STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911881	10/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Divine Senior Care, Inc.	4707 Oleander Avenue Fort Pierce, FL 34982	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0164-Records - Inspection Availability

Revisit Repeat Tags:
0000-Initial Comments-
Z815-Background Screening; Prohibited Offenses-408.809, 435.02(2), 435.06

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 Assisted Living Facility desk review for complaint (CCR #2013004821) was conducted on . Divine Senior Care, had an uncorrected deficiency; AZ815.

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on interview and record review, it was determined the facility failed to ensure all employees obtain a current background screening every 5 years, for 1 out of 1 sampled employee (Administrator).

The findings include:

During telephone conversation with the facility Administrator conducted on . beginning at 12:05 PM, she was informed that this surveyor is conducting a desk review revisit related to the complaint inspection that was conducted on . and . She was asked to provide (fax) a copy of her background screening (as it had expired). She stated that [company] is the company she uses for background screenings. She stated that she was informed that her fingerprints were not useable because of the cleaning chemicals and hand sanitizers that are used at the facility. She was asked if she resubmitted her fingerprints. She replied that her background screening was sent to AHCA by the company. She was asked to fax a copy of her most recent background screening. The background screening arrived by fax on . at approximately 10:22 AM. This document noted "fingerprints rejected 1st" on . Eligibility status was noted as "screening in progress". This document indicated this was page 1 of 2. This was the only page received.

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A second call was placed to the Administrator, on [redacted] at approximately 12:32 PM. She was asked if she had a page 2 or any documentation indicating that she has an eligible background screening. She was informed that if she could not provide documentation that she had an eligible level 2 background screening that this deficiency would not be considered to be corrected. She stated she would look and if she had something then she would fax it. A copy of page 2 of her background screening was received (via fax) on [redacted] at approximately 1:30 PM. This second page of the background screening did not indicate an eligible background screening for the Administrator of this facility.

A telephone call was placed to the Background Screening Unit, on [redacted] at approximately 11:30 AM, a representative from this unit stated that this Administrator had not submitted another set of fingerprints for processing.

Another call was placed to the Administrator of the facility on [redacted] at approximately 11:50 AM. She was informed that there is not an eligible background screening on file for her and that the Background Screening Unit indicated that she had not resubmitted her fingerprints for processing. She stated she would make an appointment to resubmit her fingerprints. She was informed that this deficient practice would not be considered corrected until she had submitted an eligible level 2 background screening to the Agency for Health Care Administration. She acknowledged that she understood she needed to submit this required documentation as soon as possible.

Unclassified

This is an uncorrected deficiency.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Divine Senior Care, Inc.
4707 Oleander Avenue
Fort Pierce, FL 34982

Re: Desk Review Revisit to CCR #2013004821

Dear Administrator:

This letter reports the findings of a revisit survey conducted on . . . . 3, 2013by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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 this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

BB17

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