STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	01/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maple Leaf Assisted Living	**24 Mead Place Stuart, FL 34997**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0000-Initial Comments-
0080-Training - Core & Competency Test-58a-5.0191(1) Fac
Z815-Background Screening; Prohibited Offenses-408.809, 435.02(2), 435.06

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced second revisit to Relicensure survey was conducted on at Maple Leaf Assisted Living. The facility had uncorrected deficiencies found at the time of the revisit.

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on staff interview, the administrator failed to complete the CORE competency test within the 30 day correction period.

The findings include:

During an interview conducted with the Administrator on at 12:15 PM, it was revealed she had not re-taken the CORE Competency Test. She stated that she is registered to complete the CORE Competency Test on in Orlando.

Class III

This is an uncorrected deficiency.

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

Based on staff interview, the facility failed to obtain a new background screening, for 1 of 1 sampled employee (Employee D).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	**01/24/2014**
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

A review of employee record for Employee D was conducted on . The Background Screening status report documents Employee D was "eligible" for hire on . However, interview with Administrator on at 4:45 PM revealed Employee D was re-hired after an extended period of unemployment due to a health issue. On at 8:10 AM, the Administrator stated the dates that Employee D was unemployed was to . This timeframe for unemployment exceeds 90 days, therefore a new background screening is required for Employee D. The facility was unable to provide documentation regarding a new background screening for this employee.

During an interview with Administrator on at 12:15 PM regarding the new screening for this employee, it was revealed Employee D did not have a new background screening. The Administrator stated Employee D went to get a new screening (as required) and was told the screening she had was good for 5 years, and a new screening could not be done without a "code" supplied by the agency requesting the screening. The Administrator said she is unaware of any "code" and did not know what else to do, but she had not contacted the area office for information on how to obtain a new screening.

Class III

This is an uncorrected deficiency.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Maple Leaf Assisted Living
24 Mead Place
Stuart, FL 34997

RE: Relicensure Survey Second Revisit

Dear Administrator:

This letter reports the findings of a **second** state relicensure survey revisit conducted on , 24, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the 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 , 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,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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