STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	11/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Care Of St Petersburg	1001 9th Street North Saint Petersburg, FL 33701	
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:

Assisted Living Facility

Two complaint surveys, CCR# 2013010193 and CCR# 2013009629, were conducted on [redacted].

The Loving Care of St. Petersburg, assisted living facility, had a deficiency at the time of the visit cited relative to CCR# 2013010193.

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

Based on interview and record review, the facility failed to insure that one of three sampled staff (Employee A) was free of disqualifying criminal offenses and had a Level II background screen prior to contact with residents.

Findings include:

On 11/19/2013, the surveyor reviewed the employee schedule. The surveyor noted that Employee A was not listed on the schedule.
On that same date, the surveyor reviewed Employee A's staff record. The surveyor noted that the record did not contain any evidence of a Level II background screen. The surveyor also checked the agency's background screen website and Employee A was not listed on the website as having had a Level II background screen completed.

On that same date at 9:50 AM, Resident #7 stated that Employee A was one of the maintenance staff at the building who regularly came in her [redacted] repair items.
On that same date at 10:00 AM, Resident #8 identified Employee A as a maintenance staff who assisted him if he needed anything in his [redacted] during the evening.
On that same date at 11:00 AM, Resident #10 stated that Employee A was one of the two maintenance staff who assisted him (and other residents) with any repairs in his [redacted].

On that same date at approximately 1:30 PM, the administrator said that Employee A had been at the facility when the administrator took over and was paid "under the table." The administrator confirmed that he was aware Employee A did not have a Level II background screen and said he didn't realize he needed one. The administrator confirmed that Employee A had regular contact with residents and access to their [redacted] and property.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Loving Care of St Petersburg
1001 9th Street North
Saint Petersburg, FL 33701

Dear Administrator:

Re: **CCR# 2013010193 & CCR# 2013009629**

This letter reports the findings of two complaint surveys that were conducted on , 2013, by representative(s) 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

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PRC/kpr

Enclosure: State (5000-3547) Form

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