STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964084	10/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
White House #2	1822 Nebraska Avenue Palm Harbor, FL 34683	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - Initial Comment
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

Assisted Living Facility

A Biennial Licensure survey was conducted from to

White House #2, assisted living facility, had a deficiency found at the time of the visit.

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

Based on interview and record review the facility failed to ensure that the sole live-in staff caregiver had a valid background screening result validating the staff person had an "eligible" status for employment in an assisted living facility. The staff person's Background Screening Result was deemed "Not Eligible" prior to the date of hire at the facility.

Findings include:

An employee record review was conducted on at 2:30 p.m. with the co-owners during the course of a Biennial Licensure survey. The facility employs one live-in resident caregiver who works 4 days per week for 24 hours per day. The co-owners cover the balance of time caring for the facility residents.

On review of the staff person's employee record documentation of a Level II Background Screening was requested. The co-owners provided a sheet of paper which showed a handwritten line on a sheet of paper that had a heading "Level 2 CHR -No FBI Record Found." Beneath that line was the staff person's name hand written in along with her social security number and the dates "../../.." The co-owners stated that this is what the staff person had given to them as proof of her background screening. The administrator/co-owner stated "We thought this was ok because she came to work here from another facility."

The staff person was interviewed with the co-owners present at 2:40 p.m. She stated that she had the Agency for Health Care Administration (AHCA) Background Screening Result (BGS) stating she was "Eligible" to work as a caregiver at her home. "I can picture the sheet and I know exactly where it is." She further stated she would not be able to get the copy until the morning of when she would be off-duty and would return to her own home. She stated she would fax a copy to the facility co-owners in the morning and in turn the co-owners would fax a copy to the surveyor in the AHCA District 5 office.

The fax was not received on . On at 11:05 a.m. the surveyor returned to the facility,met with the co-owners and who provided the surveyor with a copy of the actual AHCA Background Screen-ing Result which was printed out on . The BGS result was dated and stated "Not Eligible." The staff person was hired on which was after the "Not Eligible" BGS was completed. The co-owners stated that they did not look on-line to the AHCA BGS website to verify the results. "We thought it was ok because she gave us that piece of paper (the handwritten "result" as noted above." The administrator/co-owner further explained "She had worked at that other facility for 12 years when she came to us. I called her previous employer and he

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964084	**10/08/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
White House #2	**1822 Nebraska Avenue Palm Harbor, FL 34683**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

said everything was ok. I'm not even sure what made her not eligible. It may have been credit card fraud. I know she is trying to clear this up."

The co-owners confirmed they had not obtained the BS Result prior to her date of hire. They further stated that they understood the caregiver was not eligible to work in an assisted living facility with a population of residents

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
White House #2
1822 Nebraska Avenue
Palm Harbor, FL 34683

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 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com