

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967611	(X3) DATE SURVEY COMPLETED 11/17/2015
NAME OF PROVIDER OR SUPPLIER FARRINGTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 FARRINGTON DRIVE MERRITT ISLAND, FL 32952	

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

0000 Initial Comments

An Extended Congregate Care (ECC) and Limited Nursing Services (LNS) monitoring visit was conducted at Farrington House Assisted Living Facility (ALF) on 11/17/2015. Farrington House ALF had a deficiency at the time of the visit.

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to ensure staff met Background Screening (BGS) requirements for 1 of 5 sampled staff (Staff E).

Findings:

Review of BGS results for Staff E, revealed the staff was eligible on 11/17/2015. There was no documentation to review that indicated the staff had a BGS conducted by 11/17/2015, as required.

In an interview with the administrator on 11/17/2015 at approximately 4 PM who stated she was not aware the staff needed a new BGS.

In a phone interview with Staff E on 11/17/2015 at approximately 5 PM who stated she had not had an BGS conducted as required.

Unclassified



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2015

Administrator
Farrington House
1970 Farrington Drive
Merritt Island, FL 32952

RE: LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure 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. **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 surveyor(s). Should you have any questions please call Lorraine Henry at-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998
AHCA.MyFlorida.com



XG90

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