RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Laurelwood Assisted Living Facility, Inc
1851 West Ten Mile Road
Cantonment, FL 32533

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

FOR Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965123	**11/17/2016**
NAME OF PROVIDER OR SUPPLIER **LAURELWOOD ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1851 WEST TEN MILE ROAD** **CANTONMENT, FL 32533**	

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

0000 Initial Comments

An unannounced biennial abbreviated survey was conducted on 11/7/16 through 11/17/16 at Laurelwood Assisted Living facility, license 9554. Deficiencies were found at the time of this survey.

Z814 Background Screening Clearinghouse

Based on employee record review and interview with the facility Administrator, the facility failed to register employees with the background screening clearinghouse for 4 of 5 employees reviewed including the Administrator, and employees A, B, & C.

The findings are:

A review of the facility staffing was conducted on 11/ . The facility had 5 employees including the Administrator, at the time of the survey. 4 or the 5 staff members (staff A, B, C and Administrator) were not registered on the Background Screening Clearinghouse roster.
Staff A was hired on and was registered to the roster on 11/
Staff B was hired on and was registered to the roster on 11/
Staff C was hired on and was added to the roster on 11/
The Administrator was hired on and was registered to the roster on 11/

An interview was conducted with the administrator on 11/ at approximately 10:45 AM. The Administrator stated she was not aware of the employee background screening clearing house and had not registered any of her employees to the clearing house until 11/ .

Unclassified