STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968262	09/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ava Cares Llc	515 Hickory Lake Dr Brandon, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
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 biennial state licensure survey was conducted on .

The Ava Cares LLC, assisted living facility, had deficiencies at the time of the visit.

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

Based on record review and interview, the facility failed to have personnel files which contained a free from communicable statement signed by a health care provider for three (#A, #B & #C) of four staff sampled whose records were reviewed.

Findings include:

Record review of staff #A personnel file on revealed there was no free from communicable statements signed by a health care provider. Staff #A had been hired on and had thirty days to obtain the statement.

Record review of staff #B personnel file on revealed there was no free from communicable statements signed by a health care provider. Staff #B had been hired on and had thirty days to obtain the statement.

Record review of staff #C personnel file on revealed there was no free from communicable statements signed by a health care provider. Staff #C had been hired on and had thirty days to obtain the statement.

When interviewed on at 10: 00 a.m., the manager confirmed there were no freedom from communicable statements in staff #A, #B or staff #C's personnel files. She stated she thought the test was the same as the communicable statement.

Class III

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

Based on record review and interview, the facility failed 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 residents at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care or services. The facility failed to have 1 (#C) of 4 direct care staff background screened while employed at the facility.

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Findings include:

Record review on [redacted] of the personnel file for staff #C, a resident aid hired on [redacted], revealed the documentation which stated she had completed the background screening was in the file but the screening results stated not eligible for hire.

The background screening website was reviewed on [redacted] at 10:15 a.m. and a print out was done for the background screening results. The status on [redacted] stated that staff #C was not eligible for hire.

The manager stated on [redacted] at 10:30 a.m. in which staff that she must have read the results wrong. The manager called the background screening unit on [redacted] at 10:20 a.m. and was told Staff #C was sent a letter in [redacted] of 2013 stating she was ineligible for hire and she could file an exemption for disqualification if she wanted to work in a health care facility.

Interview with staff #G on [redacted] at 10:35 a.m. in which staff revealed she had not received a letter from the background screening unit and she did not realize Staff #C was ineligible to work in a health care facility. She said she would file for an exemption.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ava Cares LLC
515 Hickory Lake Dr
Brandon, FL 33511

Dear Administrator:

This letter reports the findings of a biennial 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 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 **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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