STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965867	06/15/2016
NAME OF PROVIDER OR SUPPLIER **CUNNINGHAM ELDERLY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2909 COURTLAND BLVD** **DELTONA, FL 32738**	

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

0000 Initial Comments

On [redacted],2016 a biennial relicensure survey (License #10202) was conducted at Cunningham Elderly Assisted Living. Deficient practice was identified during the surveys.

0078 Staffing Standards - Staff

Based on employee record review and interview with the Administrator, the facility failed to ensure that 1 out of 2 sampled employees (Employee A) received verification free of communicable or evidence of an annual negative examination.

The findings include:

A record review for Employee A on with a date of hire of // revealed there was no documentation of free of communicable statement, or evidence of an annual examination.

An interview with the Administrator at 11:30 AM on // confirmed Employee A did not have a communicable statement or an annual examination documented in the file.

Class III

0081 Training - Staff In-Service

Based on employee record review and interview with the administrator, the facility failed to provide inservice training for Incident reporting, and Recognizing and Reporting for 1 of 2 sampled employees (Employee A).

The findings include:

A record review was conducted for Employee A on // with a date of hire of //. After review, there was no documentation found for inservice training for Incident Reporting, and Recognizing and Reporting.

An interview with the Administrator on at 11:30 AM confirmed Employee A did not have the inservice training for Incident Reporting and Recognizing and Reporting in the file.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965867	06/15/2016
NAME OF PROVIDER OR SUPPLIER CUNNINGHAM ELDERLY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2909 COURTLAND BLVD DELTONA, FL 32738	

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

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to ensure that 1 of 2 sampled employees were listed on the facility's employee roster on the Agency for Health Care Administrations background screening website.

The findings include:

A review of Employee A's personnel file revealed a hire date of / / and a questionable eligible level I background screening dated / .

A review of the Agency for Health Care Administration's background screening website on / at 11:30 AM revealed that the facility had no employees listed under their facility employee roster.

An interview with the Administrator on / at 11: 30 AM she confirmed the findings stating that she was unaware of the requirement.

Unclassified.

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to ensure 1 or 2 sampled employees received an updated Background screening every five years (Employee A).

The findings include:

An employee record review was conducted for Employee A which noted a hire date of / . A review of the file revealed a search result dated / which stated no records found for state criminal results. A copy of the document was submitted to the office. A review of the Background Screening website at 11:40 AM on revealed Employee A needed an updated screening.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965867	**06/15/2016**
NAME OF PROVIDER OR SUPPLIER **CUNNINGHAM ELDERLY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2909 COURTLAND BLVD DELTONA, FL 32738**	

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

An interview was conducted with the Administrator at 11:40 AM. The Administrator confirmed Employee A needed to update his background screening. The Administrator observed the website with this surveyor and viewed the results. He stated, "I will send him immediately to have this done."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Cunningham Elderly, LLC
2909 Courtland Blvd.
Deltona, FL 32738

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 -4201.

Sincerely,

for Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

RS/JM/sm
Enclosure
XG90

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