STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910385	10/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tropical Garden Villas Inc. (h	432 South 'F' Street Lake Worth, FL 33460	
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= C

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility biennial relicensure survey was conducted on . . . . . Tropical Garden Villas had a licensure deficiency identified at the time of this visit.

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on interviews and record reviews, it was determined the facility failed to ensure each employee had a current eligible background screening on file, for 1 of 4 sampled employee records reviewed (Employee B). Specifically, related to facility failure to determine if an employee had a lapse in employment that exceeded 90 days and to obtain an updated rescreening within the required timeframe (every 5 years).

The findings include:

During interview and employee record review conducted with the Administrator on beginning at approximately 10:50 AM, Employee B (Direct Care Staff with a date of hire verified by the Administrator as most recent background screening (Level 1) was noted to be . . . . . Her employment application indicated "see resume" in the previous employment section. Employee B's employment section of her resume indicated she has worked as a home health aide with a home health agency since 2007 to present. This provider did not have documentation that employment dates were verified for this other employer from 2007 or that any of her references were checked at the time she was hired on . . . . . in order to determine if there had or had not been a lapse in employment that had exceeded 90 days. The Administrator acknowledged that reference checks were not conducted and employment dates were not verified at the time Employee B was hired in order to verify that there had not been a break in employment that exceeded 90 days.

A call was placed to the background screening unit on . . . . . at approximately 10:23 AM. The representative from the background screening unit, stated that a background screening was due for Employee B as her last screening was conducted in 2007.

During interview with the Administrator conducted on . . . . beginning at approximately 10:30 AM, he stated he thought he had until . . . . . to obtain a new screening for Employee B. He provided a document that reflected the initial rescreening must be conducted according to the following schedule: Individuals for whom the last screening conducted was between . . . . . - , must be rescreened by . . (This document also noted personnel affiliated with a provider before , who have already been screened under Level 1 (state only) are not required to immediately be rescreened under Level 2 as long as they remain with the same provider). It was explained to the Administrator that the initial back ground screening at the time Employee B was hired on , was dated . The Facility should have conducted a new background screening at that time in order to determine eligibility as the facility did not attempt to verify if there

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910385	**10/29/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tropical Garden Villas Inc. (h	**432 South 'F' Street Lake Worth, FL 33460**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

was a break in employment exceeding 90 days for this employee.

A subsequent search of the background screening website was conducted on and the results reflected "A New Screening is Required" and that the due date for that screening was

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Tropical Garden Villas Inc.
432 South 'F' Street
Lake Worth, FL 33460

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **6. 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924