STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968516	**11/01/2016**
NAME OF PROVIDER OR SUPPLIER **CAMELLIA AT DEERWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **10061 SWEETWATER PKWY** **JACKSONVILLE, FL 32256**	

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

0000 Initial Comments

A complaint investigation (CCR #2016010820) was conducted at Camelia At Deerwood Assisted Living Facility (License #12415) on / / . Camelia At Deerwood Assisted Living Facility had a deficiency at the time of the investigation.

Z815 Background Screening: Prohibited Offenses

Based on observation, staff interview and record review the facility failed to ensure the Agency for Health Care Administration Level II Background Screening had been updated for one (Employee A) out of 7 sampled employees.

The findings include:

On / / at 9:30 am Employee A was observed to be passing medication to Resident # 1. She was interviewed at the time and stated she had worked at the facility for two years. She is trained to pass medications to the residents and she works full time on the day shift. She stated she also provides personal care to the residents.

Review of the personnel file for Employee A revealed an Agency for Health Care Administration Level II Background Screening eligibility form dated . Photo obtained. A rescreening was done by / .

During an interview with the administrator on / / at 1:55 pm he was asked if the facility had obtained an updated Level II background screening for Employee A. He looked at the form in her file and stated he wasn't sure and left the interview to research it.

During an interview with the administrator on / / at 2:45 pm he stated that he was not aware that the Level II background screening had not been done for Employee A. He could not find an updated screening for her. He stated he would get it done immediately.

Review of a print out of the timecard for Employee A for the months of , , and , 2016 revealed Employee A had worked full time with a number of hours of 501.82. Copy obtained.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Camellia At Deerwood
10061 Sweetwater Parkway
Jacksonville, FL 32256

RE: CCR #2016010820

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com