STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967024	02/11/2016
NAME OF PROVIDER OR SUPPLIER **LA GRANDE BELLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5898 ORCHARD POND ROAD** **TALLAHASSEE, FL 32303**	

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

0000 Initial Comments

On , 2016 an unannounced monitoring visit for Limited Nursing Services(LNS) was conducted at 5898 Orchard Pond Road, Tallahassee, Florida. The facility currently had no residents receiving LNS, but did have deficiencies identified at the time of the survey.

0077 Staffing Standards - Administrators

Based on record reviews, interview and electronic record search, the facility failed to ensure the Owner /Administrator, the person responsible for the operation and maintenance of the facility, maintained Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S. for 1 of 8 personnel records reviewed. (Staff A - Owner/Administrator)

The findings include:

On / at approximately 1:00pm, during a Limited Nursing Monitoring visit, employee personnel files were requested for review for background screening results, licensure (if appropropriate) and job descriptions. A review of Staff Member A, the Owner/Administrator's personnel record revealed an ACHA form, dated with heading "Screening Results" to indicate no FDLE records found and no FBI records found. This was dated . There was not a current background screening in Staff Member A, Administrator/Owner's Record.

Interview with Staff Member F, when asked for the results of a current background screening for the Owner (Staff A), stated "can't you look that up on the website."

The Background Screening website was accessed on / at approximately 1:35pm which revealed, for the Administrator/Owner - Staff Member A, that "A New Screening is Required." These results were confirmed with Staff Member F.

Class II

Z816 Background Screening-Compliance Attestation

Based on record review, interview and electronic record search, the facility failed to ensure that an employee, serving as the Owner /Administrator and who has controlling interest, has been background rescreened in accordance to standards specified in s. 435.03 or s. 435.04, for 1 of 8 personnel records reviewed.

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

The findings include:

On / at approximately 1:00pm, during a Limited Nursing Monitoring visit, employee personnel files were requested for review for background screening results, licensure (if appropropriate) and job descriptions. A review of Staff Member A, the Owner/Administrator's personnel record revealed an ACHA form, dated with heading "Screening Results" to indicate no FDLE records found and no FBI records found. This was dated . There was not a current background screening in Staff Member A, Administrator/Owner's Record and no Affidavit of Compliance with Background Screening Requirement.

Interview with Staff Member F, when asked for the results of a current background screening for the Owner (Staff A), stated "can't you look that up on the website."

The Background Screening Clearinghouse website was accessed on / at approximately 1:35pm which revealed, for the Administrator/Owner - Staff Member A, that "A New Screening is Required." These results were confirmed with Staff Member F.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
La Grande Belle
5898 Orchard Pond Road
Tallahassee, FL 32303

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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W
FOR Field Office Manager

DH/kc
Enclosure

XG90

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