STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963781	08/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villas Of Casa Celeste (the)	**9225 82nd Avenue North Seminole, FL 33777**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag Cited:

St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014004118, was conducted on .

The Villas of Casa Celeste, assisted living facility, had a deficiency cited at the time of the visit.

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the facility failed to have in the personnel files for 1 (#G) of 7 direct care staff sampled for background screening documentation which stated he had been background screened.

Findings include:

Record review on of the personnel file for staff # G revealed the documentation which stated he had completed the background screening and the results of the screening were not in staff G's personnel file.

Interview with the office manager on at 3:00 p.m. revealed staff #G had been at the facility in a direct care capacity since 2007 and he had been background screened when he was hired. She did not know why it was not in his file. She stated staff #G had resigned from the facility on ,2014 due to family issues and maybe when his file was closed, the background screening documentation got misplaced.

Interview with staff #G on at 2:00 p.m. on the phone revealed he had been background screened when he was first hired in 2007. It was in my file. I don't know what happened to it.

The Agency background screening website was reviewed on at 3:15p.m. for the existence of a level II background screening. There was no documentation which stated staff #G had a level II screening done. The background screening unit was also contacted by phone to verify if a level I screening had been done at the time of hire because staff #G stated he had been screened at the time of hire. The background screening unit stated there was no documentation found in the date base which stated staff #G had a level I screening done while in the employment of the facility.

The administrator also stated on at 4:00p.m. that she had gotten the same respone from the background screening unit when she called and asked about staff #G's level I background screening results. They told her that no documentation could be found for staff #G.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963781	**08/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villas Of Casa Celeste (the)	**9225 82nd Avenue North Seminole, FL 33777**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963781	**08/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villas Of Casa Celeste (the)	**9225 82nd Avenue North Seminole, FL 33777**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag 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

A complaint survey, CCR# 2014004118, was conducted on .

The Villas of Casa Celeste assisted living facility had one deficiency found at the time of the visit.

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

Based on record review and interview, the facility failed to have in the personnel files for 1 (#G) of 7 direct care staff sampled for background screening documentation which stated he had been background screened.

Findings include:

Record review on of the personnel file for staff # G revealed the documentation which stated he had completed the background screening and the results of the screening were not in staff G's personnel file.

Interview with the office manager on at 3:00 p.m. revealed staff #G had been at the facility in a direct care capacity since 2007 and he had been background screened when he was hired. She did not know why it was not in his file. She stated staff #G had resigned from the facility on ,2014 due to family issues and maybe when his file was closed, the background screening documentation got misplaced.

Interview with staff #G on at 2:00 p.m. on the phone revealed he had been background screened when he was first hired in 2007. It was in my file. I don't know what happened to it.

The Agency background screening website was reviewed on at 3:15p.m. for the existence of a level II background screening. There was no documentation which stated staff #G had a level II screening done. The background screening unit was also contacted by phone to verify if a level I screening had been done at the time of hire because staff #G stated he had been screened at the time of hire. The background screening unit stated there was no documentation found in the date base which stated staff #G had a level I screening done while in the employment of the facility.

The administrator also stated on at 4:00p.m. that she had gotten the same respone from the background screening unit when she called and asked about staff #G's level I background screening results. They told her that no documentation could be found for staff #G.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963781	**08/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villas Of Casa Celeste (the)	**9225 82nd Avenue North Seminole, FL 33777**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Villas of Casa Celeste (The)
9225 82nd Avenue North
Seminole, FL 33777

RE: CCR# 2014004118

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted , 2014, through , 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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