STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911251	**01/03/2018**
NAME OF PROVIDER OR SUPPLIER **FLORIDA PRESBYTERIAN HMS, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **16 LAKE HUNTER DRIVE** **LAKELAND, FL 33803**	

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 maintain an updated employee roster in the Agency Background-Screening Clearinghouse for one (Staff B) of four employees selected for record review.

Findings included:

Review of the AHCA Background Screening Clearinghouse Agency website revealed that Staff B was not listed on the employee roster for this provider. Record review revealed that Staff B's date of hire was on .

During interview with the Human Resources Manager on at 02:39 p.m., she stated that she was the person who updated the Facility's Employee Roster and confirmed that Staff B was not included.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911251	**01/03/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLORIDA PRESBYTERIAN HMS, INC.	**16 LAKE HUNTER DRIVE LAKELAND, FL 33803**

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey with Limited Nursing Service (LNS) was conducted on ,at Florida Presbyterian Homes, Assisted Living Facility. There were deficiencies identified at the time of the visit.

(License # 4790)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that employees had evidence of a negative ( ) examination completed annually for two employees (Administrator and Staff B) of four selected for record review.

Findings included:

Record review revealed that the Administrator had completed a facility questionnaire form as an annual screening. There was no evidence of a negative examination being completed. The last documented exam for the Administrator was .

Record review revealed no evidence of a negative examination being completed on an annual basis for Staff B. The last documented exam for Staff B was on 11/ .

During interview with the Human Resources Manager on at 02:39 p.m., she stated that was not able to locate a more recent negative examination for Staff B or for the Administrator.

On , at approximately 03:37 p.m. the Administrator stated that the facility policy was that employees complete and answer the Facility's Annual Screening questionnaire and that they are required to have a negative examination performed. She confirmed that there was no documentation of for this year for herself and Staff B.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III