STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	01/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nova Palms Alf	1600 Taft Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
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 complaint inspection survey (CCR# 2013009498) was conducted on [redacted] at Nova Palms ALF. The facility had licensure deficiencies identified during the survey.

Note: The Complaint Inspections were conducted in conjunction with the LMH licensure survey. Please refer to the separate report.

Deficient practice identified for CCR #2013012008 at AZ815.

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview, it was determined the facility failed to ensure Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas are in compliance with the Level 2 background screening requirements, for 2 of 4 sampled employees (Employee #1 & #4).

The findings include:

During a tour of the facility at approximately 9:30 AM, the following was revealed. At approximately 9:41 AM, during a confidential interview, it was revealed the Owner/Administrator's husband is the Maintenance Man and he takes care of what needs to be fixed (usually here during the day). During confidential interview #2, it was stated Joe is the husband of Administrator and he takes care of things around. During confidential interview #3 at 9:45, it was stated the Maintenance guy is Joe, he is the husband of owner. During confidential interview #4, it was stated Joe and Marlon take care of things if they break. During confidential interview #5, it was stated Joe is Maintenance Man around here. During confidential interview #6 and #7 at 10:00 AM, both individuals revealed if anything breaks we call Joe. During confidential interview #8 and #9 both individuals stated Joe is the maintenance guy but nothing is broken right now.

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During interview at 10:19 AM with the Administrator, she stated Employee #1 (the Maintenance Guy) is her husband but he works on the other side (Independent living). During an interview at 10:25 AM with Employee #1 on , he stated he works for Nova Palms as the Maintenance Man. He admitted doing structural repairs on the assisted living unit and stated he used to work 30 hours a week but now works 18.

During an interview at 11:30 AM with a resident watching TV in the common area, (the Administrator present) the resident stated the Maintenance Man is her husband pointing at the Administrator and stated the doors are not kept locked him can get into the whenever he needs to.

During an interview at 11:50 AM with the Administrator, she confirmed that the Maintenance Man who is her husband and is contracted by the ALF from the independent living side which is beside the independent living dining area through a padlocked door in the same building. The Administrator stated Employee #1 does do repairs in the residents' and around the building and stated the residents do not lock their doors. The Administrator stated, she does not have background screening or a personnel files on the Maintenance employees (including Employee #1).

During an interview at 12:10 PM on , with the Admit and Discharge staff from the independent living side, he stated he sends maintenance guys to the Alf side to take care of things. He does not have a background screening on any of the employees for maintenance or the kitchen.

During a review of the personnel records with the Administrator, revealed the following:
a) Employee #4 a home health aide hired on has a background screening dated eligible, 2 years before employment at the facility started. During the interview the application was reviewed and identifies previous employment from . The Administrator stated the employee worked another job but is not sure what job she worked and stated she did not know the requirements for a background screen.

b) Upon request of Employee #1's personnel file, from the Administrator, she stated the facility does not have a personnel file for Employee #1. Therefore, the facility was unable to provide documentation for this employee indicating Level II background screening compliance.

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During a telephone interview on [redacted] at 9:15 AM with the background screening unit, it was revealed the background screening for Employee #1 (the Maintenance Man) dated [redacted] was ineligible and the control unit identified Medicaid fraud.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Nova Palms ALF
1600 Taft Street
Hollywood, FL 33020

RE: CCR #2013012008 & CCR #2013009498

Dear Administrator:

This letter reports the findings of complaint surveys that were conducted on , 2014 by a representative 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 after **2014** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. Mayo-Davis, Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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