STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964327	11/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Seminole Acres Kanlake Ii	3562 Seminole Road Fort Pierce, FL 34951	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Seminole Acres Kanlake II. The facility had a deficiency found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review, it was determined the facility did not ensure that evidence of a negative examination was documented on an annual basis for 1 of 3 staff files reviewed (Staff C).

The findings include:

During interview and personnel record review conducted with the Alternate Administrator, on beginning at approximately 11:30 AM, she was provided the opportunity to locate current documentation of Employee C's (with date of hire noted as annual freedom from . The most recent documentation of freedom from was dated . The Alternate Administrator was not able to locate current documentation and proceeded to call Employee C to inquire as to the status of this documentation. After completion of this telephone call, the Alternate Administrator stated that Employee C did receive the test for . However, he did not go back to have the results read. The Alternate Administrator confirmed that the facility did not have this required current documentation on file at the time of this inspection.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Seminole Acres Kanlake II
3562 Seminole Road
Fort Pierce, FL 34951

Dear Administrator:

This letter reports the findings of a state licensure 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

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