STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965027	**10/10/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Naples	**1710 S.W. Health Parkway Naples, FL 34109**	
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

Specific Tag Findings:
These are the results of a Change of Ownership (CHOW) survey was completed at Emeritus at Naples an Assisted Living Facility (ALF) on .

The following is a description of non-compliance:

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

Based on record review and interview, the facility failed to ensure staff who had previous Level I Background Screening completed prior to were re-screened for Level II prior to for 1 (Employee C) of 5 employee records reviewed.

The findings include:

Record review found Employee C was hired on . The only Background Screening verification in Employee C's file was a Level I completed .

On at 2:00 p.m., the Administrator stated after checking the only Background Screening available was the one dated in the Employee C's file.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At Naples
1710 S.W. Health Parkway
Naples, FL 34109

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) survey that was conducted on 2013 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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