AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964862	11/08/2016
NAME OF PROVIDER OR SUPPLIER **FOUNTAIN OF YOUTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **9001 BANA VILLA COURT** **TAMPA, FL 33635**	

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

0000 Initial Comments

ASSISTED LIVNG FACILITY

On , 2016, a biennial relicensure survey was conducted at Fountain of Youth. Fountain of Youth had deficient practice at the time of the survey.

License # 9411

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview, the Assisted Living Facility failed to ensure that 1 of 3 staff (Administrator), whose record was reviewed and who provides assistance with self-administration of medication, had documentation of the 2 hours continuing education in assistance with self-administration of medication training.

Findings include:

On / /, a personnel record review of the Administrator's file was conducted. There was no documentation that the Administrator had 2 hours of continuing education in assisting with self-administration of medicine had been completed. Her record showed that her last 2 hours of continuing education, which is to be completed annually, was last done on / /.

In an interview with the Administrator on 11/ at 3:30 pm, she stated that she took the 2 hours of continuing education and she thought the certificate was in her file and confirmed that it was not in her file. She stated she was going to look further and maybe she misplaced it.

Class III

Z814 Backaround Screenina Clearinahouse

Based on record review and interview, the Assisted Living Facility failed to register 3 of 3 sampled staff (Administrator, Staff A & Staff B) with the Background Clearinghouse within 10 days upon initial employment.

Findings include:

On / /, a review of the Background Screening Clearinghouse revealed that the Administrator, Staff

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A and Staff B's names did not appear on the facility employee roster.

On / at 3:30 pm, an interview was conducted with the Administrator. She stated that she was not aware that she had to register her employees on the employee roster in the Background Screening Clearinghouse.

UNCLASSIFIED

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Fountain Of Youth
9001 Bana Villa Court
Tampa, FL 33635

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2016 by representative(s) 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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