STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964785	10/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vineyard Inn (the)	10929 Ridge Road Largo, FL 33778	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2013007348, was conducted on .

The Vineyard Inn, assisted living facility, had deficiencies at the time of the visit.

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 previous six months, that the person does not have any signs or symptoms of a communicable including . The facility also failed to ensure annual documentation of freedom from . Failure to ensure that all staff are free from communicable (s) places residents, other employees, and facility visitors at risk of adverse medical consequences.

Findings include:

A review of Employee files was conducted on Thursday, , 2013, beginning at approximately 9:30am:

3 of 4 employee files reviewed (Staff B, C, & D-all Resident Aides) did not contain evidence of freedom from communicable including . Staff B was hired on ; Staff C was hired on ; Staff D was hired on / . As of , there was no evidence of freedom from communicable found in the employee records.

4 of 4 (Staff A, B, C, & D) employee files reviewed did not contain evidence of annual status: On , Staff A ' s record contained a statement of freedom from dated . Staff C ' s record contained statements of freedom from dated , , & . Records for Staff B & D contained no evidence of any testing.

The facility ' s census on : 74 residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964785	10/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vineyard Inn (the)	10929 Ridge Road Largo, FL 33778	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review, the facility failed to ensure that:

1. All staff who prepare or serve food, who have not taken the assisted living facility core training, receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices; and 2. All staff who provide direct care to residents receive in-service training within 30 days of employment that covers facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

Findings include:

A review of employee files was conducted on Thursday, , 2013, beginning at approximately 9:30am:

1. One of 4 employee files reviewed (Staff B -hire date:) contained no evidence of training in Safe Food Handling practices in an assisted living facility.

2. One of 4 employee files reviewed (staff C-hire date:) contained no evidence of training regarding the facility's resident elopement response policies and procedures.

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on record review, the facility failed to ensure that all staff have completed a one-time education course on and . Failure to ensure staff are trained on / places residents at risk of adverse medical consequences.

Findings include:

A review of Employee files was conducted on Thursday, , 2013, beginning at approximately 9:30am:

3 of 4 employee files reviewed (Staff A, B, & D-all Resident Aides) did not contain evidence of completion of a one-time education course on and .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964785	10/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vineyard Inn (the)	10929 Ridge Road Largo, FL 33778	

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

Class III

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

Based on record review and interview, the facility failed to ensure that 2 of 4 staff who provide assistance with self-administration of medications successfully completed the initial 4-hour training and 2-hour update on providing assistance with self-administration of medications and safe medication practices in an assisted living facility. Providing assistance with self-administration of medications without completing the required trainings puts residents at risk of adverse medical consequences.

Findings include:

Surveyor review of the personnel record for staff A (hired) revealed there was no evidence of staff A completing 4 hours of initial medication training; however, there was evidence of completing a 2-hour training on / .

Surveyor review of the personnel record for staff D (hired /) revealed there was no evidence of staff D completing 4 hours of initial medication training and no evidence of completing a 2-hour update.

The Director of Nursing acknowledged (at approximately 11:30am) that both Staff A & Staff D are responsible for assisting residents with self-administration of medications.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review, the facility failed to ensure that all staff receive at least one hour of training in the facility's policy and procedures regarding ( ) for two of four sampled direct care staff.

Findings include:

A review of employee files was conducted on Thursday, , 2013, beginning at approximately 9:30am:

2 of 4 employee files reviewed (Staff A-hired & Staff C-hired) did not contain evidence of completion of training in the facility's policy and procedures regarding ( ).

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2013

Administrator
Vineyard Inn (The)
10929 Ridge Road
Largo, FL 33778

Re: **CCR# 2013007348**

Dear Administrator:

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

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161