STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966829	10/19/2016
NAME OF PROVIDER OR SUPPLIER **FORT CAROLINE GARDENS, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9150 FT CAROLINE RD** **JACKSONVILLE, FL 32225**	

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

0000 Initial Comments

On , 2016 a re-licensure survey was conducted at Fort Caroline Gardens Assisted Living Facility (license #10960). Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on document review and staff interview the facility failed to provide evidence of a current statement from a qualified health care provider indicating freedom from communicable for 1 of 3 employees reviewed (employee C).

The findings Include:

The file for Employee C, with a hire date did not have a documentation from a health care provider indicating freedom from communicable

During an interview with the Bookkeeper on at 11:15 AM she agreed there was no documentation of a statement of freedom from communicable for employee C. She said the employee was recently hired and due to an oversight in Administration Employee C had not yet been screened.

Class III

Z815 Background Screening: Prohibited Offenses

Based on document review and staff interview the ALF (assisted living facility) failed to obtain a Level II Background screen for 1 of 3 employees reviewed (employee C).

The findings include:

The file of employee C, with a hire date of , was reviewed and did not contain evidence of a Level II AHCA (agency for healthcare administration) background screen.

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SUMMARY STATEMENT OF DEFICIENCIES
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During an interview with the Bookkeeper on at 12:45 PM she stated the ALF had not yet completed a background screen for Employee C.

The AHCA background screening site was reviewed on at 11:45 AM. There was no evidence of a Level II background screen completed for Employee C.

The facility roster on the AHCA background screening site was reviewed on at 11:30 AM. The names of Employees A & B were found to have completed the Level II screen. The name of Employee C was not found on the facility roster.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Fort Caroline Gardens, Inc.
9150 Ft. Caroline Road
Jacksonville, FL 32225

Dear Administrator:

This letter reports the findings of a state licensure 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

JS/JM/sm
Enclosure
XG90

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