STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953664	11/22/2016
NAME OF PROVIDER OR SUPPLIER **MIDWAY MANOR RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1754 ENSLEY AVENUE CLEARWATER, FL 33756**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced complaint survey, (CCR# 2016010450), was conducted on / .

The Midway Manor ALF, Assisted Living Facility (License #8632), had a deficiency at the time of this visit.

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to ensure that Level 2 background screening pursuant to chapter 435 has deemed eligible for employment all employees providing personal care or services directly to residents or having access to client funds, personal property, or living areas. Failure to ensure residents receive care and services safely, securely, and from persons who have not committed offenses that preclude them from employment directly placed 37 in-house residents on / at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care or services.

Findings included:

One of four employee records randomly selected for review on / beginning at 10:00am contained no evidence of Level 2 background screening pursuant to chapter 435.
Per / schedule review and interview with facility management, Staff D was hired by the facility on as Resident Care Director and Medication Technician and provides residents direct care services. AHCA Surveyor observed Staff D providing Resident #11 assistance with self-administration of medication on / / at 1:00pm. Per interview with Staff D at that time, Staff D stated she just started employment beginning and duties include ordering & providing resident medications, providing resident care, and setting up resident transportation to appointments.
Per / / Surveyor review of the facility's Employee Roster on AHCA Background Screening website, Staff D is listed as a Nursing Assistant (non-certified)/Patient Aide hired by the facility on , with last Background Screening conducted . Per Employee Record Review conducted at the facility on / / , Staff D 's file contained a copy of the Background Screening deeming Staff D eligible for employment at that time, but no indication of 5-year updated Background Screening, which was required before / , prior to hire date.
Per / / interview with the Administrator, the Administrator acknowledged Staff D's prior Background Screening not qualifying Staff D for employment beginning .

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

Unclassed

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Midway Manor Retirement Residence
1754 Ensley Avenue
Clearwater, FL 33756

RE: CCR# 2016010450

Dear Administrator:

This letter reports the findings of a complaint 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 the identified deficiency. 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 deficiency 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.

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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/kpr

Enclosure: State Form (5000-3547)

XG90