STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968111	07/05/2016
NAME OF PROVIDER OR SUPPLIER **HAMPTONS LUXURY VILLAS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10695 HAMPTON ROAD JACKSONVILLE, FL 32257**	

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

0000 Initial Comments

A complaint investigation (CCR# 2016004282) was conducted at Hamptons Luxury Villas, Inc. (License# 12086), on . Hamptons Luxury Villas, Inc., had deficiencies at the time of the visit.

0081 Training - Staff In-Service

Based on observation, record review and staff interview, the facility failed to maintain appropriate documentation of the completion of required staff education for one (1) (Employee/Volunteer D) of two (2) sampled employee/volunteers.

The findings include:

During the course of a survey (11:00 a.m. - 1:30 p.m.), Employee/Volunteer D was observed working directly with the residents in the facility.

A review of the employee/volunteer personnel files on revealed that there was no documentation of completion of training related to control for Employee/Volunteer D who began working for the facility "about two weeks ago" per her report at 11:34 a.m. There was a form entitled, "Community Service program / Work Experience Placement Form" which indicated a hire date of . There was also a facility application form that was signed by Employee/Volunteer D on .

During an interview with Employee/Volunteer D at 11:34 a.m., she confirmed that she had not yet received any training at all from the facility owners/administrators. When asked how long she had been working there, she replied that she had been working for "about two weeks". When asked what her duties included, she replied that she helped cook, clean, and look after the residents. She stated that she assisted with feeding, activities of choice, and "sometimes" she took vital signs.

During an interview with Owner/Administrator B at approximately 12:40 p.m., she stated that she was unaware that volunteers required the same training as employees required. At 12:52 p.m., she stated that much training had already been provided to Employee/Volunteer D, however, she had failed to print out certificates of completion.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, interview and record review, the facility failed to ensure that one (1) (Employee/Volunteer D) of five (5) sampled employees/volunteers had a level II background screening, and was determined to be eligible for employment prior to providing direct resident care.

The findings included:

During the course of a survey (11:00 a.m. - 1:30 p.m.), Employee/Volunteer D was observed working directly with the residents in the facility.

A review of the employee/volunteer personnel files on revealed that the level II background screening for Employee/Volunteer D read "Agency Review Required". In her personnel file there was a form entitled, "Community Service program / Work Experience Placement Form" which indicated a hire date of . There was also a facility application form that was signed by Employee/Volunteer D on

During a interview with Employee/Volunteer D at 11:34 a.m., she stated that she had been working in the facility for "about two weeks". When asked what her duties included, she replied that she helped cook, clean, and look after the residents. She stated that she assisted with feeding, activities of choice, and "sometimes" she took vital signs.

During a interview with Owner/Administrator B at approximately 12:40 p.m., she confirmed that Employee/Volunteer D had been working in the facility for "about two weeks". She stated that she was unaware that volunteers required a level II background screening prior to beginning work.

The Agency for Health Care Administration's Background Screening Website was reviewed on , one day after the survey. The website confirmed that Employee/Volunteer D's level II background screening was "in process", and that the request was received on .

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

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Hamptons Luxury Villas, Inc.
10695 Hampton Road
Jacksonville, FL 32257

RE: CCR #2016004282

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2016 by representatives 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

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

JG/JM/sm
Enclosure
XG90

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