

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968875	(X3) DATE SURVEY COMPLETED R 04/19/2018
NAME OF PROVIDER OR SUPPLIER RIVERWOOD LODGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 6873 SW US HWY 27 FORT WHITE, FL 32038	

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 and interview the facility failed to maintain the initial employment status and report any changes within 10 business days for 5 of 5 employees reviewed within the clearinghouse.

Findings:

Record review was conducted on . Record review revealed the facility employee roster listed with the Agency had not been updated at the time of the survey. This writer exported the roster at the time of review.

An interview with the facility Administrator was conducted on at 5:00 PM. During the interview this writer requested that the Administrator review the Agency online employee roster for Riverwood Lodge together. The facility Administrator confirmed the employee roster for Riverwood Lodge had not been updated at the time of review. (Photo Evidence available)

Unclassified

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110, FAC

Based on Record Review and Interview the facility failed to notify the Agency within 21 days of a change of Administrators for Riverwood Lodge.

Findings:

Record review of the Agency's website was conducted on . Record review revealed the facility did not have a listed Administrator. This writer conducted and employee record review on . Record review revealed the facility Administrator had no core certification certificate on file.

An interview was conducted with Staff B on at 1:30 PM. During the interview this writer asked if she had any acknowledge of the Administrator's core certification. Staff B stated she had submitted the paperwork to our Agency several months ago. When asked if she could provide this writer with an electronic copy of the paperwork she submitted she informed me she would email me the forms and paperwork she submitted to the agency.

An interview was conducted with the facility Administrator on at 5:00 PM. During the interview this writer requested to know had she received a Core training certificate. The Administrator

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

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stated, "No, I don't have a certificate." Unclassified		