STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911119	10/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fleet Landing	One Fleet Landing Boulevard Atlantic Beach, FL 32233	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0161 - 58a-5.024(2) Fac - Records - 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
An unannounced Limited Nursing Services survey was conducted at Fleet Landing on . . . . . Deficiencies were identified as a result of the survey.

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and staff interview the facility failed to ensure an up to date job description was completed for 1 of 3 employee record reviews.

The findings include:

Record review of Employee #2's job description dated for the position of a home health aide, but Employee #2 was a Licensed Practical Nurse. There was no other job description for Employee #2.

On . . . . . at 11:15 AM an interview with the Assisted Living Manager stated Employee #2 was a Home health Aid when she came to work at the Assisted Living, but she became a nurse and her job description did not get updated. She stated her duties have changed.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and staff interview the facility failed to update the background screening for 1 of 3 employees reviewed.

The findings include:

Record review of Employee #3's Background Screen dated . . . . for Level 2. Employee #3's date of hire was . . . . . The Agency for Health Care Administration Background Screening requirements for re-screening of "Individuals for whom the last screening conducted was between , 2005, and , 2008, must be re-screened by , 2014."

On . . . . . at 11:15 AM in interview with the assisted living manager stated the Level 2 Background Screen should have been updated in , 2014.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Fleet Landing
One Fleet Landing Boulevard
Atlantic Beach, FL 32233

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Services survey that was conducted on , 2014 by a representative 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 904/798-4201.

Sincerely,

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

MB/JM/sm
Enclosure

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