STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964982	04/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ATRIA SAN PABLO	14199 WILLIAM DAVIS PARKWAY JACKSONVILLE, FL 32224	

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

0000 - Initial Comments

A complaint survey (2015-004214) was conducted at Atria San Palbo on 2015. A deficiency was cited.

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

Based one employee record review, staff interview and review of The Agency for Health Care Administration's background screening website, the facility failed to rescreen 1 out of 5 employees reviewed after a 90 day gap in employment.

Review of Employee A record on showed a hire date of and a background screening eligibility date of Employee A file had rehired written on the front. The application for employment in Employee A's file was signed on The application showed that Employee A was employed in a sales position from to

Review of the facility's Kronos punch report showed that Employee A worked on and

During the tour of the facility On between 9:44 am- 11:00 am, surveyor observed Employee A working. Employee A was one of the nine staff members that surveyor met during the tour.

Interview was conducted with Administrator on at 2:57 pm. Administrator said that Employee A is working on the floor on today Administrator stated that Employee A is a housekeeper and have been working at the facility for about a year. Administrator looked through Employee's A file and confirmed that Employee A last screening date was and that the employee needed to be rescreened.

Interview was conducted with the Community Business Director on at 3:03 pm. The Community Business Director told surveyor that the screening for Employee A dated was the only screening that the facility had for this employee. Community Business Director stated that she thought employees only needed to be rescreened every five years and that is why the facility did not rescreen Employee A. The Community Business Director stated that they will get a new background screening done for Employee A.

Interview was conducted with Employee A on at 3:14 pm. Employee A stated that she was first hired by the facility in 2011. She left the facility in 2013. After leaving the facility, she left the United States (US) and worked in a clothing store as a sales clerk in another country. She worked as a sales clerk for 8 months and then returned to the US. After coming back to the US she started working as a housekeeper in a hotel. She resigned from the hotel and started working back at the facility in 2014. She stated that she put in her application in 2014 but did not start work until 2014. Employee A stated that she was not employed anywhere else other than the clothing store and hotel between 2013 through 2014. Staff member stated that she

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Z815 Continued From page 1

works as a housekeeper and her duties include keeping the resident's home clean. Employee A stated that she worked today

Review of the Agency for Health Care Background Screening website on ..... showed no evidence of Employee A being rescreened prior to beginning employment at the facility on ..

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Atria San Pablo
14199 William Davis Parkway
Jacksonville, FL 32224

RE: CCR #2015004214

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 29, 2015 by representatives 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 **06/06/2015** 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 surveyors. Should you have any questions please call this office at

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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