STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942983	**03/10/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
AIDEN SPRINGS	**5520 HOWELL BRANCH ROAD WINTER PARK, FL 32792**	

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

0000 - Initial Comments

A complaint inspection (CCR#2014012248) was conducted on . . . . . Aiden Springs Assisted Living Facility had deficiencies found at the time of the visit.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the assisted living facility failed to ensure the initial Adverse Incident report was filed timely within one day and the full Adverse Incident report was filed within 15 days when an elopement occurred for 1 of 1 sampled resident (#1).
Findings:
On . . . . . at 1:50 PM during an interview the Administrator stated that Resident #1 was smoking outside and then walked away. He notified the police, who found the resident 2 or 3 miles away at a shopping plaza.
A review of the Initial Adverse Incident Report submitted on , revealed that Resident#1 eloped from the facility on . . . . . .
A review of the Full Adverse Incident Report submitted on , revealed Resident#1 eloped from the facility on . . . . . .
On . . . . . at 1:50 PM the Administrator stated "I spent the Friday after the incident trying to make arrangements for the resident (resident #1), so I didn't get around to doing it (initial, one day report) until Monday When I went back to do the 15 day report, I didn't see the one day report, so thought it was too late. He further stated "I didn't file the 15 day report until AHCA called me to say it was missing." The administrator also stated that he did not call AHCA to ask for technical assistance about why the initial report was missing.
Class III

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

Based on record review and staff interview the assisted living facility failed to ensure 1 of 2 sampled employees (F) had a Level II Background Screening prior to having contact and providing care and services to residents.

Findings:

A review of Employee F's personnel records revealed a Level One Background Screening result from the AHCA Background Screening Clearinghouse Database for this Caregiver, hired in . . . . . 2009.

A review of the AHCA Background Screening Clearinghouse Database showed that a new Background Screening was required for Employee F.

On . . . . . at 2:50 PM the Administrator confirmed that Employee F had never completed a Level II Background Screening because she had been employed with him since 2009. He reported that this caregiver provides all levels of care to residents, including bathing/ and other personal care; assistance with meals. He also reported Employee F only had a Level I screening, which was all that was required at that time. There was no evidence of a

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SUMMARY STATEMENT OF DEFICIENCIES
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Z815 Continued From page 1

Level II Background Screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

15, 2015

Administrator
Aiden Springs
5520 Howell Branch Road
Winter Park, FL 32792

RE: CCR #2014012248

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on 10, 2015 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 Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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