AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967919	R 11/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMBITIOUS ASSISTED LIVING	**3939 COUNTRY PL** **WINTER HAVEN, FL 33880**

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

0000 Initial Comments

Assisted Living Facility

On / / 2016, a revisit to a complaint survey, CCR# 2016006754 , was conducted at Ambitious Assist Living Facility. Deficient practice was identified during the survey.

(License # 11988)

Z814 Backaround Screenina Clearinahouse

Based on Record review and interview, that facility failed to ensure that Clearinghouse Employee Roster was updated to reflect the current employees.

Findings included:

Review of facility's current staff list and the Clearinghouse Employee Roster revealed that none of the six employees were listed on the roster.
During interview with the Administrative Assistant, conducted on / at 11:06 a.m., she stated that the Administrator would have the current Employee Roster form the Background Clearinghouse website. She confirmed that the current name listed on the Employee Roster is not an employee at the facility, and that none of the current active employees were listed on the Employee Roster.
Administrative Assistant furnished a facility staffing roster with six active employee name. None of the employees in the roster were listed in the Clearinghouse Employee Roster.

Unclassified

Z815 Backaround Screenina: Prohibited Offenses

Based on observation, record review and interview, the facility failed to ensure that 1 (admin strative assistant) of 6 employees had a " eligible " status when their employee information was reviewed in the Agency ' s Background Screening Website and employee files.

On 11/ a record review of the Administrative Assistant employee file showed a date of hire of / /. A review of the Background screening showed the administrative assistant was screened on / / however documentation results revealed " screening in process. "
On / 10:42 A.M. during an interview with the administrative assistant, she confirmed she had a

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967919	R 11/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMBITIOUS ASSISTED LIVING	**3939 COUNTRY PL** **WINTER HAVEN, FL 33880**

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

level II background screening completed on . Surveyor reviewed The Agency for Healthcare Background Screening Website with the administrative assistant and did not confirmed an eligible status. The administrative assistant stated she sent a letter to Tallahassee to the Agency ' s Background Screening unit on last week(date unknown). The administrative assistant stated she has not heard back from the Agency ' s Background Screening unit regarding results. The administrative assistant confirmed she provides direct care and oversight to all residents on a daily basis.
On a review of the facility staffing schedule revealed the administrative assistant is schedule to work the 7 am-PM work shift.

Uncorrected deficiency

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Ambitious Assisted Living
3939 Country Pl
Winter Haven, FL 33880

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 **Teresa Ryan**, RNC, of this office at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

BBT7

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000. Fax:(727) 552-1161
AHCA.MyFlorida.com