STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968193	01/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cath E-Z Living	907 Pine Ridge Circle Brandon, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= C
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 abbreviated biennial state licensure survey with limited mental health (LMH) was conducted on .

The Cath E-Z Living, assisted living facility, had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review, the facility failed to ensure that one out of three (Staff #C) newly hired staff submitted a statement from a health care provider (M.D., P.A., or ARNP) within 6 months prior to hire or within 30 days of hire, based on an examination conducted that a person does not have any signs or symptoms of a communicable including . The facility also failed to ensure annual documentation of freedom from for one out of three (Staff #B) direct care staff.

Findings Include:

Two of three (Staff #B, Staff #C) employee records randomly selected for review on at approximately 1:30pm contained no evidence of newly hired staff having submitted within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable . One of three employee records randomly selected for review (Staff #B) also contained no annual documentation of freedom from upon hire.

Review of Staff #B's personnel file indicated a hire date of and did not receive a freedom of communicable statement until . Staff #B had no annual documentation of freedom from in 2013. Staff #B's personnel record did contain documentation of freedom from on and .

Review of Staff #C's personnel file indicated a hire date of and did not contain a statement from a health care provider, that Staff #C does not have any signs or symptoms of a communicable , but did contain a freedom from documentation on .

An interview with the Owner/Administrator on at approximately 2:30pm acknowledged the findings.

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	AL11968193	**01/16/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

CLASS III

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

Based on interview and record review, the facility failed to ensure that one out of three sampled staff (Staff #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 , Staff #C was observed on the schedule and currently providing direct care to the residents on the 10:00pm to 7:00am shift.

During a review of Staff #C's personnel record on there was no documentation of a Level II background screen. Staff #C was hired on . The AHCA Surveyor checked the Agency's background screen website on , the website indicated that Staff #C did not have a Level II background screening.

On at approximately 1:45pm, the Owner/Administrator was informed that Staff #C could not return to the facility and resume assigned job duties as direct care staff until a Level II Background Screening is obtained.

An Interview with the Owner/Administrator on at approximately 2:30pm did acknowledge that Staff #C did not have a Level II Background Screening. The Owner/Administrator stated that Staff #C has a background screening but did not realize it was not a Level II. AHCA Surveyor explained to the Owner/Administrator that is was the responsibility of the Administrator to ensure all direct care staff have their Level II Background Screening completed and eligible prior to hire but can be in training while results are pending.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cath E-Z Living
907 Pine Ridge Circle
Brandon, FL 33511

Dear Administrator:

This letter reports the findings of an abbreviated biennial state licensure survey with limited mental health (LMH) that was conducted on , 2014, by representative(s) of 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 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 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Y Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form,

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