STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953392	12/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lee Residence	6260 Gun Club Road West Palm Beach, FL 33415	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
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 licensure complaint survey, CCR#2014010260, was conducted on [redacted] at Lee Residence. The facility had deficiencies found at the time of the visit.

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on facility record review and staff interview, the facility failed to ensure that all employed staff members met eligibility requirements for Level 2 Background Screening, and who had access to personal property and/or living areas of residents, for 1 of 4 employees reviewed (Employee C).

The findings include:

On [redacted] at 8:30 AM, Employee C was observed preparing breakfast for the residents; at approximately 9:00 AM, she assisted in serving breakfast to the residents. Employee C was observed having personal contact with the residents throughout the survey on [redacted].

During an interview with the Administrator on [redacted] at 11:15 AM, she stated Employee C works in the facility as a cook, not as a caregiver. The Administrator did confirm Employee C does have access to the resident's belongings and living areas.

On [redacted] verification of the background screenings results for Employee C, whose hire date is [redacted] was conducted via the Agency For Health Care Administration's (AHCAs) Background Screening Unit's website. The results for Employee C were documented as "not eligible," with "determination made on [redacted]."

During the interview with the Administrator on [redacted] at 11:15 AM, the Administrator stated she thought Employee C could work in the facility as long as she was not a caregiver. The Administrator stated she did not realize the regulation required a background screening for anyone having access to

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residents' belongings or living areas. Upon notification of the status of Employee C's background screening, the Administrator paid Employee C for her time worked and immediately terminated her employment with the facility until she became eligible for employment.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lee Residence
6260 Gun Club Road
West Palm Beach, FL 33415

RE: CCR #2014010620

Dear Administrator:

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

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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