STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968159	10/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Safe Haven Assisted Living	9000 86th Ave N Largo, FL 33777	
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:

0000-Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on

The A Safe Haven Assisted Living facility, had deficiencies found at the time of the visit.

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

Based on record review and interview, the facility failed to insure that one of three sampled staff (Employee C) had the required Level II background screen conducted prior to beginning work with residents to insure they were free of disqualifying criminal history. Failure to insure staff are free of criminal history places residents at risk of harm.

Findings include:

During a review of the current facility staff schedule on , Employee C was observed on the schedule.

During a review of Employee C's personnel record on , there was no documentation of a Level 2 background screen. On the same date, the surveyor checked AHCA's background screen website and there were no results indicating a Level II background screen had been conducted for Employee C.

During and interview with the Owner on , at approximately 4:15pm, Employee C's first day was and "was shadowing another employee on the 6pm - 11pm shift". The Owner acknowledged the findings.

On the facility faxed the Level II Background screen for Employee C, the results indicated the Employee C is eligible and the screening completed date is

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
A Safe Haven Assisted Living
9000 86th Ave N
Largo, FL 33777

Dear Administrator:

This letter reports the findings of a biennial state licensure 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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