

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968877	(X3) DATE SURVEY COMPLETED 10/26/2017
NAME OF PROVIDER OR SUPPLIER SENIORITYVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1711 N CROFT AVE INVERNESS, FL 34453	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted on , 2017 at Seniorityville Assisted Living Facility (License # 12751), Inverness, FL. Deficient practice was identified at the time of the survey.

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

Based on interview and record review the assisted living facility failed to ensure 2 of 2 sampled employees (Staff A) and Administrator, (Staff B) obtained annual documentation that the employee is free from .

Findings:

A review of personnel records (Staff A, and Administrator, Staff B) was conducted. The review revealed the Administrator's date of hire was ; Staff A's hire date was .

Further review revealed no evidence of a current annual negative examination, the last examination for (Staff B) - Administrator was dated , and the last examination for Staff A was dated 11/ .

On at 3:50 PM an interview was conducted with the Administrator. He stated he was unaware that an annual examination was required, and would be sure to comply as soon as possible.

Class III

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968877	(X3) DATE SURVEY COMPLETED 10/26/2017
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ADMINISTRATION**

PRINTED: 02/08/2018
FORM APPROVED

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