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
	AL11953542	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE AT LONGWOOD (THE)	480 EAST CHURCH AVENUE LONGWOOD, FL 32750

(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 _____ revisit to Complaint Inspection CCR#2012006554 that was conducted on _____ at The Cornerstone at Longwood Assisted Living Facility (ALF). The ALF had a deficiency that remained uncorrected at the time of the revisit.	{A 000}		
{A 077}	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least 2. If employed on or after 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However,	{A 077}		

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{A 077}	Continued From page 1 administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must: 1. Be at least and 2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: REMAINED UNCORRECTED Based on personnel record review and interview the facility's administrator who was responsible for the maintenance of the facility including the management of all staff failed to have in place a system to ensure the facility obtained up to date immigration documentation for the staff employed by the facility who were not United States citizens and would be providing care to the residents of the facility. Findings: During interview with the assistant administrator on at approximately 9:30 AM, she stated	{A 077}		

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{A 077}	Continued From page 2	{A 077}		

that there was now a system in place where the facility would ensure that all non-United States citizens had their proper legal documents to work. She was asked to provide the documentation to confirm there was a system in place. The assistant administrator returned with a notebook and stated that the documentation was inside.

Review of the note book revealed that Staff C had I-9 documentation noting that she had a permanent resident card. Further review of the I-9 and her permanent resident card revealed that it had expired on . . . . The assistant administrator stated that she would go to speak with staff C, who was working at the facility regarding her immigration status.

Staff C stated at approximately 11 AM, she had no documentation to confirm that she had obtained current immigration documentation. She explained that the documentation that was required was sent to the immigration department and she had not heard anything.

Staff C made a telephone call to the immigration department at the time to see if she could obtain some type of documentation that she was eligible to work. After speaking with the representative, she explained that he informed her that the documentation that was sent was not processed (he informed her of the reason). The representative informed her that the immigration department would not provide her with any type of documentation that she was eligible to work because her immigration work status had expired.

The administrator still had not developed a system to ensure employee's immigration paper work was current to enable them to work at the

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{A 077}	Continued From page 3 facility. Class III	{A 077}		

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11953542	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
CORNERSTONE AT LONGWOOD (THE)	480 EAST CHURCH AVENUE LONGWOOD, FL 32750

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By LHenry for RLC	Date: 11/18/12	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Cornerstone At Longwood (the)
480 East Church Avenue
Longwood, FL 32750

Dear Administrator: RE: Revisit to CCR#2012006554

This letter reports the findings of a revisit survey conducted on . . . . . 29, 2012by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2012.**

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 this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998