STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966626	04/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PARADISE VILLA RETIREMENT AT SHERIDAN #V	11330 SHERIDAN STREET PEMBROKE PINES, FL 33028	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced abbreviated Relicensure survey was conducted on , at Paradise Villa Retirement At Sheridan #V. The facility had a deficiency found at the time of the visit.

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on record review, observation and interview the facility failed to ensure that a new Level II Background Screening was obtained as required on new employees that were unemployed for more than 90 days, for 2 of 3 staff (Staff A and Staff B) records reviewed.

The findings include:

A) On a review of the facility's staffing schedule for 015- , 2015 revealed that Staff A is scheduled as an aide on Monday,Tuesday, Friday ,Saturday and Sunday from 7 AM -8:00 PM. Record review of Staff A's personnel file revealed that the last Level II Background Screening was completed on , her date of hire was Her employment application dated indicates her last employment end date was 2014.

In an interview conducted with the Owner of the facility on at 12:00 PM, she states that this is the only screening available for Staff A. The Owner also stated that she is unsure about her employment prior to starting work here and that no reference check was completed. The Owner reviewed Staff A application and confirmed her start date was because that is the date of her job description; Staff A completed her application on but was not hired until

During an interview conducted on at 10:54 AM with Staff A, she confirmed that she works with the residents providing personal care,cooking, cleaning and assisting with self administration of medications. She further confirmed that she was unemployed from until she began work here at this facility on , 2014 and that she had not been employed by a facility since Surveyor observations conducted on at various times of the day revealed Staff A assisted with cooking for the residents and assisted residents with activities of daily living.

On at 12:02 PM, a call was made to the Agency for Health Care Administration's background screening department and they confirmed that the only background screening for Staff A was the one dated . On at 4:10 PM, a call was made to the last employer listed on the employment application for Staff A and the Administrator at that facility confirmed that Staff A was never employed at her facility.

B) On a review of the facility's staffing schedule for 015- , 2015 revealed that Staff B is scheduled as an aide on Monday,Wednesday and Thursday from 7 PM-7 AM. Record review of Staff B's personnel file revealed that the last Level II Background Screening was completed on , her date of hire was Her employment application dated indicates her last employment end date was

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SUMMARY STATEMENT OF DEFICIENCIES
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Z815 Continued From page 1

In an interview conducted with the Owner of the facility on at 12:00 PM, she states that this is the only screening available for Staff B. The Owner stated she is unsure about her employment prior to starting work here and that no reference check was completed. She confirmed her start date was because that is the date of her job description, she completed her application on , but was not hired until

In an interview conducted on at 12:45 PM with Staff B, she stated "I worked at a another Assisted Living Facility prior to working here, I left in 2013. I did not work anyplace else between 2013 and 2014, I went to visit family out of town.
Surveyor observations conducted on at various times of the day revealed Staff B assisted with cooking for the residents and assisted residents with activities of daily living.

On at 3:47 PM a call was made to the Agency for Health Care Administration's background screening department and they confirmed that the only background screening for Staff B was the one dated

During an interview conducted on at 2:30 PM with the Owner, she confirmed the findings and stated she was unaware that a new background screening had to be obtained for staff that had a 90 day lapse of employment.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Paradise Villa Retirement At Sheridan #v
11330 Sheridan Street
Pembroke Pines, FL 33028

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on 2015 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/sf
Enclosure
XG90

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