STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968159	04/22/2016
NAME OF PROVIDER OR SUPPLIER **SAFE HARBOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **9000 86TH AVE N** **LARGO, FL 33777**	

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

0000 Initial Comments

Assisted Living Facility

A Change of Ownership (CHOW) survey was conducted on . The Safe Harbor assisted living facility had a deficiency at the time of the survey.

Z814 Background Screening Clearinghouse

Based on interviews and record reviews, the facility failed to ensure that 1 of 3 direct care staff whose files were reviewed and who had a break in service of more than 90 days had been background screened as required.
Findings included;
A review of the personnel file for Staff A revealed an incomplete application with no references. There was no listed job experience or work history. The date of hire could not be determined.
A review of the Employee Roster that was reviewed on the Background Screening website listed Staff A with a hire date of .
An interview was conducted with the Administrator at 2:00 pm on / . She stated that Staff A was working as a Resident Aide when the Administrator first started working in the facility in of 2015. Staff A left approximately 2 weeks later and was re-hired several months later.
An interview was conducted by telephone with Staff A on / at 2:30 pm. She stated that she was originally hired by the facility on . She did leave in of 2015 and remained unemployed until of 2015. She stated that she was rehired as a Resident Aide in or of 2015, because she knows she has been working almost one year now.
The personnel file contained evidence of training received by Staff A, along with keys to the facility in of 2015.
A review of Staff A's personnel file revealed that a background screening had been completed and that she was found eligible on /. A review of the Background Screening website on / confirmed this date. Based on interviews with the Administrator and Staff A, they confirmed that she is a direct caregiver and that she had a break in service of more than 90 days since she was unemployed from 2015 until 2015.

Unclassed

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Safe Harbor
9000 86th Ave N
Largo, FL 33777

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey that was conducted on , 2016 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 , 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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