STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910551	11/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Broxton's Aclf	2233 Pate Pond Road ryville, FL 32427	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On , 2014 a complaint (CCR 2014011226) investigation was conducted at Broxton's Assisted Living Facility. There were deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review, the assisted living facility failed to ensure a Health Assessment Form 1823 was in 1(Resident #2) of 3 resident's record.

Findings include:

1) A review of the Resident #2's records revealed, he was admitted to the facility on . There was no evidence of Resident #2's Health Assessment Form 1823.

2) During an interview on at 12:55 PM, the Administrator confirmed she could not find Resident #2's Health Assessment Form 1823. She stated she would contact the Resident #2's physician.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on interview and record review, the assisted living facility failed to ensure written documentation for 2 (Resident #1 and 2) of 2 residents being transported to the hospital.

Findings include:

1) During an interview on at 9:15 AM, The Administrator reported Resident #1 and 2 were fighting at the facility on . The Administrator reported she contacted Law enforcement and Emergency Medical Services . She stated Resident #2 was hesitant about going to the ER agreed to seek medical attention. Resident #2 is currently at the Gulf Coast Hospital receiving care. She reported Resident #1 was in the process of being and was currently at the hospital.

2) A review of Resident #1 and Resident #2's records revealed there were no documentation indicating the residents were transported to the hospital to receive medical attention as a result of the fight.

3) During an interview on at 10:32 AM, The Manager reported she completed the 1 day

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initial adverse incident report. However, during a further interview on at 1:51 PM, the Manger confirmed there was no documentation or a maintained observation record in Resident #1 and Resident #2's records.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on observation, interview, and record reviews, the assisted living facility failed to ensure 2 (Staff member A and C) of 4 staff members received a level 2 background screening (BGS) before having access to 22 resident's personal property and living areas at the facility.

Findings include:

1) During the tour of the facility on at 9:00 AM, The surveyor observed eight residents sitting in the lobby area watching TV Staff member C was observed mopping the lobby area.

2) During an interview on at 10:32 AM, Staff member A, reported she was a cook at the facility and sometimes clean the facility if another staff member doesn't come to work. She reported her schedule was 5:30 AM -10:30 AM on Monday through Friday.

3) During an interview on at 11:28 AM, Staff member C, reported he worked at the facility for three months. He confirmed he was a Housekeeper and his work schedule was from 6:00 AM-4:30 PM.
4) A review of Staff member A and C's personnel records revealed, Staff member A's date of hire was and Staff member C's date of hire was There were no evidence of a BGS in Staff member A's records. Staff member C had a cogent application with a completed registration and paid finger prints dated There were no BGS results found in Staff member C's records.

5) During an interview on at 12:49 PM, the Manager confirmed that Staff member A and C did not have BGS in their records. She reported Staff member A had a BGS with her previous employer and she forgot to get the BGS from Staff member A. The Manger reported she did not receive the BGS eligibility letter from the Agency for Heath Care Administration (AHCA) so she allowed Staff member C to start working.

6) A review of the AHCA BGS website search results revealed no records found for Staff member A and C.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Broxton's ALF
2233 Pate Pond Road
Caryville, FL 32427

RE: CCR #2014011226

Dear Administrator:

This letter reports the findings of a 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 me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

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