

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969490	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TRINITY SPRINGS

**12120 COUNTY RD 103
OXFORD, FL 34484**

(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 An unannounced investigation, complaint numbers 2020003905 and 2020011851, and a COVID-19 focused control survey were conducted at Trinity Springs on The facility had deficiencies at the time of the survey.	A 000		
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.	CZ814		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER TRINITY SPRINGS			STREET ADDRESS, CITY, STATE, ZIP CODE 12120 COUNTY RD 103 OXFORD, FL 34484		
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CZ814	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to verify was no break in service of more than 90 days from a position that required level II background screening for 3 of 5 staff reviewed. (Staff A, B, and D) Findings include: A review of the staff listing provided by the facility on provided the following information: Staff A date of hire: Staff B date of hire: Staff D date of hire: A review of the facility policy titled and Neglect Prohibition, dated, read, "The components of the facility prohibition plan. Screening. A. Potential employees will be screened for a history of, neglect,, or misappropriation of resident property. 1. Background, reference, and credentials' check shall be conducted on potential employees,, temporary staff, students affiliated with academic institutions, volunteers, and consultants." A review of Staff A's personnel record revealed a level II background screening eligibility date of, There was no previous employment listed on the employment application. There was no verification of previous dates of employment by the facility in the personnel file to ensure there was no break in service of more than 90 days from a position that requires level II screening. A review of Staff B's personnel record revealed a level II background screening eligibility date of, There were no dates on previous	CZ814			

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CZ814	Continued From page 2 employment listed on the employment application. There was no verification of previous dates of employment by the facility in the personnel file to ensure there was no break in service of more than 90 days from a position that requires level II screening. A review of Staff D's personnel record revealed a level II background screening eligibility date of . There were no dates on previous employment listed on the employment application. There was no verification of previous employment dates by the facility in the personnel file to ensure there was no break in service of more than 90 days from a position that requires level II screening. An interview was conducted with the Assistant Director of Nursing Services on at 3:59 PM. She confirmed that the facility did not verify previous dates of employment for Staff A, B, and D. Therefore, the facility did not verify that there was not a break service of more than 90 days. Unclassified	CZ814		