STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968152	09/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Some Place Like Home Inc #4	1499 Bassett Road Jacksonville, FL 32208	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial relicensure survey was conducted at Some Place Like Home #4 in Jacksonville, Florida on , 2013. Deficiencies were identified as a result of the survey.

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on observation, interview and record review, the facility failed to ensure that employees had background screenings performed, and were found eligible prior to providing direct resident care for 1 of 3 sampled employees. (Employee C)

The findings include:

A review of the employee personnel records revealed an application for Employee C with a hire date of and a background screening with an eligibility date of

A review of the employee staffing schedule revealed that Employee C was scheduled to work a shift on (photo obtained)

On at approximately 1:00 PM, an interview with the administrator revealed the following: The administrator said, "Well, I knew her. She had worked for me before, and I knew she hadn ' t been in any trouble." After reviewing the regulation with the administrator she acknowledged understanding and stated, "Okay, I see what you mean. If I didn ' t know her, I would have waited until I knew she was clear, but since I knew her, I went ahead and started her before the results came in. That was my mistake."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Some Place Like Home, Inc. #4
1499 Bassett Road
Jacksonville, FL 32208

Dear Administrator:

This letter reports the findings of a state biennial 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 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

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JV/KW/sm
Enclosure

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