STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953457	10/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elm Tree Lodge	6205 Viola Lane New Port Richey, FL 34653	
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 S-S= C

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013010254, was conducted on .....

The Elm Tree Lodge, assisted living facility, had deficiencies at the time of the visit.

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

Based on interview and record review the facility failed to obtain a complete employment application with references to verify the work history and obtain previous employer references for the activity director position.

Findings include:

A review of the employee file for the activity director was conducted with the facility administrator and assistant administrator on ..... at 12:10 p.m. The employee's file did not contain an employment application with references. The administrator confirmed with her staff that an employment application for the activity director had not been obtained. She stated: " I ' ve known him and his family for years. He was not on the payroll as such. He was paid by the hour for his work as the activities director. I didn ' t think he needed an application because he wasn ' t on the payroll. I know he worked at other facilities but because I knew him I didn ' t think I needed to verify employment or get references. "

CLASS III

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

Based on interview and record review the facility failed to conduct a Level II background screening on an individual prior to the start of employment as Activities Director with direct involvement with the residents.

Findings include:

A review of the employee file for the activity director was conducted with the facility administrator and assistant administrator on ..... at 12:10 p.m. His employment record showed his date of hire to be ..... A copy of his AHCA background screening result revealed the Level II background screening was not completed until ..... with an " eligible" result for employment in his position. The position of activities director also included driving residents in the facility's van/bus, per the assistant administrator, which could provide opportunities to be unsupervised with residents.

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The administrator and the assistant administrator stated that they knew the Background Screening (BGS) regulation required employee Level II screening to be completed prior to the person having access to residents. They confirmed the finding based on the employee file documents. The administrator stated on [redacted] at 12:10 p.m. "I don't know why it wasn't done until then. I guess I assumed he was ok because of the local facilities he had worked at and because I've known him and his family for years." The administrator questioned her staff as to why the BGS Level II hadn't been done until approximately 90 days after he was hired. They were unable to provide and answer.

Unclassed

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Elm Tree Lodge
6205 Viola Lane
New Port Richey, FL 34653

Dear Administrator:

Re: **CCR# 2013010254**

This letter reports the findings of a complaint 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 ried Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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