STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968931	11/16/2015
NAME OF PROVIDER OR SUPPLIER **VITALITY RESORT ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1258 ERMINE ST** **PORT SAINT LUCIE, FL 34953**	

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

0000 Initial Comments

An initial Assisted Living Facility licensure survey was conducted on 11/16/2015 at Vitality Resort ALF LLC. The facility had a deficiency found at the time of the visit.

Z816 Background Screening-Compliance Attestation

Based on interview and record review, it was determined the facility failed to verify if each staff member subject to background screening had not had a break in service from a position that required a level 2 screening for more that 90 days for 2 of 5 sampled employee files reviewed (Staff D and Staff E). In addition, the facility failed to obtain a current background screening for 1 of 5 sampled employees (Staff E) whose screening exceeded 5 years.

The Findings included:

1) During interview and personnel record review conducted with the Care Manager, on / beginning at approximately 11:50 AM, he was asked how the facility verified that there had not been a break in employment for Staff D (date of hire noted as) whose background screening was dated . Review of Staff D's employment history noted on her application employment dates for the last 3 former employers as follows:
a) 2014 - 2015
b) dates not indicated
c) 1991 - 1993
The Care Manager was asked if dates of employments were verified for Staff D. He acknowledged that they were not verified as he was not aware this should be conducted.

2) During interview and personnel record review conducted with the Care Manager, on / beginning at approximately 11:50 AM, he was asked how the facility verified that there had not been a break in employment for Staff E (date of hire noted as) whose background screening was dated . Review of Staff E's employment history noted on her application employment dates for the last 2 employers as follows:
a) 2014
b) 2004 - 2013

The Care Manager was asked if dates of employments were verified for Staff D. He acknowledged that they were not verified as he was not aware this should be conducted. He acknowledged that he just discovered that Staff E's last background screening was due to be renewed and that she was removed from the schedule last Friday / . Although, review of the current staff schedule reflected her

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as on the schedule 8:00 AM - 4:00 PM for 4 days per week and 3:00 PM - 11:00 PM for 1 day per week. The Care Manager acknowledged that she had been working until 11/13/2015 for this facility without a current background screening on record.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Vitality Resort ALF LLC
1258 Ermine St
Port Saint Lucie, FL 34953

RE: Initial Survey

Dear Administrator:

This letter reports the findings of a state licensure Initial survey that was conducted on , 2015 by a representative 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene C-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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