

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 07/06/2017  
FORM APPROVED

|                                                        |                                                                                                |                                                     |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966804</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>06/19/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LEDGE MANOR</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12006 MCINTOSH ROAD<br/>THONOTOSASSA, FL 33592</b> |                                                     |

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

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

Based on record review and interview, the facility failed to ensure that an employee did not have more than a 90 day break from a position that requires screening by a specified agency. There was no evidence that the facility had submitted to a national screening for an employee returning to a position that requires screening by a specified agency.

Findings included:

A record review was conducted for employee F, to include an application. Employee F had a hire date of . Employee F had a level II background screening conducted on . Employee F's application stated they worked as a manager of a restaurant from , 2016 to January 2017. Additionally the application stated their previous employment as a caregiver was from , 2014 to , 2016. There was more than a 90 day break from a position requiring a level II background screening.

An interview was conducted with the administrator on at 1:10 pm. They stated "That is all of the employment information we have for employee F." "I just sent for a new background screening."

unclassified

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| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                              |                                                                                                |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>Assisted Living Facility</p> <p>A complaint survey, (CCR# 2017003617), was conducted at Ledge Manor on . A deficiency was identified at the time of the visit.</p> <p>(license # 11289)</p> |                                                                                                |                                                     |