STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910846	12/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Dogwood Inn	108 Wagner Road Bonifay, FL 32425	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 2014 a complaint investigation (CCR#2014012354) was conducted at Dogwood Inn Assisted Living Facility. There was deficient practice identified at the time of the visit.

Based on observation, record review and interview, the assisted living facility failed to ensure 1 of 1 staff member was released from duties and had an eligible level 2 background screening (BGS) after being . The Administrator of the facility was for criminal violations of Neglect of an Elderly Person or Adult and continued providing care and services for 20 residents.

Findings include:

1) A review of the State of Florida Holmes County Affidavit of Warrant issued revealed based on the aforementioned facts, statements, and the totality of circumstances, the Law Enforcement Investigator, who says that she has reason to believe and does believe that probable cause exists to establish that between 2014 and 2014, the Administrator did commit a criminal violations of Neglect of an Elderly Person or Adult.

2) A review of the Office of Attorney General (OAG) Medicaid Fraud Control Unit (MFCU) Summary Report prepared by the Law Enforcement Investigator on revealed based on statements conducted and the survey completed by AHCA, she recommend charges for neglect of an elderly adult or person be brought against the Administrator, for his failure to make a reasonable effort to protect a resident from being abused, even after the allegation was brought forth.

3) A review of the staffing schedule dated 25- 2014, revealed the Administrator was scheduled for 2014 from 9:00 AM - 3:00 PM.

4) A review of the background screening (BGS) website revealed the Administrator screening status was not eligible for AHCA Provider/Facility Licensure as of

5) During an interview at 9:20 AM on the Background screening Unit Staff reported the Administrator's BGS status was not eligible.

6) During an observation at 9:43 AM on the Administrator was observed carrying groceries into the facility's kitchen. The observation confirmed that the Administrator continued his duties and responsibilities at the facility after his on

7) During an interview at 10:15 AM on the Acting Administrator confirmed the Administrator was on at 9:30 AM due to an Agency for Health Care Administration (AHCA) investigation. She stated the Sheriff office told them that the Administrator had to go to the station to be booked, bail out, and get a lawyer. She reported after the Administrator was bailed out, he went back to

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the facility about 12:00 noon . She confirmed she did not check the Administrator BGS status. During further interviewing at 11:00 AM, the Acting Administrator reported the Administrator duties are shopping, paying bills, and paying other financial . She reported he also takes the residents to doctor's appointments, bank, shopping, and takes care of the maintenance at the facility.

8) During an interview at 10:19 AM on , the Administrator confirmed he was on . He reported he received a call from MFCU inquiring if he was . He reported no one told him of his BGS status and he didn't check on the BGS website.

9) A review of the Administrator records revealed he was hired at the facility on , his BGS records indicated he was eligible on . However, since the Administrator duties and responsibilities included managing employees, it was his responsibility after his to ensure himself and other staff members are in compliance with the BGS regulations.

10) During an observation at 11:03 AM on all 20 residents were observed sitting in the dining , lunch.

11) During an interview at 10:53 AM on , Resident #2 reported that the Administrator worked at the facility every day. Resident #2 reported the Administrator brought groceries six days a week to the facility. She confirmed the Administrator had worked at the facility on .

12) During an interview at 11:30 AM on , Resident #4 reported that the Administrator ran the facility, worked in the office, and brought the facility groceries. Resident #4 reported the Administrator worked at the facility every day except on the weekends but sometimes on Saturday.

13) During an interview at 10:47 AM on , Resident Aide A reported that the Administrator is at the facility every day from 9:00 AM- 3:00 PM.

14) During an interview at 11:21 AM on , the Cook reported that the Administrator provided transportation for residents to the store, doctors' appointments, and grocery shopping.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dogwood Inn
108 Wagner Road
Bonifay, FL 32425

RE: CCR #2014012354

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, MSW
Field Office Manager

DH/dh
Enclosure
XG90

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