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
	AL11942886	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE HAVEN	6960 CR 95 PALM HARBOR, FL 34684

(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 Assisted Living Facility An extended congregate care (ECC) licensure survey was conducted on [redacted] in conjunction with a revisit to a complaint survey, CCR# 2012002970, see (Aspen Event 4EVQ12), and a revisit to a biennial state licensure survey with extended congregate care, see (Aspen Event XCVM12). The Countryside Haven assisted living facility had a deficiency found at the time of the visit.	A 000		
A 161	58A-5.024(2) FAC Records - Staff (2) STAFF RECORDS. (a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable [redacted] including [redacted]. In addition, records shall contain the following, as applicable: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification; 3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.; 4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and 5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C.	A 161		

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A 161	Continued From page 1	A 161		

(b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C.
(c) The facility shall maintain the facility ' s written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months.

This Statute or Rule is not met as evidenced by:
Based on interview and record review the facility did not ensure one (B) of 3 staff records reviewed had documentation of the results of a Level II background screening available in the employee file.
Findings include:
A staff record review was conducted with the facility administrator at 1:00 p.m. on . Staff person B was hired on . She had received her Certified Nursing Assistant (CNA) License in 2011. There was no documentation of having had a Level II background screening in the employees's file folder. The administrator stated "I didn't think she had to have another Level II done because she just got her CNA."
At 1:15 p.m. staff person B was interviewed and stated "I had my fingerprints taken in because I couldn't get my CNA license without the background check being done. I know I passed. I tried to get my results through the (the CNA licensing agency) and couldn't. I called them

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A 161	Continued From page 2	A 161		

and they said they couldn't mail them to me and I didn't know any other way to get a copy."
A call to the AHCA Tallahassee Background Screening Department at 1:20 p.m. verified that the State agency that issues CNA licenses "don't maintain Level II records beyond a few months." The Background Screening person spoken to concurred that the employee would not have gotten her CNA license without a satisfactory background screening. It was recommended that she repeat the Level II through AHCA in order for the facility administrator to be able to get the results for file .
A review of the CNA license indicated the license for staff person B was issued on . The "License/Activity Status" was "Clear/Active" (defined: CLEAR ACTIVE- the licensed practitioner is clear to practice his/her profession in the state of Florida.)
The administrator stated at 1:35 p.m. "I just assumed that she had a Level II background screening done because she got her CNA license. I didn't realize I needed to have a copy in her file. She'll get another one through AHCA this afternoon."

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Countryside Haven
6960 Cr 95
Palm Harbor, FL 34684

Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) state licensure survey that was conducted on . 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161