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	AL11910846	08/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0075 - 429.255 Fs - Use Of Personnel; Emergency Care S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

(If revisit, delete corrected tags/text)
Specific Tag Findings:

0000-Initial Comments
An unannounced biennial relicensure survey was conducted on through at Dogwood Inn Assisted Living Facility at 108 Wagner Rd, Bonifay, FL. The facility was not in compliance with the requirements for Assisted Living Facilities or Limited Mental Health licensure.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview, the facility failed to ensure a health assessment was completed within 60 days of admission to the facility for 1 of 4 residents (Resident #1) reviewed.

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The findings include:

A record review of the chart for Resident #1 revealed no Agency for Health Care Administration Form 1823 Health Assessment (AHCA Form 1823).

On at approximately 10am an interview was conducted with the Administrator who stated the resident was admitted on He stated that the former Administrator of the facility was fired approximately 6 weeks ago because she was not ensuring the required documentation for the residents was filed in their records. He could provide no other explanation for the missing health assessment.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations and family interview, the facility failed to ensure that every resident of a facility had the right to live in a safe and decent living environment.

The findings include:

1. On at approximately 9:45am tour of the outside of the facility revealed sand bags placed along the edge of the driveway approximately 5 feet from the building leading down to the south hall exit door where the sandbags were stacked in front of the door, blocking the exit.

2. On at approximately 10:30am observation of a couch used by the residents in the activity it to be sitting lopsided, leaning to the left. Further observation revealed the couch was missing a rear left leg, causing it to sit lopsided.

On at approximately 10:30am interview with two anonymous visitors revealed the facility always looks like the floors need to be vacuumed, the housekeeping is poor, the couch has been broken for weeks and the building is in need of numerous repairs.

On at approximately 9:00am an interview with the administrator revealed he was not ready for survey and he stated he has no money to fix the things that need to be fixed. He stated he is going to let his license expire he stated he cannot renew because he has no money to fix any of the problems. He stated that he has not told the department that he is

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going to renew his license and really could not understand why we were at his facility. He stated he will give the residents a 60 day notice and just close if we cite anything that will require him to spend money he does not have. He stated he will not and cannot fix the roof. The Administrator's explanation regarding the physical plant issues was that "it was like that when I bought the place in 2006." He also stated that he had spent $6,000 to spray a waterproof coating over the roof to stop the leaks that were cited during the last complaint.

3. On at approximately 9:57 a.m. a tour of the facility was conducted. In missing ceiling tiles exposing the wood in the upper roof area and insects were observed on the floor.

4. On at approximately 10:03 a.m. a to the right in the back hallway was observed to have a toilet with a cracked base, broken blinds, a bath mat and atrificial plant with small black ring like particles.

5. On at approximately 1005 a.m. the ceiling in South hallway was observed to have buckling cracking ceiling tiles and the exit door in back hallway was observed to have blankets stuffed along the bottom the exit door.

6. On at approximately 10:07 a.m. in a strong odor was observed. A urinal containing a dark yellowish substance was observed sitting on a bedside stand located against the farthest wall in the A dark fuzzy substance was observed on the wall under the ceiling vent and debris and insects were observed on the floor in the

7. On at approximately 10:09 a.m. in a urinal containing a yellowish substance was on the floor, buckling cracking tiles and a black substance was observed around the ceiling vent, and a green bed matress with tears was observed in the

9. On at approximately 10:12 a.m. in a brown fuzzy substance was observed around the ceiling vent and on ceiling area close to the vent.

10. On at approximately 10:14 a.m. in the ceiling tiles were observed to be discolored and buckeling.

11. On at approximately 10:16 a.m. in a brown fuzzy substance was observed on the ceiling. Ceiling tiles were also observed to be buckling and stained with a black ring shaped substance around the ceiling vent.

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12. On [redacted] at approximately 10:18 a.m. in [redacted] a strong [redacted] odor was observed. Staff #B walked into the [redacted] stated, "I just don't know where that smell is coming from and I do not touch his (resident) things unless he is here because he is mean".

13. On [redacted] at approximately 10:20 a.m. in [redacted] a rusted bed frame was observed.

14. On [redacted] at approximately 11:05 a.m. during a tour of the kitchen, surveyor observed a sprinkler head covered in gray fuzzy substance. Tiles on the kitchen ceiling were also observed to be stained and cracking.

15. On [redacted] at approximately 11:05am during tour of the dining area, observation of the return vent located in the hallway next to the dining area revealed the vent to have a thick layer of dirt/dust.

On [redacted] at approximately 3:00 p.m. an interview was conducted with the daughter of resident #6, who stated, " the house keeping is just poor and the carpet needs to be ripped up. "

On [redacted] at approximately 830 a.m. an interview was conducted with Staff #B who stated, "The door in the back hallway is blocked off with towels to keep the water out when it rains. It was raining a lot one day and water came rushing in. The door has been blocked off with sandbags on the outside and with towels on the inside like that for about a month. I think this building can use a lot of repairs. The kitchen is okay and does not need any repairs as far as I can tell " .

[redacted] at approximately 9:20 a.m. an interview as conducted with Staff #B who stated, "The ceilings leak and the back hallway floods, those are the main issues with the building. The driveway outside is higher than this building so when it rains all the water comes in through the back hallway door. He (the owner) will fix everything else that we tell him " .

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0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on staff interview, the facility failed to ensure they had developed an Elopement Response Policy.

The findings include:

On at approximately 10:00am an interview conducted with the administrator revealed there was no Elopement Response Policy available for review by the surveyors. The administrator/owner stated he fired the previous administrator approximately 6 weeks earlier because she failed to ensure there was proper resident documentation and policies in place.

Record review of personnel records for staff A, B and C did not revealed any documentation of elopement drills or training related to resident elopements.

Class III

0075-Use of Personnel; Emergency Care 429.255 FS
Based on observation and staff interviews, the facility failed to ensure they had a functioning automated external defibrillator on the premises at all times.

The findings include:

Tour and observation of the facility on and revealed no on the premises.

On at approximately 10:00am an interview conducted with the administrator revealed there was no available. The administrator/owner stated he fired the previous administrator approximately 6 weeks earlier because she failed to ensure there was proper resident documentation and policies in place among other issues.

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0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to ensure staff had documentation of being free from communicable within 30 days of hire and documentation of status on an annual basis for 4 of 4 staff reviewed.

The findings include:

Record review of personnel files for Staff A, B and C revealed that no staff had a communicable statement included in their personnel records. Further review also revealed that there was no status for Staff A, a status for Staff B and no status for Staff C and no communicable or statement for the Administrator.

On at approximately 10:00am an interview was conducted with the Administrator/Owner who stated that the former Administrator of the facility was fired approximately 6 weeks ago because she was not ensuring the required documentation for the residents was filed in their records. He could provide no other explanation. Additionally, this information was requested from the Administrator who could not provide any records for himself because he stated he keeps no personnel records on file for himself.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on record review and staff interviews, the facility failed to 1) failed to ensure at least one staff member had access to facility and resident records in case of an emergency at all times, and 2) failed to ensure at least one staff member trained in First Aid was in the facility at all times.

The findings include:

1. On at approximately 10:00am surveyors entered the facility to conduct the biennial relicensure survey. At this time, Staff B advised the surveyors that the Administrator was out all day at a meeting and all of the resident files and staff files are locked in his office. She stated that no staff have a key to that office except for the Administrator and that it remains locked at all times when the Administrator is not on the premisis.

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On [redacted] at approximately 12:30pm the Administrator arrived at the facility and was interviewed. He revealed that he does not trust his staff to have the key to his office because there is money and personal protected information for residents and staff in his office. He stated that his hours at the facility are 9:00am to 5:00pm daily.

2. Record review of personnel records for Staff A, B and C revealed that no staff had documentation of First Aid training. Additionally, the Administrator could not provide and personnel documentation.

On [redacted] at approximately 8:50am an interview with the administrator revealed that he has never had any first aid training for his staff and that is the way it has always been and he has not been cited for it before. He stated he was not aware his staff had to be trained in First Aid.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on record reviews and staff interviews, the Administrator failed to provide documentation that 12 hours of continuing for the Administrator had been received every two years.

The findings include:

On [redacted] at approximately 10:00am an interview was conducted with the Adminstrator/Owner who stated that the former Administrator of the facility was fired approximately 6 weeks ago because she was not ensuring the required documentation for the residents was filed in their records. He stated he has been acting as the Administrator since that time. Additionally, the Administrator stated he could not provide any records for himself because he stated he keeps no personnel records on file for himself.

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0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview, the facility failed to ensure the direct care staff received training within 30 days of hire in reporting major incidents, reporting adverse incidents, and facility emergency procedures for 2 of 2 direct care staff reviewed (Staff A and B). The facility also failed to ensure that Employee C (Cook) received inservice training in safe food handling. The facility also failed to ensure documentation that all staff had received and demonstrated an understanding and competency in elopment response policies and procedures for 3 of 4 staff reviewed (Staff A, B and C).

The findings include:

A record review of employee files for Staff A and B revealed no documentation that 1 hour of inservice training was provided upon hire related to reporting major incidents, reporting adverse incidents and facility emergency procedures.

A record review of employee file for Staff C revealed no documentation that 1 hour inservice training in safe food handling was on file.

On . . . at approximately 10:00am an interview was conducted with the Adminstrator/Owner who stated that the former Administrator of the facility was fired approximately 6 weeks ago because she was not ensuring the required documentation for the residents and staff was filed in their records. He could provide no other explanation.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and staff interview, the facility failed to ensure staff completed courses in First Aid for 2 of 3 staff reviewed (A & B).

The findings include:

Review of the personnel records for Staff A and Staff B revealed no current valid card documenting the completion of a First Aid course.

On . . . at approximately 8:50am an interview with the administrator revealed that he has never had any first aid training for his staff and that is the way it has always been and he has

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not been cited for it before. He stated he was not aware his staff had to be trained in First Aid.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and staff interviews, the facility failed to ensure that direct care staff providing assistance with self-administered medications to residents received a minimum of 2 hours of continuing education training annually for 2 of 2 direct care staff reviewed (Staff A and B).

The findings include:

Record review of the personnel file for Staff A revealed documentation that on [redacted] and [redacted] the employee attended the 4 hour Assistance with Self-Administered Medications. However there was no documentation that the employee received the annual continuing education.

Record revview of the personnel file for Staff B revealed documentation that on [redacted] the employee attended the 4 hour Assistance with Self-Administered Medications. However, there was no documentation that the employee received the annual continuing education.

On [redacted] at approximately 248pm an interview conducted with Staff B revealed that she had not had any updated medication training since 2011. She stated she mentioned this to the administrator previously.

On [redacted] at approximately 850am an interview conducted with the Administrator revealed he was not aware that staff had to recieve this training on an annual basis. He also stated that is one of the reasons he fired the previous administrator.

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0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and staff interview the facility failed to ensure the staff receive annual 2 hour training in Nutrition and Safe Food Handling for 2 of 3 staff reviewed (A & B).

The findings include:

Record review of the personnel file for Staff A and Staff B revealed the last training attended in Nutrition and Safe Food Handling was . Record review of the personnel file for Staff B revealed no documentation that this training had been received.

On at approximately 2:48pm an interview was conducted with Staff B who stated that all the floor are responsible for cooking and serving food to the residents. She also stated that she had not had any recent food service training.

On approximately 9:00 a.m. The Administrator was interviewed and he stated the employees who have not received the training have just not been on his list of priorities. He stated the former administrator had been here for six years and he fired her because she was not keeping the records like she was supposed to.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and staff interview, the facility failed to ensure that staff received training regarding for 3 of 3 staff reviewed (Staff A, B and C) and no documentation that the Administrator received this training.

The findings include:

A record review of the personnel files for Staff A, B, C and the Administrator revealed no documentation that training was received regarding

On at approximately 8:50am an interview with the administrator revealed that he has never had any training for his staff and that is the way it has always been and he has not been cited for it before. Additionally, he stated he does not keep his personnel records and training documentation for himself at the facility.

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0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on record review and staff interview, the facility failed to ensure required in-service and continuing education training was maintained by food service staff (Staff C).

The findings include:

Record review of employee training file for staff C revealed staff C had no documentation on file to indicate receiving the required in-service and continuing education training.

On approximately 9:00 a.m. the Administrator was interviewed and he stated the employees who have not received the training have just not been on his list of priorities. He stated the former administrator had been here for six years and he fired her because she was not keeping the records like she was supposed to.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review, and staff interview the facility failed to ensure menus were reviewed annually by a registered dietician and that a 3-day supply of food was on hand based on resident census.

The findings include:

1. Menus:

On at approximately 11:13 a.m. menus were observed on a clipboard sitting on the countertop in the kitchen. The menus observed stated the following: Crescent Park Village 2010 through 2011. The menus were signed on by a dietitician.

On at approximately 11:15 a.m. an interview was conducted with Staff #A who stated, "we have been using these menus for over a year. We were given these menus and told that we are to follow them".

On at approximately 1:25 p.m. an interview was conducted with The facility's

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owner/Administrator, who stated, "I know the menus are out dated, I just have not had time to get the dietician to sign off on the new ones (menus). The residents love the menus and if there is something that one or two (residents) do not like then we make those individuals sandwiches or hot dogs or something to substitute. I can assure you that the new menus she (the dietician) will sign will be exactly the same because they (the menus) never change. We sit down with the residents quarterly and ask them what they would like and it is always the same. I can probably get with the dietican sometime this week and get the new menus signed. I know the menus say 2011 and it is 2013, again, I just have not had time, I had an administrator that was supposed to be keeping up with all of this and obviously she was not. She (former administrator) was not doing a lot of things she was suppose to do and honestly the menus just are not at that top of the priority list".

On at approximately 830 a.m. an interview was conducted with Staff #C who stated, " I use the menus on the clipboard to prepare the meals for the residents".

Photographic evidence of the menus was obtained.

2. Emergency food supply:

On at approximately 11:28 a.m. Staff #B escorted surveyor to a the emergency food is stored. In the wooden shelving unit was observed labeled "emergency food supply". Contained on the shelves was a box of pancake mix, a box of quick grits, two boxes of instant milk, mix, and several gallons of water. Approximately 15-20 canned goods were observed on another shelf in the same

On at approximately 11:30 a.m. an interview was conducted with Staff #A who stated (while laughing), "this is it, a box of pancake mix, a box of grits, two boxes of milk and a few bottles of water. The canned goods on the other shelf are what we use now. It has been like this for at least 4 months".

On at approximately 1:17 p.m. the facility owner/Administrator escorted survey into the kitchen to show other emergency food storage areas. In the kitchen three refrigerators were observed. One refrigerator contained various drinks like juice and tea. The other two

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refrigerators contained various condiments and left over food items. Two freezers were observed. One contained six packages of meat and the other contained frozen vegetables. In a [redacted] of the kitchen a wire shelving unit containing sauces, onions, and few packages of bread was observed. Various cabinets containing cereal, Jell-O, and a few snack items was also observed in the kitchen area.

On [redacted] at approximately 1:19 p.m. an interview was conducted with the facility owner/Administrator, who stated, "we may be a little low (on food) right now, but I had cans and cans of food for years and we never needed them so we ended up throwing it all away. I will admit that we are low (on food) right now. I go grocery shopping every day and spend $100. I just went yesterday and I will go tomorrow. Staff will leave me a list of what is needed and I will go out and buy it. I think that between what we have on the shelves and in the refrigerators, plus the snacks we can scrape up enough food for 3 days if we had to. We do not have food catered, I only get $9.20 per person from Medicaid and that is not enough to do anything with, are you kidding me. I want you to know that I spend thousands of dollars on food here".

Photographic evidence was obtained

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff, visitor and family interviews, the facility failed to ensure the provision of a safe living environment free of hazards and failed to ensure that all existing architectural and structural systems and appurtenances were maintained in good working order.

The findings include:

1. On [redacted] at approximately 9:45am tour of the outside of the facility revealed sand bags placed along the edge of the driveway approximately 5 feet from the building leading down to the south hall exit door where the sandbags were stacked in front of the door, blocking the exit.

2. On [redacted] at approximately 10:30am observation of a couch used by the residents in the activity [redacted] it to be sitting lopsided, leaning to the left. Further observation

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revealed the couch was missing a rear left leg, cause it to sit lopsided.

On at approximately 10:30am interview with two anonymous visitors revealed the facility always looks like the floors need to be vacuumed, the housekeeping is poor, the couch has been broken for weeks and the building is in need of numerous repairs.

On at approximately 9:00am an interview with the administrator revealed he was not ready for survey and he stated he has no money to fix the things that need to be fixed. He stated he is going to let his license expire he stated he cannot renew because he has no money to fix any of the problems. He stated that he has not told the department that he is going to renew his license and really could not understand why we were at his facility. He stated he will give the residents a 60 day notice and just close if we cite anything that will require him to spend money he does not have. He stated he will not and cannot fix the roof. The Administrator's explanation regarding the physical plant issues was that "it was like that when I bought the place in 2006." He also stated that he had spent $6,000 to spray a waterproof coating over the roof to stop the leaks that were cited during the last complaint.

3. On at approximately 9:57 a.m. a tour of the facility was conducted. In missing ceiling tiles exposing the wood in the upper roof area and insects were observed on the floor.

4. On at approximately 10:03 a.m. a to the right in the back hallway was observed to have a toilet with a cracked base, broken blinds, a bath mat and atrificial plant with small black ring like particles.

5. On at approximately 1005 a.m. the ceiling in South hallway was observed to have buckling cracking ceiling tiles and the exit door in back hallway was observed to have blankets stuffed along the bottom the exit door.

6. On at approximately 10:07 a.m. in a strong odor was observed. A urinal containing a dark yellowish substance was observed sitting on a bedside stand located against the farthest wall in the A dark fuzzy substance was observed on the wall under the ceiling vent and debris and insects were observed on the floor in the

7. On at approximately 10:09 a.m. in a urinal containing a yellowish substance was on the floor, buckling cracking tiles and a black substance was observed

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

around the ceiling vent, and a green bed matress with tears was observed in the .

9. On . at approximately 10:12 a.m. in a brown fuzzy substance was observed around the ceiling vent and on ceiling area close to the vent.

10. On . at approximately 10:14 a.m. in the ceiling tiles were observed to be discolored and buckling.

11. On at approximately 10:16 a.m. in a brown fuzzy substance was observed on the ceiling. Ceiling tiles were also observed to be buckling and stained with a black ring shaped substance around the ceiling vent.

12. On . at approximately 10:18 a.m. in a strong odor was observed. Staff #B walked into the stated, "I just don't know where that smell is coming from and I do not touch his (resident) things unless he is here because he is mean".

13. On . at approximately 10:20 a.m. in a rusted bed frame was observed.

14. On . at approximately 11:05 a.m. during a tour of the kitchen, surveyor observed a sprinkler head covered in gray fuzzy substance. Tiles on the kitchen ceiling were also observed to be stained and cracking.

15. On . at approximately 11:05am during tour of the dining area, observation of the return vent located in the hallway next to the dining area revealed the vent to have a thick layer of dirt/dust.

On . at approximately 3:00 p.m. an interview was conducted with the daughter of resident #6, who stated, " the house keeping is just poor and the carpet needs to be ripped up. "

On at approximately 830 a.m. an interview was conducted with Staff #B who stated, "The door in the back hallway is blocked off with towels to keep the water out when it rains. It was raining a lot one day and water came rushing in. The door has been blocked off with sandbags on the outside and with towels on the inside like that for about a month. I think this building can use a lot of repairs. The kitchen is okay and does not need any repairs as far as I can tell " .

. at approximately 9:20 a.m. an interview as conducted with Staff #B who stated, "The

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ceilings leak and the back hallway floods, those are the main issues with the building. The driveway outside is higher than this building so when it rains all the water comes in through the back hallway door. He (the owner) will fix everything else that we tell him " .

Photographic evidence was obtained.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and staff interviews, the facility failed to maintain written records of resident elopement response policies and procedures and resident elopment response drills in a form, place and system ordinarily employed in good business practice and accessible for inspection.

The findings include:

On at approximately 10:00am an interview conducted with the administrator revealed there was no Elopement Response Policy or record of drills conducted with staff available for review by the surveyors. The administrator/owner stated he fired the previous administrator approximately 6 weeks earlier because she failed to ensure there was proper resident documentation and policies in place.

Record review of personnel records for staff A, B, C and the Administrator did not revealed any documentation of elopement drills or training related to resident elopements.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and staff interview, the facility failed to ensure that resident records included physician orders for 10 of 10 residents reviewed for medication orders and failed to ensure resident records included Alternate Care Certification for Form CF-ES 1006) for 2 of 3 residents reviewed (Residents #1 and #2).

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The findings include:

Record review of resident records for Residents #1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 revealed the charts to be very unorganized with papers placed into three hole punched notebooks in no order. There were no current physician orders in any of the resident records. There was no way to reconcile the resident's Medication Observation Records with the Physician Orders for any of these residents medications.

On at 1:17pm an interview conducted with the Administrator revealed they do not keep copies of the physician orders for the resident medications because they are given to the pharmacy in order to get them filled. He then requested to be shown the regulation text that stated he was supposed to keep copies of these orders.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on record review and staff interview, the facility failed to ensure the Administrator received the minimum 6 hours of specialized training in working with individuals with mental health diagnoses.

The findings include:

A requst for the Administrators file was made on at approximately 9:00am. The administrator stated he keeps no personnel information on himself at the facility. He stated he fired the previous administrator approximately 6 weeks ago and has just taken over the duties of Administrator. He stated he had no documentation to prove he received this training.

On at approximately 844am with staff B revealed that she recently attended the Limited Mental Health Training in Panama City, FL and that all other staff were present with the exception of the Administrator and Staff C (Cook).

Class III

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Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record reviews and staff interviews, the facility failed to ensure that updated background screening results were available for 2 of 4 staff reviewed (Staff A and Administrator) and no documentation of the Affidavit of Good Moral Charactor for 4 of 4 staff reviewed (Staff A, B, C and Administrator).

The findings include:

1. Record review for Staff A revealed a Level I background screening conducted on which is over five years old. The Affidavit of Good Moral Character was not on file for this employee.

2. Record review for Staff B revealed a Level I background screening conducted on however, there was no Affidavit of Compliance on file for this employee.

3. Record review for Staff C revealed no Affidavit of Compliance on file for this employee.

4. Record review for the Administrator revealed no evidence of Level II background screening and no Affidavit of Compliance on file for this Administrator.

On at approximately 10:00am an interview was conducted with the Adminstrator/Owner who stated that the former Administrator of the facility was fired approximately 6 weeks ago because she was not ensuring the required documentation for the residents was filed in their records. He stated he has been acting as the Administrator since that time. Additionally, the Administrator stated he could not provide any records for himself because he stated he keeps no personnel records on file for himself.

unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Dogwood Inn
108 Wagner Road
Bonifay, FL 32425

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2013 by representative(s) 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. Staff from this office will conduct a review after . 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

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