

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969274	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/16/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SABAL PALMS ASSISTED LIVING AND MEMORY CARE

**2125 PALM HARBOR PKWY
PALM COAST, FL 32137**

(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
A 000	Initial Comments A biennial relicensure survey was conducted at Sabal Palms Assisted Living on Deficient practice was identified at the time of survey.	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the _____ 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 _____ 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; _____; 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 interview and record review the facility failed to register 1 of 3 sampled employees (Employee A) with the Background Screening Clearinghouse within 10 days upon initial employment.	CZ814		

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CZ814	Continued From page 1 The findings include: On _____ at 12:31 PM an interview was conducted with Employee A. Employee A reported she has worked at the facility for three (3) weeks. Employee stated she assist residents with ADL's, cleans resident rooms and provides medication assistance to the residents. A review of Employee A's personnel file revealed a hire date of _____. A Review of the Background Screening Clearinghouse on _____ at 1:00 PM revealed that Employee A did not appear on the facility's roster. At 2:05 PM on _____, the Business Office Manager confirmed she added Employee A during the survey. On _____ at 3:30 PM an interview conducted with the Administrator. The Administrator stated that he was unaware the timeframe of new employees needed to be registered on the Background Screening Clearinghouse Roster. Unclassified	CZ814		