

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964889	(X3) DATE SURVEY COMPLETED R 07/18/2019
NAME OF PROVIDER OR SUPPLIER ARBOR COVE ALF OF FLORIDA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 305 NORTH HIAWASSEE RD ORLANDO, FL 32835	

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

0000 - Initial Comments

A revisit to the Limited Nursing Services (LNS) was conducted on Arbor had deficiencies that remained uncorrected.

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

Based on interview and observation the facility could not provide access to staff records for review for 1 of 3 staff. (B).

Findings:

A revisit was conducted on for exam () on an annual basis. In an observation of the facility the staff records were locked in a cabinet in the file room. In an interview with the acting supervisor on at 2pm, she confirmed the administrator was on vacation and she did not have access to the staff

Caregiver B was hired on and exam from She could not produce a exam for the year of 2019, as required.

On at 2pm the acting supervisor confirmed the findings.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on interview and observation the facility could not provide access to staff records for review for 2 out of 3 staff (A & B).

Findings:

A revisit was conducted on for attestation requirements. In an observation of the facility the staff records were locked in a cabinet in the file room. In an interview with the acting supervisor on at 2pm, she confirmed the administrator was on vacation and she did not have access to the staff records.

Caregiver A was hired on

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Caregiver B was hired on The administrator was hired on Caregiver A and the administrator could not produce evidence of a signed attestation of compliance with background screening. Unclassified		