

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911155	(X3) DATE SURVEY COMPLETED 06/19/2017
NAME OF PROVIDER OR SUPPLIER WORC HAVEN, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 1090 JIMMY ANN DRIVE DAYTONA BEACH, FL 32117	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced biennial licensure survey was conducted at WORC Haven, Inc (License #5932) on _____, 2017. WORC Haven, Inc. had deficiencies found at the time of the visit. Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on record review, and staff interview, the facility failed to update the agency background screening clearinghouse Roster for 1 of 4 sampled employees currently working at the facility (Employee A). The findings include: During an interview with Employee A on _____ at 9:30 AM, she stated she has worked for the company for 5 years and started working at WORC in _____ of 2017. She stated prior to _____ she would work as needed. During an interview with the Administrator on _____ at 10:24 AM, she stated Employee A has worked at WORC Haven periodically since she was hired to work at their other locations. She stated her start date is considered _____ for both of their assisted living facilities (ALFs). Record review of the employee file for Employee A found she was hired as a caregiver on 11/_____. The most recent Level II Background Screening had an eligibility date of _____ and a print date of _____. A review of the Agency's Background Screening clearinghouse website on _____ at 12:13 PM found Employee A was not listed on the facility's Roster. During further interview with the Administrator on _____ at 12:45 PM she confirmed Employee A was not showing in the background screening Roster for WORC Haven. She stated that she spoke with the Human Resource worker that does the background screening and was told she would research how to add her into the system as an employee for WORC Haven.		

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/30/2017
FORM APPROVED

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Unclassified		