STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942977	01/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Sun Park	312 E 124 Ave Tampa, FL 33612	
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:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013012533, was conducted on , in conjunction with a revisit to a complaint survey of .

The Royal Sun Park, assisted living facility, had a deficiency at the time of the visit.

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

Based upon record review and staff interview the facility did not ensure that 1 (A) of 3 staff reviewed had Level II background screening clearance.

Findings include:

A review of the personnel record for staff A (cook) revealed no documentation of a Level II background screening. There was numerous documents on file reflecting that background screening checks were done although the results were not clear due to an old 1992 record of being found guilty of theft. The facility & the employee had applied for an exemption which was not granted due to the waiting period of 3 years since initial exemption request.

During an interview with the administrator (about 2 p.m.), this staff who is a PRN cook used only when the regular cooks are not able to come in. She stated he is a good person with many letters of recommendations from previous employers who unfortunately became caught up in a situation for which he was unaware. The employee purchased a stereo from a friend in the early 90's on the east coast. When he decided to move to Tampa Bay he sold many of his belongings to a Pawn shop who determined the stereo was previously reported stolen. He was then charged with theft. The employee hired public defenders who plead the case out with the state. Per the administrator this person never had been in trouble before. He didn't realize the impact it would have on his future employment. Per the administrator, the employee and facility continue to attempt to resolve this issue and had contacted several high level managers in AHCA.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Royal Sun Park
312 E 124 Ave
Tampa, FL 33612

Dear Administrator:

Re: **Revisit & CCR# 2013012533**

This letter reports the findings of a state licensure revisit survey and a complaint survey that were conducted on 22, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected relative to the revisit, and the deficiencies 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,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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