STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967189	08/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Princeton Village Of Palm Coast	**100 Magnolia Traceway Palm Coast, FL 32164**	
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 initial Extended Congregate Care (ECC) survey was conducted at Princeton Village of Palm Coast on , 2014. Deficiencies were identified.

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on a review of empoyee files, and interview with staff, the facility failed to obtain a new Level 2 background clearance prior to hire for 1 of 5 sampled Employees (Employee D) whose personnel files were reviewed.

The findings include:

An employee file review conducted for Employee D, found she was hired on as a Resident Aide. The Level 2 background screening for Employee D was dated . It also reflected she had last been employed as Certified Nursing Assistant until four months prior to hire.

An interview was conducted with Employee D at 9:43 am on . She confirmed she had not been employed since 2014 before beginning work at the facility in 2014.

An interview was conducted with the Administrator at 9:55 am on . She acknowledged the regulatory requirement for obtaining a new background screening prior to hire for new employees with a 90 day gap in employment history prior to being hired.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Princeton Village Of Palm Coast
100 Magnolia Traceway
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state initial Extended Congregate Care survey that was conducted on , 2014 by a representatives 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 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. Should you have any questions please call this office at

Sincerely,

Jana Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

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