

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/28/2023
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WICKSHIRE COUNTRYSIDE

**3141 NORTH MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761**

(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) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint number: 2023009034) and a generator monitoring were conducted at Wickshire Countryside on Deficiencies were identified at the time of survey.	A 000		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND (). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide . training by the American Red Cross, the American . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide staff on each shift with training in () and first aid for nine employees (Staff B, C, F, G, H, I, J, K, and L) of twelve sampled employees. Furthermore, the facility failed to obtain	A 083		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/28/2023
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WICKSHIRE COUNTRYSIDE

**3141 NORTH MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761**

(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) COMPLETE DATE
A 083	Continued From page 1 certifications that required the employees to demonstrate performance for two employees (Staff A and E) of twelve sampled employees (photographic evidence obtained). Findings Included: An employee record review for Staff B, C, F, G, H, I, J, K, and L, conducted on _____ revealed that Staff B, C, F, G, H, I, J, K, and L's employee records did not contain evidence that the employees obtained _____ and first aid training. Staff B was hired on _____. Staff C was hired on _____. Staff F was hired on _____. Staff G was hired on _____. Staff H was hired on _____. Staff I was hired on _____. Staff J was hired on _____. Staff K was hired on _____. Staff L was hired on _____. An employee record review for Staff A, conducted on _____, revealed that Staff A's employee record contained a _____ and first aid training certificate dated _____. There was no evidence found that the training included a _____ skills performance demonstration. Staff A was hired on _____. An employee record review for Staff E, conducted on _____, revealed that Staff E's employee record contained a _____ and first aid training certificate dated _____. There was no evidence found that the training included a _____ skills performance demonstration. Staff E was hired on _____. A review of the staffing schedule, conducted on _____, revealed that on _____, Staff F worked with Staff E, G, and I on the 11:00pm through 07:00am shift. On _____, Staff B	A 083		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/28/2023
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WICKSHIRE COUNTRYSIDE

**3141 NORTH MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761**

(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) COMPLETE DATE
A 083	Continued From page 2 worked with Staff G and I on the 11:00pm through 07:00am shift. During an interview with the Business Office Manager, conducted on at 01:19pm, the Business Office Manger was unable to provide and first aid certificates for Staff B, C, F, G, H, I, J, K, and L. The Business Office Manager was unable to provide evidence that Staff A and E's training included a skills performance demonstration. The Business Office Manager agreed that the facility did not provide staff on each shift with and first aid training. Class III	A 083		