STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963946	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Oakbridge	3110 Oakbridge Blvd E. Lakeland, FL 33803	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:

St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses- Unclassed

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey with limited nursing services (LNS) was conducted on .

The Emeritus at Oakbridge, assisted living facility, had deficiencies at the time of the visit.

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the personnel record for one of three staff sampled (A) did not contain verification of freedom from communicable . Findings include:

Although a review of personnel files during the survey found an statement for Staff A (hired indicating that this individual was free from signs and symptoms of communicable , this document had been signed off by a health care center administrator, and it was unclear whether this person was a physician, physician's assistant or advanced registered nurse practitioner. Interviews with both the resident care director and business office manager at approximately 2pm on provided no clarification.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview, one of three caregiver staff sampled (A) had not undergone Level 2 background screening within the mandated time parameters. Failure to ensure residents receive care and services safely, securely and from persons who have not committed offenses that preclude them from employment, directly placed the residents at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care of services.

Findings include:

A review of personnel files during the survey revealed that Staff A (hired as caregiver was last background screened in , 2003. Further review of this record found no documented evidence that any subsequent criminal screening had been completed on this individual. Interview with the business office manager at approximately 1:50pm on confirmed that Staff A had not been rescreened and that "she was under the impression she had until late 2013 to resubmit Staff A's information for rescreening." The office manager produced a letter from the Central Office indicating "that all employees subject to screening requirements and initially screened on or before were required to complete their rescreening by . However, she could not explain why this had not been initiated.

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Unclassed

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Emeritus at Oakbridge
3110 Oakbridge Blvd E.
Lakeland, FL 33803

Dear Administrator:

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

Attached is the provider's copy of the State (5000-3547) 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 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. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form