

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105706	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2021
NAME OF PROVIDER OR SUPPLIER OCOOE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1556 MAGUIRE RD OCOOE, FL 34761		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS Complaint surveys #2021016310 and #2021016836 were conducted with a Focused Control survey from _____ to _____. Ocooe Health Care Center was in compliance with 42 CFR Part 483 and 488, requirements for Long Term Care Facilities.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 74820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/14/2021
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N 000	<p>INITIAL COMMENTS</p> <p>Complaint surveys #2021016310 and #2021016836 were conducted with a Focused Control survey from to Complaint #2021016310 was substantiated. Ocooe Health Care Center had a state deficiency found at the time of the visit.</p>	N 000		
CZ814	<p>435.12(2)(b-d), FS Background Screening Clearinghouse</p> <p>435.12 Care Provider Background Screening Clearinghouse.-</p> <p>(2)(b) Until such time as the are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee 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.</p> <p>(c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.</p> <p>(d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic submission to the Department of Law Enforcement. The registration must include the employee'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.</p>	CZ814		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE /21
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CZ814	<p>Continued From page 1</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to enter 3 out of 8 employees in the Background Screening Clearinghouse roster within 10 days of hire, (Staff A, B, and C).</p> <p>Finding:</p> <p>Review of the facility's Background Screening Roster revealed Staff A, hired on _____, Staff B, hired on _____, and Staff C, hired on _____ were not entered into the Background Screening Clearinghouse roster for the facility nor the staffing agency.</p> <p>On _____ at 5:10 PM, the Human Resources (HR) Manager explained she was responsible to obtain the signed attestations and verification of eligibility in the Agency for Healthcare Administration (AHCA) Background Screening website for new employees. She stated she verified Staff A, B, and C's eligibility to work but failed to notice they were not added to the staffing agency's roster. She acknowledged Staff A, B and C who were agency staff were not added to the facility's roster until the staff's personnel files were selected for review. The HR Manager explained she knew it was important for all facility staff to be included in the AHCA roster because the facility or staffing agency would be notified in the event an employee became ineligible to work.</p> <p>On _____ at 7:25 PM, the Administrator stated she was still looking for a policy regarding Background Screening and did not provide an answer as to how this failure could have negatively _____ facility residents.</p> <p>Unclassified</p>	CZ814	<p>This plan of Correction is submitted as required under Federal and state regulation and statues applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied.</p> <p>Corrective action for the staff affected by the alleged deficient practice: Agency Staff have been registered in West Orange Center for Nursing and Healing ACHA Background Roster. The Human Resource Staff has been educated by Nursing Home Administrator prior to survey exit on the status or rule of care provider background screening clearinghouse. No negative outcome was identified by the alleged deficient practice.</p> <p>Corrective action taken for the agency staff who had the potential to be affected by the alleged deficiency practice: Audit on all current agency employee done and registered on West Orange Center for Nursing and Healing ACHA Clearinghouse Roster This will be completed by date of compliance by BOM/HR / Designee.</p> <p>Measures/ Systemic changes put in place</p>	
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CZ814	Continued From page 2	CZ814	<p>to assure the alleged deficient practice does not re- occur: HR/BOM has been educated into process and immediate implementation has been completed for those staff agency currently active at this facility. Ongoing process for registration of new agency staff will be done when they are schedule before the first shift and current by compliance date.</p> <p>Corrective actions will be monitored to ensure the alleged deficient practice will not reoccur: The NHA/ Designee will conduct random audits of compliance for all current agency staff 5 times per week for x4 week to ensure compliance with background screening clearinghouse. Audits will continue then weekly (once a week) for 1 month and monthly for 3 months and quarterly as needed. Any negative patterns or findings will be presented to Quality Assurance meeting for further review/ Recommendations.</p>		