STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910551	**05/13/2019**
NAME OF PROVIDER OR SUPPLIER **BROXTON'S A L F HOMES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2233 PATE POND ROAD** **CARYVILLE, FL 32427**	

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

0000 - Initial Comments

An unannounced biennial relicensure survey with limited mental health specialty was conducted on at Broxton's ALF Homes in Caryville, Florida. At the time of the survey, deficient practice was identified.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record reviews and staff interviews, the facility failed to ensure that evidence of a negative ( ) examination was documentated on an annual basis for 2 of 3 staff (Staff A & C) reviewed.

The findings include:

Review of the record for Staff A revealed their last documented negative examination was dated . There was no evidence of a current examination in the records.

Review of staff records for Staff C revealed their last documented negative documentation was dated . There was no evidence of a current examination in the record.

On , , at approximately 2:30pm an interview was conducted with both the Administrator and the Assistant Administrator regarding the examinations for staff. At this time, they both confirmed the examinations for Staff A and C are not current.

Class III

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

Based on staff record reviews and staff interviews, the facility failed to ensure that all staff employed are listed with current level 2 background screens on the facility Background Screening Clearinghouse Roster for 2 of 5 (Staff C & D) staff reviewed for background screenings.

The findings include:

Record review of the employee roster revealed Staff C and D, were not listed on the facility roster. (Photographic evidence obtained).

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

On , , at 3:00pm an interview conducted with Staff A revealed she was not aware these two employees were not listed on the roster. At this time, she confirmed both of these employees have worked at the facility for more than 3 years.

Unclassified

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

Based on staff record review and staff interviews, the facility failed to ensure all staff had a current Level 2 Background Screening for 2 (Staff B & C) of 5 staff reviewed for Level 2 Background Screenings.

The findings include:

Record review of staff records for Staff B on revealed the Level 2 Background Screening date was . Review of the Background Screening Clearinghouse data base revealed "new screening is required" and , , not retained.

Record review of staff records for Staff C on revealed the Level 2 Background Screening date was . Review of the Backgound Screening Clearinghouse data base revealed "new screening is required" and , , not retained.

On , , at 3:00pm an interview conducted with Staff A revealed she was not aware that she and Staff C were not in compliance with Level 2 screening. At this time, she confirmed both of these Level 2 screenings were in excess of , .

Unclassified