STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965336	**12/08/2016**
NAME OF PROVIDER OR SUPPLIER **ASHFORD COURT ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 THE GREENS WAY** **JACKSONVILLE BEACH, FL 32250**	

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

0000 Initial Comments

A complaint investigation (CCR #2016011984) was conducted at Ashford Court Assisted Living Facility on . Ashford Court Assisted Living Facility had a deficiency at the time of the investigation.

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 Background Screening Clearinghouse

Based on record review and staff interviews the facility failed to maintain an updated employee roster on the Agency for Health Care Provider Background Screening Clearinghouse website for 7 out of 56 sampled employees.
The findings include:
During a complaint survey on a review of the Agency for Health Care (AHCA) Provider Background Screening Clearinghouse website employee roster was conducted for this facility. Eight employees were not on the employee roster (B, C, D, E, F, G, and H).
Employees not on roster:
Employee B: Hire date I/
Employee C: Hire date I/
Employee D: Hire date I/
Employee E: Hire date I/
Employee F: Hire date
Employee G: Hire date I/
Employee H: Hire date
Copies obtained.
During an interview with the Business Office Manager on at 2:30 pm she stated she had not had a chance to keep up with it and she knew they were not in on the employee roster on the clearinghouse website for AHCA.
During an interview with the Administrator on at 2:35 pm he stated he had only been in the administrator ' s position since at this facility and had not had a chance to audit the background screening clearinghouse website yet. He stated he knew the employee roster needed to be up to date.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

"Revised Copy"

Administrator
Ashford Court Assisted Living
1700 The Greens Way
Jacksonville Beach, FL 32250

RE: CCR #2016011984

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 20, 2017.** 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 this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure
XG90

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