STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968110	12/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Magdolna Home Care Inc	372 Sw Todd Ave Port Saint Lucie, FL 34983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Specific Tag Findings:

0000-Initial Comments

An onsite unannounced 2nd Revisit to CCR #2012011857 was conducted on 12/04/2013. Magdolna Home Care had licensure deficiencies identified at the time of this visit.

Note: There were 3 other inspections conducted at the time of this visit: A Complaint Inspection (CCR#2013009200); A Relicensure Inspection; and a Revisit Inspection for CCR#2013001966. Please refer to separate reports for complete details.

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

Based on record review and interview, it was determined the facility continued to fail to ensure they maintained documentation of a current Level 2 background screening, for 1 of 3 sampled employee files reviewed (Employee B).

The findings include:

During review of employee files conducted with the Administrator and Employee B, on beginning at approximately 1:30 PM, Employee B's application for employment was reviewed. This document reflected Employee B held a position with a home care company from 2010 through 2011. This facility hired Employee B on as confirmed by Employee B and the Administrator. The only Level 2 background screening on file for Employee B noted an eligible date of The Administrator was asked why a current Level 2 background screening was not completed for Employee B when she was hired on ; as there was a break in employment that exceeded 90 days (last employment was noted to have ended on 2011). The Administrator stated she thought a background screening was good for 5 years and that she was not aware that there could not be a break in employment exceeding 90 days and that would require a new Level 2 background screening.

Unclassified
This is an uncorrected deficiency.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Magdolna Home Care Inc
372 SW Todd Ave
Port Saint Lucie, FL 34983

RE: CCR #2012011857 Second Revisit Survey

Dear Administrator:

This letter reports the findings of a complaint **second** revisit survey conducted on 4, 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the previously cited deficiencies that were found uncorrected during the revisit.

All deficiencies shall be corrected no later than , 2014.

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,

J. Weeks-Phoenix, Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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