

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964511	(X3) DATE SURVEY COMPLETED R 06/06/2018
NAME OF PROVIDER OR SUPPLIER FRESH WATER AT HUDSON	STREET ADDRESS, CITY, STATE, ZIP CODE 14108 OLD DIXIE HIGHWAY HUDSON, FL 34667	

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to ensure that one (Staff D) of five sampled staff members who have contact with residents received a current Level II background screening and had been found to be eligible to work in an assisted living facility.

Findings included:

A review of employee records conducted on ... showed that Staff D, who provided direct care to the facility's residents, had a date of hire of ... Staff D's record also contained a Level II background screening document with the date of eligibility of ... A review of AHCA's background screening clearinghouse website confirmed that ... was the last Level II screening determining Staff D's eligibility to work in assisted living facility.

A review of Staff D's application showed no employment dates, only the length of time working for various employers.

The Administrator was interviewed at 10:11 AM on ... regarding the concern that Staff D did not have the required eligibility status to work in an assisted living facility due to the time interval between the last job requiring a Level II background screening.

The Administrator immediately called Staff D and asked about employment dates. The Administrator relayed the conversation and stated that Staff D worked at an assisted living facility about three years ago and had worked at positions not requiring a Level II background screening since then. The Administrator ended the call and acknowledged that Staff D had more than 90 days in between positions requiring a Level II background screening. The Administrator stated that they would arrange to have Staff D complete a new Level II background screening.

Unclassified

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964511	(X3) DATE SURVEY COMPLETED R 06/06/2018
NAME OF PROVIDER OR SUPPLIER FRESH WATER AT HUDSON	STREET ADDRESS, CITY, STATE, ZIP CODE 14108 OLD DIXIE HIGHWAY HUDSON, FL 34667	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A 2nd Revisit to 1/26/18 and 4/11/18 Biennial Survey was conducted at Fresh Water at Hudson on 6/6/18. Fresh Water at Hudson had a deficiency at the time of the visit. (License #9047)		