| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964437 | 04/25/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE PUNTA GORDA ISLES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**250 BAL HARBOR BLVD**<br>**PUNTA GORDA, FL 33950** | |

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

**0000 Initial Comments**

An unannounced Complaint Survey, CCR #2016004254 was conducted at Brookdale Punta Gorda Isles, an Assisted Living Facility located in Punta Gorda, Florida on .

There was one allegation in this complaint which was substantiated with deficiencies at AZ814 and AZ816.

**Z814 Background Screening Clearinghouse**

Based on a review of the clearinghouse roster, the employee roster, and interview with facility staff, the facility failed to ensure the clearinghouse roster was updated when employees terminated their employment with the facility.

The findings included:

A review of the roster located on the background screening clearinghouse for this facility was performed. This review revealed Employees J through R remained on the list. Employees J though R all were staff members with resident care contact.

On , at 10:00 a.m. it was confirmed with Staff S that Employees J through R were no longer employed by the facility.

The records of when staff were terminated was obtained from the current Executive Director. This information was as follows:

Employee A was terminated as of / /
Employee J was terminated as of / /
Employee K was terminated as of
Employee L was terminated as of /
Employee M was terminated as of / /
Employee N was terminated as of /
Employee O was terminated as of /
Employee P was terminated as of /
Employee Q was terminated as of /
Employee R was terminated as of / /

Unclassified

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964437 | 04/25/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE PUNTA GORDA ISLES | 250 BAL HARBOR BLVD PUNTA GORDA, FL 33950 |

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

**Z815 Background Screening: Prohibited Offenses**

Based on a review of 2 (Employees A and C) of 2 employees who required background re-screenings, review of the clearinghouse roster, review of personnel files, and interview with the facility Executive Director, the facility failed to ensure the background re-screenings were performed as required.

The findings included:

1. A review of the clearinghouse roster revealed Employee A was last screened on / and Employee C was screened on .

A review these 2 employee personnel files revealed the only background screening present in the files were those dated in 2011.

2. On at 9:30 a.m., it was confirmed with the Executive Director they had no other screenings for these employees. She agreed both of them should have been re-screened to meet the rescreening time frame.

She said Employee A was terminated from employment on / / but Employee C remaines employed by the facility in a position where he has resident contact.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Punta Gorda Isles
250 Bal Harbor Blvd
Punta Gorda, FL 33950

**RE: CCR #2016004254**

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 this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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Fort Myers, FL 33901
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