STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964592	05/11/2016
NAME OF PROVIDER OR SUPPLIER **MEADOW BROOK RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6741 EVANS STREET HOLLYWOOD, FL 33024**	

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

0000 Initial Comments

An unannounced Extended Congregated Care (ECC) monitoring survey was conducted on 05/11/2016 at Meadow Brook Retirement Home Assisted Living Facility. The facility had a deficiency found at the time of the visit.

Z814 Backaround Screenina Clearinahouse

Based on observation, interview and record review, the facility failed to maintain an employee roster with the employment status of all employees of the facility within the background screening (BGS) clearinghouse.

The findings include:

A record review of the employee roster for the facility on the Agency for Health Care Administration Care (AHCA) Provider Background Screening Clearinghouse website was conducted on / at 10:00 AM. The facility had no employees listed on the roster.

Review of the facility staffing schedule for 2016 indicated that there are 2 care staff scheduled to work at the facility, the facility owner/ Administrator and Caregiver A.

In an interview with the Administrator on / at 11:00 AM, she stated that she and Caregiver A were the only staff who cared for the residents at the facility. She stated that she was not aware of the employee roster on the Background Screening Clearinghouse website and the requirement to maintain the employee roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Meadow Brook Retirement Home, Inc
6741 Evans Street
Hollywood, FL 33024

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw

XG90

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