STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953381	09/22/2015
NAME OF PROVIDER OR SUPPLIER **ARLINGTON GARDENS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7550 60TH WAY NORTH** **PINELLAS PARK, FL 33781**	

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

0000 Initial Comments

Assisted Living Facility

Amended

An unannounced complaint survey, CCR# 2015007145, was conducted on / .

Arlington Gardens, LLC, assisted living facility, had a deficiency at the time of the visit.

The text for Tag AZ815 was modified on / .

Z815 Background Screening: Prohibited Offenses

Based on observation, record review and interview, the facility failed to ensure that 2 of 8 employees (Staff D and F) had a "eligible" status when their employee information was reviewed in the Agency's Background Screening Website.

Findings include:

A review of staff D personnel file did not have evidence of a level II background screening. The surveyor reviewed AHCA (Agency for Health Care Administration) background screening website on 2:55 P.M. which showed evidence of a "not eligible" status. However, staff D was observed providing care to residents throughout the survey process.
A review of staff F personnel file did not show evidence of a level II background screening. The surveyor reviewed AHCA (Agency for Health Care Administration) background screening website on 2:55 P.M. which showed evidence of a "not eligible" status. However, staff F was observed providing care to residents throughout the survey process.
During an interview with the Administrator on 3:15 P.m. The Administrator reviewed personnel file for both (Staff D and F) with surveyor and confirmed findings. No further explanation was provided at this time.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Arlington Gardens, LLC
7550 60th Way North
Pinellas Park, FL 33781

RE: Amended **CCR# 2015007145**

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. 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. Please be advised that the text for AZ815 was modified on .

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/kpr

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