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
	AL11910551	A. BUILDING: _____ B. WING _____	01/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROXTON'S A L F HOMES	2233 PATE POND ROAD CARYVILLE, FL 32427

(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 complaint investigation (complaint number 2021015605) was conducted at Broxton's A L F Homes on , , 2022. The facility had deficiencies at the time of the survey.	A 000		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(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 record review and Administrator interview, the facility failed to remove Employee A from the facility's background screening clearinghouse roster within 10 days of employment status change for 1 of 5 employees reviewed. The findings include: Record review of the facility's employee roster and background screening clearinghouse roster indicated that Employee A was still an active employee at the facility. On at approximately 9:29 AM, an interview with the Administrator, Assistant Administrator and Office Supervisor was conducted which revealed that Employee A was no longer an employee at the facility. The Office Supervisor reported Employee A went home (out of state) to visit for Thanksgiving, then called a couple of weeks later to say she would not be returning to work at the facility. The Office Supervisor reported that Employee A has not worked since the Tuesday before Thanksgiving ( ). The Office Supervisor confirmed that she has not yet removed Employee A from the facility's background screening clearinghouse. Unclassified	CZ814		