STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964933	08/15/2013
NAME OF PROVIDER OR SUPPLIER **Serenity House Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **15322 Matis Road Hudson, FL 34669**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0054-Medication - Records-08/15/2013
0077-Staffing Standards - Administrators-08/15/2013
0081-Training - Staff In-Service-08/15/2013
0082-Training - / -08/15/2013
0085-Training - Nutrition & Food Service-
0090-Training -

Revisit Repeat Tags:

0000-Initial Comments-
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0078-Staffing Standards - Staff-58a-5.019(2) Fac
0080-Training - Core & Competency Test-58a-5.0191(1) Fac
0083-Training - First Aid And , -58a-5.0191(4) Fac
0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac
0161-Records - Staff-58a-5.024(2) Fac
Z815-Background Screening; Prohibited Offenses-408.809, 435.02(2), 435.06

Revisit New Tags:

0079-Staffing Standards - Levels-58a-5.019(4) Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced revisit to a complaint survey, CCR# 2013004707, of 6/11/13, was conducted on .

The Serenity House, assisted living facility, had uncorrected deficiencies and a new deficiency at the time of the revisit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and record review, the facility failed to ensure that 1 of 2 staff who provide assistance with self-administration of medications has successfully completed the initial 4-hour training on providing assistance with self-administration of medications and safe medication practices in an assisted living facility.

Findings include:

AHCA Surveyor conducted a review of the facility Medication Observation Records on beginning at

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approximately 11:30am. The medication records indicated that Staff A & B assist residents with self-administration of medications.

AHCA Surveyor conducted a review of the employee records for Staff A & B on beginning at approximately 11:50am. There was evidence that Staff B completed the initial 4-hour training on providing assistance with self-administration of medications and safe medication practices in an assisted living facility on . There was no evidence that Staff A has completed the initial 4-hour training on providing assistance with self-administration of medications and safe medication practices in an assisted living facility.

Uncorrected

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review, the facility failed to ensure that all staff have submitted, within 30 days of beginning employment, a statement from a health care provider, based on examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including . Failure to ensure staff are free from communicable places resident at risk of adverse medical consequences.

Findings include:

AHCA Surveyor conducted a review of the employee records for Staff A & B on beginning at approximately 11:50am. Staff A's record contained an invoice for testing dated ; there was no evidence of testing or results. There was no evidence of freedom from communicable including . Staff B's record contained evidence of testing dated , documenting freedom from . Staff B's record contained a "Non- Health Statement' dated on letterhead from a different assisted living facility stating that "This person appears to be free from apparent signs and symptoms of communicable ." There was no evidence of freedom from communicable .

There was no evidence of testing for Staff A and no documentation of freedom from communicable for Staff A and Staff B current facility employees.

Uncorrected

0079-Staffing Standards - Levels 58A-5.019(4) FAC

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Based on observation and interview, the facility failed to ensure the minimum staffing hours required, maintain a written work schedule which reflects its 24-hour staffing pattern, and ensure that at least one staff member who is trained in First Aid and is within the facility at all times when residents are in the facility.

Per the facility ' s Plan of Correction submitted by the Administrator (received by AHCA on I/), there are only 2 staff persons, including the Administrator, providing resident care at the facility. Per observation and staff interview, one staff is on duty at a time for 24 hour shifts from 9am-9am. That staffing pattern reflects a total of 168 staff hours per week. According to records provided, the facility ' s current resident census is 7; a minimum of 212 staff hours per week is required in a facility serving 7 residents.

AHCA Surveyor observed no posted staff schedule at the facility during the visit. Per interview with staff B on at approximately 11:00am, staff work 24 hour shifts from 9am-9am and are frequently the only staff on duty throughout their shifts.

AHCA Surveyor conducted a review of facility employee records for Staff A & B on beginning at approximately 11:50am. There was no evidence that Staff B completed courses in First Aid and holds a currently valid card documenting completion of First Aid. Staff B was the only employee on duty during the visit and indicated that she frequently is the only staff on duty.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record the review and interview, the facility failed to ensure that the Administrator has completed the core training requirements within 3 months from the date of becoming a facility administrator and passed the required competency test. Failure to ensure required training and certification of facility administration places residents at risk of improper care, with the potential for adverse medical consequences.

Findings include:

Per interview conducted on I/ at approximately 11:30am, the Administrator acknowledged having become the facility Administrator on and acknowledged not having taken the CORE training required of facility Administrators. Facility business cards advertise the present Administrator as Owner/ Administrator of the facility.

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AHCA Surveyor conducted a review of the Administrator's training records on beginning at approximately 11:50am. The record contained evidence of core training completed . There was a copy of a registration form for testing to be completed on , the day of the facility revisit. There was no evidence of completing and passing the required competency test.

Uncorrected

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure that a staff member who has completed courses in First Aid and holds a currently valid card documenting completion of First Aid is in the facility at all times. Failure to ensure that a staff person trained in First Aid is in the facility at all times places residents at risk of adverse medical consequences.

Findings include:

AHCA Surveyor conducted a review of facility employee records for Staff A & B on beginning at approximately 11:50am.

There was no evidence that Staff B completed courses in First Aid and holds a currently valid card documenting completion of First Aid. Staff B was the only employee on duty during the visit and indicated that she frequently is the only staff on duty; staff work 24 hour shifts from 9am-9am and are frequently the only staff on duty throughout their shifts.

Uncorrected

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on observation and record review, the facility failed to ensure that 1 of 2 staff who provide assistance with self-administration of medications has successfully completed the initial 4-hour training on providing assistance

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with self-administration of medications and safe medication practices in an assisted living facility.

Findings include:

AHCA Surveyor conducted a review of the facility Medication Observation Records on beginning at approximately 11:30am. The medication records indicated that Staff A & B assist residents with self-administration of medications.

AHCA Surveyor conducted a review of the employee records for Staff A & B on beginning at approximately 11:50am. There was evidence that Staff B completed the initial 4-hour training on providing assistance with self-administration of medications and safe medication practices in an assisted living facility on . There was no evidence that Staff A has completed the initial 4-hour training on providing assistance with self-administration of medications and safe medication practices in an assisted living facility.

Uncorrected

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the facility failed to ensure the maintenance of personnel records for each staff member consisting of employment applications with references furnished, documentation of compliance with background screenings, verification of freedom from communicable including documentation of compliance with all staff training required, and documentation of facility direct care staff and administrator participation in resident elopement drills. Failure to ensure staff are properly qualified and trained places residents at risk of adverse medical consequences.

Findings include:

Per the facility's plan of correction submitted by the Administrator (received by AHCA on), there are only 2 staff persons, including the Administrator, providing resident care at the facility. The Administrator wrote that both staff (identified as Direct Care Staff B & C during survey) were terminated.

AHCA Surveyor observed no posted staff schedule at the facility. Per interview with staff B on at approximately 11:00am: " She <the Administrator> used to post a schedule, but she stopped. She lets us know 3 to 4 days ahead when we will be working. " Staff B stated that she was off , and . She further stated that she knows that previous staff (identified as Staff B during survey) worked at the facility while she was off. AHCA Surveyor observed no employee file for returning staff.

Uncorrected

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

Based on record review and interview, the facility failed to ensure that Level 2 background screening pursuant to

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chapter 435 has deemed eligible for employment all employees providing personal care or services directly to residents or having access to client funds, personal property, or living areas (including any person whose responsibilities may require him or her to provide personal care or services directly to clients or have access to client funds, personal property, or living areas). The facility failed to ensure Level 2 background screening was conducted prior to hiring, selecting, or otherwise allowing an employee to have contact with any person that placed the employee in a role that requires background screening until the screening process was completed and demonstrated the absence of any grounds for the denial or termination of employment. Failure to ensure residents receive care and services safely, securely, and from persons who have not committed offenses that preclude them from employment directly placed the residents at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care or services.

Findings include:

Per the facility ' s Plan of Correction submitted by the Administrator (received by AHCA on / /), there are only 2 staff persons, including the Administrator, providing resident care at the facility. The Administrator wrote that both staff (identified as Direct Care Staff B & C during / survey) were terminated.

AHCA Surveyor observed no posted staff schedule at the facility. Per interview with currently identified Staff B on at approximately 11:00am: " She <the Administrator> used to post a schedule, but she stopped. She lets us know 3 to 4 days ahead when we will be working. " Staff B stated that she was off , , , and . She further stated that previous staff (identified as Staff B during / survey) worked at the facility while she was off. AHCA Surveyor observed no employee file for returning staff. There was also no evidence of Level 2 screening conducted on person identified as Direct Care Staff A during / survey, who, according to staff and residents, continues to work at the assisted living facility in addition to her employment at the Administrator's residence.

There was no evidence of Level 2 screenings conducted on 3 of 4 current employees / persons whose responsibilities require them to provide personal care or services directly to clients or have access to client funds, personal property, or living areas.

Uncorrected

Unclassed

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Serenity House Assisted Living Facility
15322 Matis Road
Hudson, FL 34669

Dear Administrator:

This letter reports the findings of a state licensure revisit survey that was conducted on , 2013, by a representative 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 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. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul J Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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