

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964942	(X3) DATE SURVEY COMPLETED 03/21/2017
NAME OF PROVIDER OR SUPPLIER PLANTATION RETIREMENT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2654 GRAND BLVD. HOLIDAY, FL 34690	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On , 2017 - , 2017 a biennial re-licensure survey was conducted at Plantation Retirement. The facility had deficiencies at the time of the survey. (License number 9497)		

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

Based on interview and record review, the facility failed to maintain the employment status of employees within the employee roster listed in the AHCA Background Screening Clearinghouse (Clearinghouse), within 10 business days of initial employment, for two (Administrator and Staff A) of two employee records reviewed.

Findings included:

A review of employee records conducted on showed that the Administrator was hired in, 2010 and that Staff A was hired on

A review of the facility's employee roster in the Clearinghouse conducted on showed that no employees were listed.

An interview was conducted with the Owner via telephone on at 9:28 AM about the lack of entries in the employee roster and the Clearinghouse was discussed. The Owner stated that they were not aware of the requirement to enter employee names and dates of hire in the employee roster in the Clearinghouse.

Unclassified