

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968793	(X3) DATE SURVEY COMPLETED 03/05/2019
NAME OF PROVIDER OR SUPPLIER NORTHDALF ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4815 CENTERBROOK COURT NORTHDALF, FL 33624	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Biennial survey was conducted at Northdale Assisted Living Facility on . Northdale Assisted Living Facility had deficient practice identified at the time of the survey. License: 12634 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation and interview, the facility failed to acquire and maintain a monoxide alarm Findings included: A tour of the facility was conducted on and there was no observation of a monoxide alarm. The Administrator was interviewed at 1:12 PM on concerning the facility having a monoxide alarm. The Administrator stated she was unaware of such requirement. The administrator stated, " I didn't know about this, is this something new?" Class III Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)		

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Based on interview and record review the facility failed to ensure that 3 (A, B, C) out of 3 employee files reviewed had a dated Attestation of Compliance with the Background Screening Requirement forms . Findings included: On , an employee background screening review was completed for three employee files. None of the three employees reviewed had their Attestation of Compliance with Background Screening Requirement forms in files. Employee A had a hire date of Employee B had a hire date of Employee C had a hire date of An interview was conducted with the Administrator at 12:45 pm. She acknowledged the employees had not completed the Attestation of Compliance with Background Screening Requirement forms because she wasn't aware of this requirement. Unclassified		