STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965614	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **HAWTHORNE INN OF BRANDON**	STREET ADDRESS, CITY, STATE, ZIP CODE **859 W LUMSDEN ROAD** **BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

unannounced Complaint survey (CCR#2016011794) was conducted on / .

The Hawthorne Inn of Brandon, Assisted Living Facility (License # 9949), had no deficiencies specific to the Complaint at the time of this visit; the facility was cited for an unrelated deficiency.

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review, and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse, including Initial employment status and any changes in status within 10 business days, for the Administrator and 7 of 7 employees reviewed who provide direct care services for a current census of 43 in-house residents.

Findings included:
Per / review of the Hawthorne Inn of Brandon Assisted Living Facility (License #9949) on the AHCA Background Screening site, no facility employees were listed; the Employee Roster was observed blank.
The facility Administrator is listed as an Employee/Staff Person of Hawthorne Health and Rehab of Brandon Nursing Home (License #16310961) with date of hire: (background screen eligible / /). Per interview with the Administrator on , she never worked at the nursing home and was hired as Administrator of the Assisted Living Facility. The Administrator is named as Administrator on AHCA Provider website for Hawthorne Inn of Brandon - Assisted Living Facility License #9949 - but not listed on the Employee Roster.
Surveyor conducted AHCA Background Screening searches for 7 employees interviewed and/or referenced during / facility visit, with the following findings as of / and / review:
Staff A, observed and interviewed while working at the time of visit at Hawthorne Inn of Brandon Assisted Living Facility, is listed as a Certified Nursing Assistant employed at Hawthorne Health and Rehab of Brandon Nursing Home with date of hire: / / (background screen eligible).
Staff B, observed and interviewed while working as a Resident Aide at the time of visit at Hawthorne Inn of Brandon Assisted Living Facility, is listed as having begun employment at Brookdale Brandon Assisted Living Facility (License #7656) on / (background screen eligible /).
Staff C, observed and interviewed while working as a Resident Aide at the time of visit at Hawthorne Inn of Brandon Assisted Living Facility, is listed as a Nursing Assistant (non-certified)/Patient Aid employed at Hawthorne Health and Rehab of Brandon Nursing Home with date of hire: / / (background screen eligible / /).
Staff D, interviewed while working as a Resident Aide at the time of visit at Hawthorne Inn of Brandon Assisted Living Facility, is listed as Dietary employed at Hawthorne Health and Rehab of Brandon Nursing Home with date of hire: / / (background screen eligible / /). Per interview, Staff D began working in the dietary department at the nursing home in , 2016, and was hired as a Resident Aide at current Assisted Living Facility " about 5 months ago. "
Staff E, observed and interviewed while working as a Resident Aide at the time of visit at Hawthorne Inn of Brandon Assisted Living Facility, is listed as a Nursing Assistant (non-certified)/Patient Aid employed at Hawthorne Health and Rehab of Brandon Nursing Home with date of hire: / / (background screen eligible / /).

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HAWTHORNE INN OF BRANDON	**859 W LUMSDEN ROAD BRANDON, FL 33511**

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

Staff F was observed and interviewed while working as a Resident Aide at the time of visit at Hawthorne Inn of Brandon Assisted Living Facility. Background Screening search for Staff F by name revealed only one Search Results: Screening In Process - Prints not retained - Fingerprints Rejected 2nd - NCO Requested - Screening Received Date - Screening Completion Date / . Per interview / at 6:30am, Staff F stated she used to work nights full-time, now works days part-time (since 2016). Staff F stated she has been employed at the facility for about 1 year. Surveyor found no record of background screening having been completed and deeming Staff F eligible for employment.
Staff G, referenced per interview with Administrator and documentation observed in shift reports as a Resident Aide at Hawthorne Inn of Brandon Assisted Living Facility, is listed as a Nursing Assistant (non-certified)/Patient Aid employed at Hawthorne Health and Rehab of Brandon Nursing Home with date of hire: / (background screen eligible /).
Surveyor discussed above findings with the Administrator during telephone interview on / beginning at 3:15pm. The Administrator stated she would immediately discuss the concern with HR Personnel responsible for background screening. The Administrator informed Surveyor on beginning at 4:00pm that she had spoken with the Executive Director, that both Administrator and Executive Director realized the problem, and that the corrections would be made promptly.
As of review of AHCA Provider website for Hawthorne Inn of Brandon Assisted Living Facility (License #9949), no facility employees are listed; the Employee Roster has remained blank.

Unclassed

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Hawthorne Inn Of Brandon
859 W Lumsden Road
Brandon, FL 33511

RE: CCR #2016011794

Dear Administrator:

This letter reports the findings of a 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 , 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(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FAV Patricia Reid Caufman
Field Office Manager

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
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AHCA.MyFlorida.com

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Enclosure
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