

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966529	(X3) DATE SURVEY COMPLETED 10/15/2018
NAME OF PROVIDER OR SUPPLIER PONDELLA SERENITY COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 1923 NE 6 TH STREET CAPE CORAL, FL 33909	

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

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

Based on record review, and interview, the facility failed to ensure each staff hired was included on the facility's Clearinghouse Background Screening roster within 10 days of hire for 3 (Staff A, C & D) of 4 staff records reviewed. This has the potential for staff with disqualifying offenses to have access to adults.

The findings included:

1. On record review revealed a date of hire of for Registered Nurse Staff A. Review of the AHCA employee roster revealed Staff A is not on the employee roster.

On record review revealed a date of hire of for Caregiver Staff C. Review of the AHCA employee roster revealed Staff C is not on the employee roster.

On record review revealed a date of hire of for Caregiver Staff D. Review of the AHCA employee roster revealed Staff D is not on the employee roster.

2. On at 3:00 p.m. the Administrator said she didn't know why they were not on the roster.

Unclassified

**AGENCY FOR HEALTH CARE
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PRINTED: 10/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966529	(X3) DATE SURVEY COMPLETED 10/15/2018
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced change of ownership, limited nursing services and emergency power plan monitoring survey was conducted at Pondella Residential Care, an assisted living facility (license #10725) in Cape Coral, Florida. The following is a description of the deficiency.		