STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910705	01/12/2017
NAME OF PROVIDER OR SUPPLIER **MARGATE MANOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1189 WEST RIVER DRIVE** **MARGATE, FL 33063**	

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

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

Based on record review an interview, it was determined that the facility failed to register all employees with the clearinghouse and maintain the employment status of all employees with the clearinghouse for 4 of 4 current sampled personnel records reviewed and 4 of 4 teminated employees.

The findings included:

Review of the clearinghouse roster conducted on / revealed that 4 of 4 employee records reviewed (Employees A, B, C, D) , revealed that the facility had not registered the 4 employees in the facility employee roster within the clearinghouse. Further review of the employee schedule and the clearinghouse roster revealed that 4 employees (Employee E,F,G,H), not curently listed on the employed schedule, did not have a end date (termination date) on the clearinghouse roster.

1) Review of Staff A, B,C, D's employee list revealed the following:
a) Employee "A" had a hire date of /
b) Employee "B" had a hire date of /
c) Employee "C" had a hire date of /
d) Employee "D" had a hire date of

During an interview with the Administrator on / at 3:00PM, he stated he was not aware that he was responsible for maintenance of the facility's roster in the clearinghouse, therefore he confirmed that Staff A, B, C, D, had not been registered on the facility roster.

2) During an interview with the Administrator on / / at 3:10 PM, he confirmed the following employees were no longer employed with the facility and provided a termination date /last employment date.
a) Staff "E" had a end date of
b) Staff "F" had a end date of /
c) Staff "G" had a end date of /
d) Staff "H" had a end date of

During an interview conducted on / at 3:10PM with the Administrator, he stated Employee's E,F,G,and H are no longer employed by the facility and confirmed their employment end dates. The Administrator acknowledged the end dates had not been entered on the roster. The Administrator did not provide any additional documentation for review.

Unclassified

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Margate Manor, Inc.
1189 West River Drive
Margate, FL 33063

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on , 2017 by a representative 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 , 2017.** 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 representative. Should you have any questions please call the field office at 561-381-5840.

Sincerely,

Arlene Maya-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

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