STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967258	**03/20/2018**
NAME OF PROVIDER OR SUPPLIER **LAFETA FAMILY HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1061 DIVISION STREET** **JACKSONVILLE, FL 32209**	

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

0000 - Initial Comments

On . . . . , 2018, an unannounced biennial re-licensure survey with Limited Mental Health (LMH) was conducted at Lafeta Family Home Care (License #11317). Deficient practice was identified during the survey.

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on employee record review, staff interview and review of the Agency for Health Care Administration Care Provider Background Screening Clearinghouse, the facility failed to conduct a Level II background screening for 1 out of 2 sampled employees, (Employee A) .

The findings include:

During the biennial licensure survey on . . . . . , an employee record review was conducted on Employee A. Employee A's record did not contain evidence of a current background screening. The last Level II background screening form in her file showed an eligible date of . . . . . .

During an interview with the administrator on . . . . at 12:40 pm, she stated that she was told that she didn't have to be eligible for AHCA Provider/Facility Licensure since she was Medicaid Provider Enrollment eligible.

Phone interview conducted with a representative from the Agency for Healthcare Background Screening Unit in Tallahassee, Florida on at 12:50 pm. She stated that an Owner or Administrator of an Assisted Living Facility is required to have a current background screening and it should be redone every 5 years.

Photographic evidence obtained

Unclassified