

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963982	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/24/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE COLONIAL PARK

**4730 BEE RIDGE ROAD
SARASOTA, FL 34233**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the _____ are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective _____, or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before _____, initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person's status has been made. 2. Effective _____, initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person's status has been made.	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER BROOKDALE COLONIAL PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 4730 BEE RIDGE ROAD SARASOTA, FL 34233		
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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person's full first name, middle initial, and last name; social security number; date of birth; mailing address; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to ensure 2 (Staff A, and the Health and Wellness Director) of 4 staff records reviewed, had the required level 2 background screening. The facility failed to update the background screening clearinghouse employment roster within 10 days for staff hired in 2023, and within 5 business days for staff hired after . This had the potential for staff with disqualifying offenses to have access to adults. The findings included: - Record review showed Staff A was hired on . A review of the Agency's clearinghouse employee roster revealed Staff A was added to the facility's clearinghouse roster on . - Record review showed the facility's Health and Wellness Director (HWD) was hired . The	CZ814			

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CZ814	Continued From page 2 HWD was added to the facility's clearinghouse roster on . 3. On . at 2:00 p.m., the Business Office Manager confirmed Staff A, and the HWD were added late at the facility's clearinghouse roster. 4. The Administrator acknowledged during an interview on . at 4:30 p.m., Staff A, and the HWD were added late at the facility's clearing house roster. Unclassified . A 000 Initial Comments An unannounced abbreviated state relicensure, limited nursing services, emergency power plan monitoring survey, health facility reporting system, visitation form, and complaint survey for #2023012105 was conducted on . , at Brookdale Colonial Park, an assisted living facility in Sarasota, Florida. Complaint#2023012105 was substantiated without citation. The following is a description of the deficiency. .	CZ814			
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