STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965159	08/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sabal House	150 Crossville Street Cantonment, FL 32533	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An unannounced Limited Nursing Service monitoring visit was conducted in conjunction with CCR #2013007514 on . The Sabal House Assisted Living Facility was not in compliance at the time of the visit and deficiencies were cited.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure for 1 of 4 sampled staff (#4), who provide direct care to residents and are not nurses, certified nursing assistants or home health aides, received a minimum of 1 hour of in-service training within 30 days of employment that covers the subject of reporting major incidents and emergencies or 3 hours of in-service training within 30 days of employment that covers providing assistance with the activities of daily living.

The findings are:

Record review of the personnel file for sampled staff #4 revealed she is resident assistant with a date of hire of . She is not a licensed or certified staff and has direct contact with the residents. Record review failed to reveal the required 1 hour of in-service training within 30 days of employment that covers the subject of reporting major incidents and emergencies or the required 3 hours of in-service training within 30 days of employment that covers providing assistance with the activities of daily living. Interview and record review with the facility executive director on / at 12:05PM confirmed this staff provides resident assistance, and is not certified or licensed. Continued review of her training with the executive director failed to reveal documentation that the major incidents and emergencies one hour upon hire and resident needs and activities of daily living training was completed by this staff within 30 days of hire. Review revealed these areas are blank. These findings were confirmed by the executive director.

Class III

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

Based on employee record reviews and interview the facility failed to ensured 1 of 6 sampled employees had signed the Affidavit of Compliance with Background Screening Requirements AHCA Form #3100- required by Section 435.05(2) of the Florida Statutes (#1).

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The findings are:

Review of the attestation requirements of section 435.05(2), Florida Statutes revealed "every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer".

Record review for sampled staff #1 revealed she is the contracted registered nurse to provided limited nursing services to the facility residents. Review of the contract revealed the contract signed and dated / . Further record review failed to reveal documentation the staff had completed and signed the Affidavit of Compliance with Background Screening Requirements AHCA Form #3100- required by Section 435.05(2) of the Florida Statutes. These findings were confirmed by the executivie director on at 11:20AM. She called the staff and she came in and signed the Affidavit during the survey process.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sabal House
150 Crossville Street
Cantonment, FL 32533

Dear Administrator:

Re: LNS monitoring

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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162