STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965026	09/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At The Lakes	**7460 Lake Breeze Drive Fort Myers, FL 33919**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:
This is the Extended Congregate Care (ECC) survey for Emeritus at the Lakes, an Assisted Living Facility (ALF), conducted on . There was no ECC deficiencies found during this survey. There was one deficiency related to background screenings cited.

The following is a description of non-compliance:

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on a review of 5 personnel files and interview with administrative staff, the facility failed to ensure background screenings were conducted as required for 2 (Staff C and D) of the 4 clinical staff reviewed.

The findings include:

1. Staff C was hired on . The background screening in the folder was done on . Review of the employment record for Staff C revealed this employee quit working in the health care field in of 2012. There was no rescreening done when this employee started in .

2. Staff D was hired on . The screening for this employee was done on . A review of the employee file revealed the employed had noted worked in health care since of 2012. There was a lapse in service from of 2012 through of 2012.

3. Interview with the administrator on at 12:15 p.m., revealed the human resource staff of the facility was unaware of the need to rescreen if there was a 90 lapse in health care employment.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Emeritus At The Lakes
7460 Lake Breeze Drive
Fort Myers, FL 33919

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) survey that was conducted on 5, 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 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372