STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964826	09/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Flo-Ronke, Inc.	1513 East Ellicott Street Tampa, FL 33610	
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#2014008625, was conducted on .

The Flo-Ronke, Inc., 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 observation, interview and record review, the facility failed to insure that one of three sampled staff (Employee A) who provided direct care to residents and had ongoing contact with residents and their property was free of disqualifying criminal offenses.

Findings include:

During a visit to the facility conducted on at approximately 9:40 AM, Employee A was observed to be the only employee at the facility. Employee A was observed supervising the 4 residents at the facility.
A review of the staffing schedule posted in the facility on revealed that Employee A was the only staff scheduled to work in the facility Monday-Friday from 7:00 AM - 7:00 PM.

A review of the personnel file for Employee A conducted on revealed that Employee A's date of hire was and the file contained no Level II background screen for Employee A.

When interviewed on at 10:20 AM, Employee A stated he could not remember if he had a background screen.

The agency's background screen website was checked on and indicated that Employee A was screened and found "Not Eligible" on .

A review of the Florida Department of Law Enforcement (FDLE) website revealed that Employee A is a registered offender and was convicted of third degree sodomy in another state in 1999. Employee A's registered address of record with FDLE was the facility's address.

An e-mail received on from the manager of the agency's background screening unit confirmed that Employee A's offense listed on the FDLE website was a disqualifying offense and that Employee A had a Level I background screen in the past and has "never been listed as eligible" in the agency's background screening system.
The manager of the background screening unit also provided a letter to the facility dated which referenced Employee A and read, in part: "the screening noted one or more disqualifying offenses."

When interviewed on at approximately 10:45 AM, the administrator stated she did not recall Employee

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A having any background screen and noted he was hired in 1998 and "I don't know if it was required then." She stated she did not know about Employee A's disqualifying offense and did not remember receiving a letter about it.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Flo-Ronke, Inc.
1513 East Ellicott Street
Tampa, FL 33610

RE: CCR# 2014008625

Dear Administrator:

This letter reports the findings of a complaint 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 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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