RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Century Oaks
4001 Stack Boulevard
Melbourne, FL 32901

RE: CCR #2016010149

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 Lorraine Henry at (407) 420-2502.

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502, Fax:(407) 245-0998
AHCA.MyFlorida.com

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965743	12/16/2016
NAME OF PROVIDER OR SUPPLIER **CENTURY OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **4001 STACK BOULEVARD** **MELBOURNE, FL 32901**	

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

0000 - Initial Comments

A Complaint Investigation #2016010149 was conducted on 12/05/16, 12/06/16, 12/08/16, 12/9/16, 12/12/16, 12/13/16, 12/15/16 and / in conjunction with Complaint Investigation #2016009906. Century Oaks, License #10095, had deficiencies at the time of the survey.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record reviews and interviews, the facility failed to ensure that 3 of 5 staff (E, F & G) had completed the required in-service training for activities of daily living within 30 days of the date of hire.

Findings:

On at 11:45 AM, staff C provided a current list of employees which included the dates of hire. Staff E's date of hire (DOH) was , staff F's DOH was / / , and staff G's DOH was / / .

On , staff E's employee file revealed staff E had not completed the required in-service training for activities of daily living. Staff F's employee file revealed staff F had not completed the required in-service training for activities of daily living. Staff G's employee file revealed staff G had not completed the required in-service training for activities of daily living.

On at 9:54 AM, the administrator acknowledged the above staff had not completed the training.
Class III

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

Based on record review and interviews, the facility failed to list 12 employees on the background screening roster (J, K, R, U, V, W, X, Y, Z, AA, BB & CC).

Findings:

On at 11:45 AM, staff C provided the agency with a current list of employees which included the dates of hire (DOH). Staff J's DOH was . Staff K's DOH was . Staff R's DOH was . Staff U's DOH was . Staff V's DOH was . Staff W's DOH was . Staff X's DOH was . Staff Y's DOH was . Staff Z's DOH was . Staff AA's DOH was . Staff BB's DOH was . Staff CC's DOH was .

On , review of the Agency's background screening web site did not list staff J, K, , , V, W, X, Y, Z, AA, BB and CC on the facility's screening roster.

On at 9:54 AM, the administrator agreed the names were not on the list.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interviews, the facility failed to ensure 1 of 5 employees completed a level II background screening prior to starting employment (F).

Findings:

On , review of staff F's employee file documented staff F started employment on . The file documented staff F's required level II background screening was completed on , five days after start of employment.

On at 9:54 AM, the administrator stated staff F did not start working with residents until she completed her required level II background screening. The administrator stated staff F was working on her training requirements. The administrator could not provide any documentation to support this claim.

On , review of the employee worksheet documented the following training times for staff F: Communicable was completed , testing was completed , Control was completed , training was completed , Incident reporting was completed

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11/18/16, Reporting and neglect was completed 11/18/16, and Safe Food Handling was completed 11/18/16.

Unclassified