RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Eustis Senior Care
228 North Center Street
Eustis, FL 32726

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives of this office.

Enclosed 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 surveyors. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Bong for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964357	**06/01/2016**
NAME OF PROVIDER OR SUPPLIER **EUSTIS SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **228 NORTH CENTER STREET** **EUSTIS, FL 32726**	

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

0000 Initial Comments

On |, 2016 through |, 2016, an Abbreviated Biennial Licensure survey with Limited Nursing Service and Limited Mental Health, was conducted at Eustis Senior Care Assisted Living Facility (facility license number 8993). Deficient practice was identified. The facility was not in compliance at this time.

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to have 1 of 3 staff members (Staff A) listed on the employee roster with the Agency for Health Care Administration (AHCA) Background Clearing House.

Findings:

On |/ , a record review was conducted on the employee roster at the AHCA Background Clearing House website. It was observed that Staff A was not on the roster.

On |/ at approximately 10:15 AM, the Administrator was asked why Staff A was not listed on the AHCA Background Clearing House facility employee roster. She stated that Staff A has a background screening level II through Elder Affairs (see employee review). She stated she submitted the employee information to the Background Clearing House, but she did not add her to the facility employee roster.

Unclassified.