Included: A review of employee records conducted on /19 showed that Staff A had a date of hire as the Administrator, and Staff B had a current date of hire of . A review of the Employee Roster showed that the Administrator and Staff B, were not entered on the Employee Roster and Staff A was listed as the current Administrator of record, however she is not the current administrator. The Administrator was interviewed at 2:02PM on concerning above mentioned employees not being entered to the Employee Roster. The Administrator stated the AHCA background screening clearinghouse (Employee Roster) was not up to date yet. The Administrator stated, she has no access to make the changes. The Administrator confirmed she has been a worker at the facility since as the current Administrator and Staff A and B are current caregivers. On a further review of the Employee Roster revealed previously employed caregivers, Staff C, D, E, F, G , H , I , J, K, L, M, N, O and P were still listed on the employee roster and had no end date of employment. During an interview conducted on at 2:16 PM, the surveyor Employee Roster website was reviewed with the Administrator and Staff A,	CZ814		

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CZ814	Continued From page 2 both confirmed Staff C, D, E, F, G , H , I , J, K, L, M, N, O and P have not worked at the facility for more than 11 days. Unclassified	CZ814		
A 000	Initial Comments A Change of Ownership (CHOW) survey was conducted at Coventry Assisted Living Facility on . The facility had deficient practice identified at the time of the survey.	A 000		
A 181 SS=D	58A-5.026(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency	A 181		

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A 181	Continued From page 3 management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to submit an emergency management plan, to the local emergency management agency, for review and approval on an annual basis. Findings Included: On upon review of facility records show no documentation of a approved certified emergency management plan in place. On at 02:02 PM during an interview with Administrator, The administrator stated, " we haven't got an approval letter yet, we can't find the password to the emergency system, I don't has access." Class III	A 181		