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|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967814</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>03/07/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLINGTON ELDER CARE 1</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>14097/14099 LILY COURT<br/>WELLINGTON, FL 33414</b> |                                                     |

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

**0000 - Initial Comments**

An unannounced Relicensure Standard survey was conducted on ..... at Wellington Elder Care I, License # 11795. The facility had deficiencies at the time of the visit.

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

Based on record review and interview the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse for 12 out of 17 staff members (Staff A, B, C, D, E, F, G, H, I, J, K, and L).

The findings included:

A review of the current facility's staffing roster and staff schedule that was provided by the Administrator on ..... at 10:20 AM, compared to the facility's Employee Roster on the Clearinghouse Background Screening, revealed that staff members A, B, C, D, E, F, G, H, I, J, K, and L, who are current employees, were not registered on the Employee Roster in the Clearinghouse.

- 1) Staff A hire date of .....
- 2) Staff B hire date of .....
- 3) Staff C hire date of .....
- 4) Staff D hire date of .....
- 5) Staff E hire date of .....
- 6) Staff F hire date of .....
- 7) Staff G hire date of .....
- 8) Staff H hire date of .....
- 9) Staff I hire date of .....
- 10) Staff J hire date of .....
- 11) Staff K hire date of .....
- 12) Staff L hire date of .....

During an interview with the Administrator at 4:08 PM he verified that the staff members listed are currently employed at the facility.

Further review of the facility's Employee Roster in the Background Screening Clearinghouse revealed that 5 staff members who were no longer employed by the facility did not have an end date on the Employee Roster. They were:

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 03/27/2018  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |                                                     |
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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967814</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>03/07/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLINGTON ELDER CARE 1</b>                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>14097/14099 LILY COURT<br/>WELLINGTON, FL 33414</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                     |
| <p>1) Staff M hire date of ..... and no end date</p> <p>2) Staff N hire date of ..... and no end date</p> <p>3) Staff O hire date of ..... and no end date</p> <p>4) Staff P hire date of ..... and no end date</p> <p>5) Staff Q hire date of ..... and no end date</p> <p>During an interview conducted with the Administrator at 4:08 PM on ....., he acknowledged and confirmed the findings.</p> <p>Unclassified</p> |                                                                                                 |                                                     |