STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911245	05/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENCE RETIREMENT CTR., INC (THE)	208 MARVELINE DRIVE LAKELAND, FL 33815	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A Complaint survey was conducted on .

CCR#2015001616

The Residence Retirement Center Assisted Living Facility had a deficiency at the time of the visit.

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

Based on interview, observations, record reviews and a review of the Agency's Background Screening website, the facility failed to ensure that all employees were eligible for employment prior to providing care to residents (6 of 13 employees).

Findings Include:

During a review of facility personnel files, the Background Screening Results for Staff E revealed her status as not eligible. The screening completion date was listed as . According to the Administrator, Staff E's date of hire was / . The Administrator had no previous results to share with the surveyor or any information indicating that Staff E had filed for an exemption.

Interview with the Administrator and owner revealed that they had recently gathered the information needed to submit to the Background Screening Unit in order for them to grant an exemption. There was no plan to remove her from the schedule to await the exemption results.

Staff E was interviewed at approximately 1:30 P.M. and stated that she works Monday through Friday during the day and provides direct care including assistance with self administration of medications.

The Administrator removed Staff E from the schedule pending results of the exemption request.

Further review of personnel files revealed that three employees were background screened after their date of hire. The following information was provided by the Administrator. In addition, a review of the Background Screening website was conducted by the surveyor. Background Screening website;

Staff F was hired on / / . The Background Screening results were completed on .

Staff I was hired on . Her Background Screening results were completed on .

Staff L was hired on and the Background Screening results were completed on .

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SUMMARY STATEMENT OF DEFICIENCIES
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Z815 Continued From page 1

The provider failed to provide hire dates and Background screening results for Staff H and Staff K.

Staff H is on the schedule for the month of 2015 as a cook and has access to residents during all meals. A review of the Background Screening Results website revealed that the results are "in process".

Staff K is on the schedule for the month of 2015 on the 4 P.M. to 9 P.M. shift as an aide and provides direct care and has access to residents.

Unclassed

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
The Residence Retirement Center, Inc.
208 Marveline Drive
Lakeland, FL 33815

RE: CCR #2015001616

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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