



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Tlc Family Care Home
34017 S Haines Creek Rd
Leesburg, FL 34788

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on _____, 2013 by representative(s) of this office.

Enclosed is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after _____, 2013 to verify that the necessary corrections are in place to correct the deficiencies 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/03/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968089	(X3) DATE SURVEY COMPLETED 06/19/2013
NAME OF PROVIDER OR SUPPLIER Family Care Home	STREET ADDRESS, CITY, STATE, ZIP CODE 34017 S Haines Creek Rd Leesburg, FL 34788	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D

Specific Tag Findings:

0000-Initial Comments

On , unannounced biennial licensure survey in conjunction with Limited Nursing Services was conducted at TLC Assisted Living Facility in Leesburg Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)

Based on record reviews and interviews the facility did not have documentation showing a current level II background screening for 1 of 5 direct care staff employees, for staff member #A.

Findings:

On , a record review was conducted on 5 facility direct care staff members. During the record review of staff member #A it was observed that the level II background screening for her had three different dates on the form which raised suspicion to its legitimacy. Upon further record review of employees #A license practical nurse, there were inconsistencies identified as well. Because of these inconsistencies, the Background Screening Unit for the Agency was contacted and a request was made for them to confirm the level II background screening for employee #A. The Background Screening Unit responded and stated employee #A was not eligible.

On , at approximately 3:00 p.m. an interview was conducted with the Administrator. He stated that employee #1 provides assistance to the residents as needed. He also stated that they attempted to confirm employee #A background screening through the AHCA website when she was hired but were having problems at the time with the website. It was also revealed no additional background screening was performed other than what was in the record.

Class III