STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968209	03/01/2016
NAME OF PROVIDER OR SUPPLIER **ELITE MANOR INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **22022 MARTELLA AVE** **BOCA RATON, FL 33433**	

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

0000 Initial Comments

A biennial relicensure survey was conducted at The Elite Manor, Inc. on 03/01/16. The Elite Manor Inc., had a deficiency at the time of the survey.

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, it was determined that the facility failed to ensure that all employees had a current and valid background screening, for 1 out of 4 sampled employee records reviewed (Staff B).

The findings included:

Review of Staff B's personnel file revealed a date of hire as / . Further review revealed Staff B's last background screening was conducted on / . According to Florida Statute 408.809(5), employees for whom the last screening was conducted between , 2009, and , 2011, must have been rescreened by , 2005.

During an interview with the Administrator on / at 2:00 PM, she confirmed that Staff B does not have a current and valid background screening, and that Staff B should have been rescreened by , 2015. The Administrator stated no further information was available for review.

Review of the Agency's background screening website on / revealed last screening was / and new screening required.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Elite Manor Inc
22022 Martella Ave
Boca Raton, FL 33433

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 2016.** 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 this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dmb

XG90

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