

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968311	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
NAME OF PROVIDER OR SUPPLIER WINDSOR REFLECTIONS AT LAKEWOOD RANCH		STREET ADDRESS, CITY, STATE, ZIP CODE 8230 NATURES WAY BRADENTON, FL 34202		
(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=D	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. 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 an employee within the background clearinghouse employee roster, within ten-business days of hire, for one out of three sampled employees. Findings Included:	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

STREET ADDRESS, CITY, STATE, ZIP CODE

WINDSOR REFLECTIONS AT LAKEWOOD RANCH

**8230 NATURES WAY
BRADENTON, FL 34202**

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CZ814	Continued From page 1 A review of the facility's background screening roster, conducted on _____ revealed that Staff A was hired on _____ and was not listed on the background clearinghouse roster. During an interview with the Business Office Manager (BOM), conducted on _____ at 11:50AM, the BOM stated that she is responsible for doing the level 2 background screenings, but she was unaware that she had to add them to the background clearinghouse roster. During an interview with the Administrator, conducted on _____ at 12:26PM, the administrator stated that the BOM should have been updating the background clearinghouse roster. During an interview with the Administrator, conducted on _____ at 01:05PM, the Administrator stated that the BOM should have had Staff A on the background clearinghouse roster and that it was a misstep that the background clearinghouse roster was not updated. Class III	CZ814		
A 000	Initial Comments A complaint investigation (#2022010838, #2022012131 and #2022013497) was conducted at Windsor Reflection at Lakewood Ranch on _____. Deficiencies were identified at the time of the visit.	A 000		