AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910310	01/26/2017
NAME OF PROVIDER OR SUPPLIER **COUNTRYSIDE LAKES**	STREET ADDRESS, CITY, STATE, ZIP CODE **941 VILLAGE TRAIL** **PORT ORANGE, FL 32127**	

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

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to maintain an up to date employee roster using the agency's clearinghouse.

The findings include:

The facility's employee roster was reviewed on 01/ at 12:10 PM after the Exec. ive Director stated they were notified of an old employee (who no longer works there) having a disqualifying event.

He was unaware of the agency's roster and after explanation and consulti with other staff members, it was determined the roster had been made and the front office staff had access to updat it.

At 3:30 PM the roster was pulled up with the front office staff and the management team on 01/27/2017, and they confirmed that nobody had been updating the employee roster and there were employees on it that were no longer employed by the company, and nobody had been going in to add new employees.

Unclassified

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0000 Initial Comments

On 1/26/17, a change of ownership (CHOW) survey was conducted at Countryside Lakes (License #5115). Deficient practice was identified during the survey.

0032 Resident Care - Elopement Standards

Based on interview and record review, the facility failed to conduct elopement drills twice a year that encompassed the entire direct care staff.

The findings include:

During a review of the elopement drill documentation on / at 3:30 PM with the Director of Nursing showed that elopement drills were conducted on[illegible], but the form where employees signed in did not have a date. She said it was around .

She was asked if there were any more sign-in sheets from other elopement drills done, but none could be produced at the time of the investigation showing the facility conducted the elopement drill twice a year with all the direct care staff. She acknowledged she was unaware that they had to be done with everyone twice a year.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Countryside Lakes
941 Village Trail
Port Orange, FL 32127

Dear Administrator:

This letter reports the findings of a state licensure Change of Ownership survey that was conducted on , 2017 by representatives 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Amanda Wisehart

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/AW/sm
Enclosure
XG90

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