STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964862	R 01/03/2017
NAME OF PROVIDER OR SUPPLIER **FOUNTAIN OF YOUTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **9001 BANA VILLA COURT** **TAMPA, FL 33635**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a biennial state licensure survey of I/ was conducted on I/ . Fountain of Youth, Assisted Living Facility, had deficient practice identified at the time of the visit.

(License # 9411)

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

Per interview with the facility administrator on I/ 11:12 a.m., the administrator confirmed the facility has a total of three employees that provides daily care and services to residents at the facility. The administrator confirmed she had not updated the AHCA background screening employee roster. Surveyor reviewed the staff scheduled with the administrator and confirmed all staff. No further documentation was provided by the facility at this time.
A review of the AHCA background employee website revealed no evidence of any employees listed under the employee roster section.

License: 9411

uncorrected deficiency

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

', 2017

Administrator
Fountain of Youth
9001 Bana Villa Court
Tampa, FL 33635

Dear Administrator:

This letter reports the findings of a revisit survey conducted on ', 2017, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **The deficiency shall be corrected no later than ', 2017.**

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 **Paul Brown**, HFES, of this office at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosure

BBT7

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