STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967156	02/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emerald Hills	8717 Greenfield Lane Zephyrhills, FL 33541	

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

An unannounced abbreviated biennial state licensure survey was conducted on .

The Emerald Hills, 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 on observations, interviews, and record reviews, the facility failed to ensure that all staff with direct access to the residents had documentation of a level 2 background screening for 1 (Staff D) of 4 residents sampled for employee review.
Failure to ensure residents receive care and services safely, securely and from persons who have not committed offenses that preclude them from employment, directly placed the resident's at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care or services.

Findings include:

Observations of the facility on _____ at approximately 8:55am revealed that Staff D was present in the facility's kitchen which was open to the common area. There were 3 residents present in the common area with the television on.
Interview with Staff D on _____ at approximately 8:55am revealed that the administrator, Staff A, was out of the facility taking a resident to a doctor's appointment.
Interview with Staff A on _____ at approximately 9:45am revealed that Staff D had started working at the facility on Sunday, Staff D lived in the facility and had not been background screened.
In a later interview with Staff A on _____ at approximately 10:10am, she stated she thought that Staff D had 30 days to get her background screening. At approximately 10:20am, Staff A stated that Staff D had been cooking meals and cleaning the .
The facility's assessment from the volunteer advocacy agency was reviewed. The assessment was dated _____ and revealed that the exit interview was done with Staff D.
Review of Staff D's employee record did not reveal any background screening.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emerald Hills
8717 Greenfield Lane
Zephyrhills, FL 33541

Dear Administrator:

This letter reports the findings of an abbreviated biennial state licensure survey with limited mental health (LMH) and limited nursing services (LNS) 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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