STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967955	08/05/2016
NAME OF PROVIDER OR SUPPLIER GRACE MANOR ASSISTED LIVING AND MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1321 HERBERT ST PORT ORANGE, FL 32129	

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

0000 Initial Comments

A monitoring visit was conducted on , 2016 at Grace Manor Assisted Living. Deficient practice was identified during the visit.

Z815 Background Screening: Prohibited Offenses

Based on employee record review and staff interview, the facility failed to ensure they did not hire or select 2 of 5 sampled employees (Employee A and B) without evidence or knowledge they had received a Level II background screening and were found eligible prior to working at the facility.

The findings include:

Record review of the employee file for Employee A found she was hired as a caregiver on . A Level II background screening was found in Employee A's file with a status of "Awaiting Privacy Policy." The eligibility determination date was and the print date on the form of . Record review of the facility schedule for , 2016 through , 2016 found Employee A worked on 24, 26, 27 and 28. Review of the daily schedules for , 2016 through , 2016 found Employee A was working on and scheduled to work , 8, and 11.

Record review of the employee file for Employee B found she was hired as a caregiver on . Record review of the employee file found no evidence of a Level II background screening. Record review of the facility schedule for , 2016 through , 2016 found Employee B worked on 24, 26, 28 and 30. Review of the daily schedules for , 2016 through , 2016 found Employee B was scheduled to work 6 and 7.

During an interview with the Acting Executive Director that began on at 8:40 AM, she stated a review of all employee files was conducted on through . She stated she checked all Level II background screenings. She stated she did not have Level II background screening results for Employee A and Employee B. She stated that Employee A needed to sign the privacy policy in order to get her Level II background screening and that she needed access to the background screening system to see if a Level II background screening was done for Employee B.

The Acting Executive Director was asked if the employees were working. She stated on at 11:22 AM that Employee A was currently working on the floor and that Employee B works Saturdays in the AM and on the day shift for Sunday. During further interview with the Acting Executive Director on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967955	**08/05/2016**
NAME OF PROVIDER OR SUPPLIER **GRACE MANOR ASSISTED LIVING AND MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1321 HERBERT ST** **PORT ORANGE, FL 32129**	

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

at 11:40 AM she stated that Employee A and B should not have been working, and she would send Employee A home and remove both from the schedule.

In an interview with The Agency for Health Care Administration's Background Screening Unit on at 10:10 AM, they confirmed that the Acting Executive Director received access to the background screening website on .

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

..., 2016

Administrator
Grace Manor Assisted Living And Memory Care
1321 Herbert St
Port Orange, FL 32129

Dear Administrator:

This letter reports the findings of a state licensure monitoring visit that was conducted on , 2016 by a representative of this office.

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 Qualtiy Assurance

NH/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida