STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966952	R 04/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LILAC HOUSE	1770 S LILAC CIRCLE TITUSVILLE, FL 32796	

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

0000 - Initial Comments

The revisit survey to the complaint investigation CCR #2014012323 was conducted on . . . . . Lilac House had deficiencies at the time of the visit.

0077 - Staffing Standards - Administrators - 58A-5.019(1) FAC

Deficiency remained uncorrected....
Based on record review and interview the facility failed to ensure a level II background screening for 1 of 3 sampled staff (A) was completed before providing care to residents of the facility and did not rescreen 1 of 3 sampled staff (B) when there was more than a 90 day lapse in service.
Findings:
1. Personnel record review for staff A revealed she was hired on 2/1/15 and the staff schedule reflects she worked . . . for 24 hours, . . . from 7am to 1pm, . . . for 24 hours and . . . for 24 hours. Further review revealed the background screening for Staff A shows she is eligible on . . .
On . . . at approximately 1:00 PM staff A stated she was . . . to work and did not know her background screening needed to be completed first.
2. Personnel record review for staff B revealed she was hired on . . . and the staff schedule reflects she worked . . . for 24 hours, . . . for 24 hours and . . . for 24 hours. Application for staff B revealed from . . . through . . . she worked private duty care; not an Agency for Health Care Administration licensed facility. Further review revealed background screening eligibility of . . .
On . . . at approximately 2:15 PM in a telephone interview with staff B she stated she was unemployed from . . . through . . . and prior to that, she worked private duty for different people for approximately 1 year.
During an interview on . . . at approximately 2:30 PM with the administrator she stated that staff A had her background screening conducted, but had trouble getting the results. She stated staff A worked out-of-state and background screening was waiting on those records. The administrator had no comment as to why staff A was scheduled and worked prior to being background screened. The administrator stated she did not know that staff B had to have a new background screening if there was 90 days or more lapse in service
Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Deficiency remains uncorrected....
Based on observation and record review the facility failed to ensure the written work schedule which reflected the 24 hour staffing pattern for a given time period was maintained.
Findings:
During the entrance conference on . . . at approximately 8:50 AM staff A stated the census for the day was 6 residents.
On . . . at approximately 9:00 AM during the tour it was observed that there were 6 residents living at the facility.
Review of the staffing schedule for the month of . | 2015 revealed the week of . 2015 through . | 11, 2015

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LILAC HOUSE	**1770 S LILAC CIRCLE TITUSVILLE, FL 32796**	

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

0079 Continued From page 1

was missing.
Review of the staffing schedule for the month of 2015revealed the week of , 2015 through 14, 2015 was missing.
Review of the staffing schedule for the month of 2015revealed the week of 2015 through 2015 was missing.
During an interview with the administrator on at approximately 9:47 AM she stated she never noticed the different weeks to be missing. She stated she does not make the schedule but will speak to the person that does.
CLASS III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Deficiency remains uncorrected....
Based on staff record review and interview the facility failed to ensure that 1 of 2 sampled unlicensed staff (A), who provided assistance with the self-administration of medication received the initial 4 hours of training prior to assisting with medications.
Findings:
Personnel record review of staff A revealed she was hired on . Further review revealed no certificate for the initial 4 hours of medication training prior to assisting with the self-administration of medication.
On at approximately 10:15 AM in an interview with staff A she stated she provides assistance with self-administration of medication to all of the residents at the facility since her date of hire on . Staff A stated she started the 4 hour training for medication but has not finished the training.
On at approximately 10:30 AM in an interview with the administrator she stated she was not aware that staff A had not completed the training. She stated that staff A will not assist with self-administration of medications until she completes the training.
Class III

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

Deficiency remains uncorrected....
Based on record review and interview the facility failed to ensure a level II background screening for 1 of 3 sampled staff (A) was completed before scheduling staff to provide care for the residents in the facility and did not rescreen 1 of 3 sampled staff (B) when there was more than a 90 day lapse in service.
Findings:
1. Personnel record review for staff A revealed she was hired on and the staff schedule reflects she worked for 24 hours, from 7am to 1pm, for 24 hours and for 24 hours. Further review revealed the background screening for Staff A shows she is eligible on .
On at approximately 1:00 PM staff A stated she was to work and did not know her background screening needed to be completed first.
2. Personnel record review for staff B revealed she was hired on and the staff schedule reflects she worked for 24 hours, for 24 hours and for 24 hours. Application for staff B revealed from

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	AL11966952	R **04/14/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LILAC HOUSE	**1770 S LILAC CIRCLE TITUSVILLE, FL 32796**	

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

Z815 Continued From page 2

through ..... she worked private duty care; not an Agency for Health Care Administration licensed facility.
Further review revealed background screening eligibility of .....
On ..... at approximately 2:15 PM in a telephone interview with staff B she stated she was unemployed from ..... through ..... and prior to that, she worked private duty for different people for approximately 1 year.
During an interview on ..... at approximately 2:30 PM with the administrator she stated that staff A had her background screening conducted, but had trouble getting the results. She stated staff A worked out-of-state and background screening was waiting on those records. The administrator had no comment as to why staff A was scheduled and worked prior to being background screened. The administrator stated she did not know that staff B had to have a new background screening if there was 90 days or more lapse in service
On 5/1/15 at approximately 11:30am a phone call was placed to the Agency for Health Care Administration background screening unit. The female I spoke with verified that Staff A was screened and eligible on ..... The female I spoke with verified that Staff B was screened and eligible on .....
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lilac House
1770 S Lilac Circle
Titusville, FL 32796

RE: Revisit to CCR#2014012323

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 14, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2015.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

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