STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943002	09/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Guardian Home Alf, Llc	431 E. Airport Blvd. Sanford, FL 32773	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0165 -429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report 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
Complaint inspection #2013009351 was conducted on . . . . . Guardian Home (Assisted Living Facility) ALF had deficiencies found at the time of the visit.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC
Based on record review and interview the facility failed to ensure an adverse incident report was submitted within one business day when law enforcement came to the facility to conduct an investigation.

Findings:

The Agency for Healthcare Administration received information that law enforcement conducted an investigation at the facility.

Review of Sanford Police Department agency report number 20131T002395 dated . . . . . at 17:34 (5:34 PM) stated, "I responded to 431 N. Airport Blvd., Sanford, in reference to a (redacted) person. Sanford Dispatch advised the caller, a Channel 9 News crew, stated they attempted to interview, administrator's name mentioned, in reference to her business. The caller stated administrator's name mentioned became upset. Upon arrival, I made contact with the news crew, and name mentioned (motorist/witness).

Name mentioned stated earlier on the above date, she was driving down Airport Blvd. Name mentioned stated, 'An oriental woman (administrator's name mentioned) was walking towards traffic. As I got closer she ran in front of my car I had to swerve and slam on my brakes so I didn't hit her. I went around her and she continued to walk into oncoming traffic as if she was trying to get someone to hit her.'"

There was no documentation to review to indicate an adverse incident was completed when law enforcement conducted an investigation.

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Interview with the administrator on at approximately 3:30 PM who stated she did not submit an adverse incident report when the police came to the facility.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview the facility failed to ensure 1 of 4 sampled staff (Staff D) had Level 2 background screening pursuant to chapter 435 conducted through the agency that indicated she was eligible to work and completed the Affidavit of Compliance with Background Screening.

Findings:

In an interview with Staff D on at approximately 1:45 PM who stated, she had been doing volunteer work in the facility, since mid- 2013 for the occupation she was studying. Last week she started working Monday through Friday from 8 AM to 5 PM, doing office work. She stated she did not feed residents or provide care to the residents and did not go in the resident

Tour of the facility on at approximately 10:45 AM revealed the resident were not locked and the resident's records were unlocked in the office.

Staff D had access to the resident's personal property and living areas.

There was no documentation to review to indicate Staff D had Level 2 Background Screening completed through the agency and completed the Affidavit of Compliance with Background Screening.

Interview with the administrator on at approximately 4 PM who stated Staff D did not have Level 2 Background screening conducted and did not complete the Affidavit of Compliance with Background Screening.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Guardian Home Alf, LLC
431 E. Airport Blvd.
Sanford, FL 32773

Dear Administrator:

Re: CCR #2013009351

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/bc
Enclosure

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