AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965725	07/21/2015
NAME OF PROVIDER OR SUPPLIER **VISIONDEL ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5012 NORTH RIDGE ST N** **SAINT PETERSBURG, FL 33709**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Biennial with Limited Mental Health monitoring survey was conducted on / .

Visiondel Assisted Living Facility, had a deficiency found at the time of visit.

Z815 Background Screening: Prohibited Offenses

Based on observation and interview, the facility failed to ensure that all employees who provide personal care and direct services to residents and have access to residents' personal property and living areas have been deemed eligible for employment, per Level II background screening.
Failure to ensure residents recieve care and services safely, securely and from persons who have not committed offenses that preclude them from employment, directly placed the residents at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care and services.

Findings Include:
A review of staff B personnel file, did not have evidence of a Level II background screening.
Per an interview, with the Administrator on / at 3:15 P.M. The Administrator confirmed that staff B did not have a Level II background screening. The Administrator stated that staff B was hired as an caregiver on . The Administrator also confirmed that staff B had been providing direct care to residents at the facility without being cleared with a Level II Background screen.
A review of AHCA Care Provider Background Screening website by the surveyor on / 2:53 P.M., confirmed that no screening information has been provided for staff B.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Visiondel ALF
5012 North Ridge St N
Saint Petersburg, FL 33709

Dear Administrator:

This letter reports the findings of a biennial with state licensure survey with limited mental health (LMH) monitoring 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida