STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910846	11/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Dogwood Inn	108 Wagner Road Bonifay, FL 32425	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0080-Training - Core & Competency Test-11/06/2013
0081-Training - Staff In-Service-11/06/2013
0085-Training - Nutrition & Food Service-11/06/2013
0090-Training - 1/06/2013
0092-Food Service - General Responsibilitie
0162-Records - Resident-1
L243-Lmh - Training-1

Revisit Repeat Tags:

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

0000-Initial Comments

On 6, 2013 at Dogwood Inn Assist Living Facility, an unannounced revisit survey conducted in conjunction with a complaint investigation (CCR# 2013011667). There was a deficiency for the revisit found at the time of the visit.

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

Based on interview and record reviews the facility failed to ensure 1 of 2 staff members had a Level 2 background screening. (staff member A)

Findings include:

1) A review of floor aid, staff member A's personal records revealed she was hired on . A Florida Department of Law Enforcement (FDLE) criminal History dated indicated no criminal record check was conducted for the FBI. Therefore, staff member A only has a level 1 background screening through FDLE.

3) On at approximately 10:50 AM, an interview was conducted with the Administrator. The Administrator confirmed he was aware that staff member A did not have a level 2 background screening. He stated staff member A went to have her level 2 background screening on

2) A search for staff member's A background screening was conducted. The AHCA's background screening results website revealed no record found for staff member A.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Dogwood Inn
108 Wagner Road
Bonifay, FL 32425

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit, and complaint Survey conducted on 6, 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, and uncorrected deficiencies that were identified on the day of the visit.

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 me at 850-412-4540.

Sincerely,

for Patricia McIntire, RN
Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

YOSF

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