STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965555	R **09/04/2018**
NAME OF PROVIDER OR SUPPLIER **WILLOW BROOK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1580 SOUTH MARION AVENUE** **LAKE CITY, FL 32025**	

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

0000 - Initial Comments

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965555	R **09/04/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On September 4, 2018, an unannounced follow up to biennial re-licensure with extended congregate care survey was conducted at Willow Brook Assisted Living Facility (License #9909), Lake City, Florida. No deficient practice was identified at the time of the survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965555	**06/06/2018**
NAME OF PROVIDER OR SUPPLIER **WILLOW BROOK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1580 SOUTH MARION AVENUE** **LAKE CITY, FL 32025**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the facility failed to maintain signed attestation of compliance in file for 2 of 3 staff members reviewed (staff A and C).

Findings:

On 06/06/2018, a record review was conducted for direct care staff A (date of hire: 03/17/2017). No signed attestation of compliance was found in staff A's records.

On 06/06/2018, a record review was conducted for direct care staff C (date of hire: 07/24/2015). No signed attestation of compliance was found in staff C's records.

At approximately 10:23 AM on 06/06/2018, an interview was conducted with the administrator, who confirmed that staff A and staff C had no signed attestation of compliance in file.

Unclassified

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

Based on record review and interview, the facility failed to conduct level 2 background screening for 1 of 3 staff members reviewed (staff A), who had a break in service of more than 90 days from a position requiring level 2 background screening.

Findings:

On 06/06/2018, a record review was conducted for direct care staff A (date of hire: 03/17/2017). Eligibility date for staff A was 05/04/2015 in level 2 background screening result. Record review of job application indicated that staff A's last position was CNA, working from April 2015 to July 2016 before being hired by the facility on 03/17/2017, which indicates more than 90 day break in service.

At approximately 9:43 AM on 06/06/2018, an interview was conducted with staff A, who stated that she had not been working in a position requiring level 2 background screening after July 2016, stating: "I was out about 5 or 6 months."

At approximately 9:43 AM on 06/06/2018, an interview was conducted with the administrator, who stated that no level 2 background screening had been conducted for staff A.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965555	**06/06/2018**
NAME OF PROVIDER OR SUPPLIER **WILLOW BROOK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1580 SOUTH MARION AVENUE** **LAKE CITY, FL 32025**	

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

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965555	R **09/04/2018**
NAME OF PROVIDER OR SUPPLIER **WILLOW BROOK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1580 SOUTH MARION AVENUE** **LAKE CITY, FL 32025**	

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

0000 - Initial Comments

REVISED

On September 4, 2018, an unannounced follow up to biennial re-licensure survey was conducted at Willow Brook Assisted Living Facility (License #9909), Lake City, Florida. No deficient practice was identified at the time of the survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965555	R **09/04/2018**
NAME OF PROVIDER OR SUPPLIER **WILLOW BROOK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1580 SOUTH MARION AVENUE** **LAKE CITY, FL 32025**	

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

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REVISED

On September 4, 2018, an unannounced follow up to biennial re-licensure survey was conducted at Willow Brook Assisted Living Facility (License #9909), Lake City, Florida. No deficient practice was identified at the time of the survey.