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
	AL11969082	A. BUILDING: _____ B. WING _____	03/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF GULF BREEZE	4702 GULF BREEZE PKWY GULF BREEZE, FL 32563

(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 Abbreviated Biennial Survey, in conjunction with an Extended Congregate Care Monitoring and Focused Control Survey, was conducted at Beehive Homes of Gulf Breeze in Gulf Breeze, FL on . Deficient practice was identified 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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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 include staff on the background screening clearing house roster for 3 of 3 (Nurse A, Administrator, Aide C) staff sampled. The findings include: A review was conducted of personnel files for Nurse A, with a date of hire of . . . . . , the Administrator, with a hire date of and Aide C, with a hire date of . . . . . . A review was conducted of the facility's employee roster. Nurse A, the Administrator and Aide C were not located on the employee roster. On . . . . . at 11:40am an interview was conducted with the facility's administrator. At that time, she stated that they may not have that but she would go check with her Human Resources Representative. She returned a few moments later and stated that the Human Resources Representative was not aware that she was required to add staff to the roster. She said that she would be working to correct it immediately. Unclassified	CZ814		