RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Spring Oaks
7251 Grove Road
Brooksville, FL 34613

RE: CCR #2016007117

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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 surveyor(s). Should you have any questions please call 090616 at 3864626201.

Sincerely,

Charles Boyd for

Kriste J. Mennella
Field Operations Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966595	**07/29/2016**
NAME OF PROVIDER OR SUPPLIER **SPRING OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7251 GROVE RD BROOKSVILLE, FL 34613**	

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

0000 Initial Comments

On , 2016, a complaint investigation survey (CCR#2016007117) was conducted at Spring Oaks Assisted Living Facility (license number 10763). Deficient Practice was identified. The facility was not in compliance at this time.

Z814 Background Screening Clearinghouse

Based on interview, observation and record review, the facility failed to maintain an updated employee roster in the Agency background screening website for 1 of 3 staff (Staff C).

Findings:

On at approximately 10:35 AM, an interview was conducted with the facility Administrator regarding ex-staff, Staff C, still being listed on the Agency background screening employee roster for the facility. She stated that their employee roster was up-to-date and Staff C was not on their roster.

On at approximately 12:35 PM, the facility Human Resource Director was observed to log onto the facility's Background Screening access page. She was advised to click on the drop down menu for provisional employees, and after she did, Staff C's name was observed listed on the page.

On at approximately 12:37 PM, the Human Resources Director stated she had no idea that ex-staff, Staff C, was listed on the provisional page of the the facility's employee roster and she was never shown how to use that portion of the Background Screening website.

Unclassified.