STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	02/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cities Pavilion	1053 John Sims Parkway Niceville, FL 32578	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On Medicaid Program Integrity (MPI) and Health Quality Assurance (HQA) conducted a monitoring visit at Cities Pavilion assisted living facility. Cities Pavilion had a deficiency at the time of the visit.

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

Based on interview and record review completed by Medicaid Program Integrity (MPI), the assisted living facility failed to ensure 1 of 10 sampled employees (Employee D) obtained an initial statement from a health care provider that employee D is free from communicable within 30 days of hire.

Findings Include:

1. A record review of employee D's personnel file revealed: Employee D's date of hire was . Employee D's personnel file lacked documentation of freedom from communicable .
2. On at 11:50 AM, an interview was completed with the assisted living facility administrator. The administrator stated that she could not find the health care provider statement in employee D's file.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cities Pavilion
1053 John Sims Parkway
Niceville, FL 32578

Dear Administrator:

This letter reports the findings of a state licensure survey 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 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 surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

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