STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922257	10/28/2016
NAME OF PROVIDER OR SUPPLIER **VICTORIA GARDENS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 WEST 9TH STREET** **RIVIERA BEACH, FL 33404**	

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

0000 Initial Comments

An unannounced complaint investigation (CCR 2016009306) was conducted a Victoria Gardens Assisted Living Facility (license 5594) on 10/28/16. The facility had a deficiency identified at the time of the visit.

Z814 Background Screening Clearinghouse

Based on record review and interviews, the facility placed residents at-risk by failing to complete a Level II background screening following a 90- day gap in employment for 1 of 3 staff (staff A).

Findings include:

On / a record review was conducted on staff A ' s employee file. The file documented staff A was hired on / / . The file did not document in staff A ' s employee application any position which required a Level II background screening. Staff A ' s employee file documented staff A had completed a Level II background screening on / , more than 90 days from the start of employment at the facility.

On at 3:30 PM in an interview with the Administrator, the Administrator stated she was unaware of the 90-gap on staff A ' s employment file. The administrator acknowledged staff A ' s employment file which was presented for review was the " official " file for staff A.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Victoria Gardens Alf
701 West 9th Street
Riviera Beach, FL 33404

RE: CCR #2016009306

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by a representative 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 representative. Should you have any questions please call the field office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

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