STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964216	**01/18/2018**
NAME OF PROVIDER OR SUPPLIER **SARAH HOUSE II (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1724 VALENCIA AVENUE** **ORMOND BEACH, FL 32174**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted at Sarah House II (License #8931) on , 2018. Sarah House II had deficiencies found at the time of the visit.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and staff interview, the facility failed maintain the facility's emergency management plan (CEMP), with documentation of review and approval by the county emergency management agency.

The findings include:

The Director of Operations was asked to provide a copy of the facility's Comprehensive Emergency Management Plan (CEMP) on at 2:15 PM. She provided the emergency plan. Record review of the plan found no evidence it was submitted or approved. She was asked for evidence that it was submitted and approved by the local emergency management agency. She stated she did not have any evidence the plan was approved since 2012. She stated she had just updated the plan has not sent it in.

Class III

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 clearing house for 3 of 3 sampled employees currently working at the facility (Employee A, B and C).

The findings include:

Record review of the background screening system for the provider on prior to entry to the facility found there were not any employees listed as working in the facility.

Record review of the most recent Level II background screening for Employee A (hired) found the most recent screening in the employee file had an eligibility date of . The Director of Operations was asked for the most recent screening for Employee A. On at 11:10 AM, she provided a screening for Employee A that showed she was eligible on . The screening did not show Employee A was working at the facility.

Record review of the most recent Level II background screening for Employee B (hired) found

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the most recent screening in the employee file had an eligibility date of . The Director of Operations was asked for the most recent screening for Employee B. On at 11:10 AM, she provided a screening for Employee B that showed she was eligible on . The screening did not show Employee A was working at the facility.

Record review of the most recent Level II background screening for Employee C (hired) found she was eligible to work . The screening did not show the employee was working at the facility.

The findings were confirmed during an interview with the Director of Operations on at 11:36 PM. She looked at the BGS systems with the surveyor and confirmed the employees were not there.

Unclassified